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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/19/2015 12:32 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/19/2015 Time: 12:32 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RUSH UNIVERSITY MEDICAL CENTER (140119) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 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	-11,423,967	464,902	607,320	0	1.00
2.00	Subprovider - IPF	0	71,462	0		0	2.00
3.00	Subprovider - IRF	0	-340,008	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-11,692,513	464,902	607,320	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: 140119

Period: From 07/01/2014 To 06/30/2015

Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 am

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

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

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2014	06/30/2015	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	33,642	2,099	295	0	15,918	5,159	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	1,137	239	0	0	756		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 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 is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the 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
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40.00

		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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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 Wkst. D, Parts III & IV and D-2, Pt. 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, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 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 Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	18.15	340.66	0.050584	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	4.04	109.11	0.035705	67.00
67.01		MED/PEDS	1450	0.23	15.61	0.014520	67.01
67.02		OB GYNE	1750	1.85	18.68	0.090112	67.02
67.03		PEDIATRICS	2000	1.08	34.90	0.030017	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	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
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 am

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID 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	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 is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		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 column 1 is 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 hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 am

		1.00	2.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	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

		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 (see instructions)						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 §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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
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

		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 COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/19/2015 11:39 am

		1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)	N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/19/2015 11:39 am

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

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

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

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

Financial Data and Reports

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

Approved Educational Activities

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

Bad Debts

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

Bed Complement

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

PS&R Data

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/19/2015 11:39 am

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/19/2015 11:39 am

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

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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140119

Period: From 07/01/2014 To 06/30/2015

Worksheet S-2 Part V Date/Time Prepared: 11/19/2015 11:39 am

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

HFS Supplemental Information	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part IX Date/Time Prepared: 11/19/2015 11:39 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/19/2015 11:39 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	376	135,762	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)		376	135,762	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	52	18,387	0.00	0	11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	52	18,818	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	18	7,201	0.00	0	12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	60	21,590	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		558	201,758	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,455		0	16.00
17.00	SUBPROVIDER - IRF	41.00	54	19,710		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		679				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/19/2015 11:39 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)	36,530	12,707	103,488			1.00
2.00	HMO and other (see instructions)	7,261	21,372				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	756				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)	36,530	12,707	103,488			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	4,765	1,732	13,937			11.00
12.00	MEDICAL INTENSIVE CARE UNIT	6,705	2,155	14,849			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	25	1,604	3,407			12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	7,702	14,580			12.02
13.00	NURSERY		1,790	4,102			13.00
14.00	Total (see instructions)	48,025	27,690	154,363	524.06	7,820.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	5,603	3,582	14,877	3.93	83.20	16.00
17.00	SUBPROVIDER - IRF	5,995	1,376	12,482	0.54	68.31	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				528.53	7,972.31	27.00
28.00	Observation Bed Days		0	6,421			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/19/2015 11:39 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	9,415	3,937	29,695	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	MEDICAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02	PREMATURE INTENSIVE CARE UNIT						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,415	3,937	29,695	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	464	455	1,635	16.00
17.00	SUBPROVIDER - IRF	0.00	0	570	105	1,083	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 11/19/2015 11:39 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	655,666,396	0	655,666,396	16,672,974.00	39.33	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		21,145,197	0	21,145,197	201,816.00	104.77	4.00
4.01	Physicians - Part A - Teaching		4,138,477	0	4,138,477	38,962.00	106.22	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	33,256,285	907,228	34,163,513	1,345,393.00	25.39	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)		223,793,866	1,613,480	225,407,346	4,191,797.00	53.77	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		734,948	0	734,948	14,400.00	51.04	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)		67,876,649	0	67,876,649			17.00
18.00	Wage-related costs (other) (see instructions)		14,176,993	0	14,176,993			18.00
19.00	Excluded areas		44,074,413	0	44,074,413			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		2,881,794	0	2,881,794			22.00
22.01	Physician Part A - Teaching		560,507	0	560,507			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		11,320,503	0	11,320,503			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,874,732	0	3,874,732	118,957.00	32.57	26.00
27.00	Administrative & General	5.00	93,874,203	-676,417	93,197,786	2,264,065.00	41.16	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	13,154,872	-21,051	13,133,821	392,820.00	33.43	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	642,872	0	642,872	30,525.00	21.06	31.00
32.00	Housekeeping	9.00	14,974,983	0	14,974,983	721,938.00	20.74	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,565,486	-33,058	6,532,428	304,983.00	21.42	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,748,034	0	1,748,034	86,478.00	20.21	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,797,304	-7,839	6,789,465	355,678.00	19.09	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	10,112,483	-969,971	9,142,512	232,455.00	39.33	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/19/2015 11:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	10,773,389	-8,518	10,764,871	290,364.00	37.07	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	30,773,499	-1,742,139	29,031,360	796,808.00	36.43	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
11/19/2015 11:39 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)		618,271,634	-907,228	617,364,406	15,288,619.00	40.38	1.00
2.00	Excluded area salaries (see instructions)		223,793,866	1,613,480	225,407,346	4,191,797.00	53.77	2.00
3.00	Subtotal salaries (line 1 minus line 2)		394,477,768	-2,520,708	391,957,060	11,096,822.00	35.32	3.00
4.00	Subtotal other wages & related costs (see inst.)		734,948	0	734,948	14,400.00	51.04	4.00
5.00	Subtotal wage-related costs (see inst.)		84,935,436	0	84,935,436	0.00	21.67	5.00
6.00	Total (sum of lines 3 thru 5)		480,148,152	-2,520,708	477,627,444	11,111,222.00	42.99	6.00
7.00	Total overhead cost (see instructions)		193,291,857	-3,458,993	189,832,864	5,595,071.00	33.93	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/19/2015 11:39 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	12,792,634	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	801,064	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)	57,686,995	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,083,096	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,979,899	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,438,612	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	352,437	16.00
	TAXES		
17.00	FICA-Employers Portion Only	43,839,251	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	671,411	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	4,068,468	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	126,713,867	24.00
	Part B - Other than Core Related Cost		
25.00	VARIOUS	14,176,993	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part V Date/Time Prepared: 11/19/2015 11:39 am

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-5 | Date/Time Prepared: 11/19/2015 11:39 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	14	0	0	0	4	1.00
2.00	Number of times per week patient receives dialysis	0.00	7.00	0.00	0.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	176					5.00
6.00	Number of stations	0	5	0	0			6.00
7.00	Treatment capacity per day per station	0	2					7.00
8.00	Utilization (see instructions)	0.00	5.60					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

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

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

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETIN	194,150	0	27,097,000	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-10 | Date/Time Prepared: 11/19/2015 11:39 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)	0.251336	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	119,732,447	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	33,702,852	5.00
6.00	Medicaid charges	695,797,196	6.00
7.00	Medicaid cost (line 1 times line 6)	174,878,884	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)	21,443,585	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	9,757	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	157,527	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	39,592	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)	29,835	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,108,794	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)	21,473,420	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	74,342,653	5,627,741	79,970,394	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	18,684,985	1,414,454	20,099,439	21.00
22.00	Partial payment by patients approved for charity care	29,549	63,873	93,422	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,655,436	1,350,581	20,006,017	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)	19,652,793	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	3,816,685	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	15,836,108	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	3,980,184	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	23,986,201	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	45,459,621	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL		-71,579,591	-71,579,591	73,517,726	1,938,135	1.01
1.02	00102	DEPRECIATION DIRECT BLDG		0	0	7,930,304	7,930,304	1.02
1.03	00103	DEPRECIATION KELLOGG PAV		0	0	3,832,084	3,832,084	1.03
1.04	00104	DEPRECIATION JELKE SOUTH		0	0	3,396,424	3,396,424	1.04
1.05	00105	DEPRECIATION ATRIUM PAV		0	0	5,540,185	5,540,185	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH		0	0	1,930,184	1,930,184	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH		0	0	1,493,225	1,493,225	1.07
1.08	00108	DEPRECIATION WOOD ST		0	0	342,788	342,788	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY		0	0	1,338,985	1,338,985	1.09
1.10	00110	DEPRECIATION PRO BLDG III		0	0	1,263,472	1,263,472	1.10
1.11	00111	DEPRECIATION JRB		0	0	894,008	894,008	1.11
1.12	00112	DEPRECIATION TOB		0	0	938,042	938,042	1.12
1.13	00113	DEPRECIATION EQUIPMENT		0	0	47,356,890	47,356,890	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS		0	0	1,054,621	1,054,621	1.14
1.15	00115	DEPRECIATION KIDSTON		0	0	54,098	54,098	1.15
1.16	00116	DEPRECIATION COHN		0	0	1,544,214	1,544,214	1.16
1.17	00117	DEPRECIATION TOWER		0	0	19,019,919	19,019,919	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	00201	INTEREST GENERAL		0	0	3,342,624	3,342,624	2.01
2.02	00202	INTEREST DIRECT BLDG		0	0	1,539,791	1,539,791	2.02
2.03	00203	INTEREST ATRUM PAV		0	0	4,656,278	4,656,278	2.03
2.04	00204	INTEREST PRO BLDG SOUTH		0	0	734,226	734,226	2.04
2.05	00205	INTEREST TOB		0	0	1,115,548	1,115,548	2.05
2.06	00206	INTEREST PRO BLDG III		0	0	20,884	20,884	2.06
2.07	00207	INTEREST TOWER		0	0	17,088,338	17,088,338	2.07
2.08	00208	INTEREST PRO BLDG NORTH		0	0	94,469	94,469	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,874,732	928,642	4,803,374	135,190,643	139,994,017	4.00
5.01	00590	TRANSITION RECRUITMENT	0	45,897,625	45,897,625	0	45,897,625	5.01
5.02	00540	PARKING GARAGE	0	4,406,928	4,406,928	723,370	5,130,298	5.02
5.03	00591	RESEARCH ADMINISTRATION	2,581,510	9,727,415	12,308,925	-6,337,247	5,971,678	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,127,216	1,911,275	5,038,491	-925,796	4,112,695	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	2,721,790	1,131,122	3,852,912	-961,187	2,891,725	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	624,411	303,106	927,517	-1,509,374	-581,857	5.06
5.07	00595	ADMIN & GEN PT SERVICE	15,775,843	12,795,187	28,571,030	16,687,296	45,258,326	5.07
5.08	00596	PERSONNEL DEPARTMENT	3,105,523	5,130,399	8,235,922	-1,140,491	7,095,431	5.08
5.09	00597	RESEARCH FACULTY	11,034,880	9,068,302	20,103,182	-4,632,608	15,470,574	5.09
5.10	00598	RESEARCH SPA	5,376,181	3,388,401	8,764,582	-1,548,497	7,216,085	5.10
5.11	00560	CORPORATE ADMINISTRATION	49,526,849	180,435,258	229,962,107	-65,891,730	164,070,377	5.11
6.00	00600	MAINTENANCE & REPAIRS	13,154,872	50,955,309	64,110,181	-4,368,814	59,741,367	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	200,727	200,727	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	642,872	4,199,602	4,842,474	-945,989	3,896,485	8.00
9.00	00900	HOUSEKEEPING	14,974,983	7,426,182	22,401,165	-3,296,944	19,104,221	9.00
10.00	01000	DIETARY	377,694	346,052	723,746	-282,889	440,857	10.00
10.01	01001	PATIENT FOOD SERVICE	6,187,792	5,383,851	11,571,643	-3,310,146	8,261,497	10.01
11.00	01100	CAFETERIA	1,748,034	3,987,781	5,735,815	-2,286,794	3,449,021	11.00
13.00	01300	NURSING ADMINISTRATION	6,797,304	4,575,978	11,373,282	-2,756,851	8,616,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,720,314	2,720,314	-2,692,285	28,029	14.00
15.00	01500	PHARMACY	10,112,483	96,846,058	106,958,541	-30,712,274	76,246,267	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,081,799	4,946,018	9,027,817	-1,852,933	7,174,884	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,691,590	3,169,759	9,861,349	-1,951,252	7,910,097	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,232,941	866,492	4,099,433	-855,486	3,243,947	18.00
18.01	01080	CLINICAL LAB ADMIN PED	136,484	350,662	487,146	-258,440	228,706	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,689,646	676,121	2,365,767	-461,547	1,904,220	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	2,146,404	1,170,838	3,317,242	-635,011	2,682,231	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	272,423	360,698	633,121	26,151	659,272	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	7,013	1,569,164	1,576,177	-883,898	692,279	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	823	823	313,471	314,294	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	664,186	257,098	921,284	613,978	1,535,262	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	738,036	1,007,975	1,746,011	-232,693	1,513,318	18.09
18.12	01859	DISCRETIONARY OPERATIONS	7,348,335	3,855,892	11,204,227	-4,842,112	6,362,115	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	4,571,705	-9,421,277	-4,849,572	13,004,931	8,155,359	18.14
18.16	01861	NURSING SCHOOL SPLIT	9,966,326	9,705,380	19,671,706	-7,838,572	11,833,134	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	2,672,008	2,672,008	19.00
20.00	02000	NURSING SCHOOL	0	0	0	3,307,991	3,307,991	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	33,256,285	17,623,616	50,879,901	-14,641,140	36,238,761	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,583,665	3,751,446	10,335,111	-2,532,839	7,802,272	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,474,256	8,065,792	9,540,048	-7,772,916	1,767,132	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	167,091	127,260	294,351	79,574	373,925	23.01
23.02	02302	PARAMED DIETARY	297,692	87,728	385,420	51,220	436,640	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
23.03	02303	PARAMED SPEECH	1,071,226	599,905	1,671,131	252,174	1,923,305	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	676,194	351,243	1,027,437	145,763	1,173,200	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	22,778	5,203	27,981	153,177	181,158	23.05
23.06	02306	PARAMED PASTORAL CARE	138,552	33,953	172,505	299,255	471,760	23.06
23.07	02307	PARAMED TECHNOLOGY	675,771	323,161	998,932	173,967	1,172,899	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	232,025	128,569	360,594	68,527	429,121	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	524,961	524,961	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	529,693	242,143	771,836	141,133	912,969	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	751,732	444,211	1,195,943	201,169	1,397,112	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,681,608	30,143,039	77,824,647	-25,398,673	52,425,974	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,660,136	6,952,521	18,612,657	-5,220,192	13,392,465	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	14,009,987	7,471,274	21,481,261	-5,966,439	15,514,822	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,087,141	2,333,460	6,420,601	-1,490,648	4,929,953	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	10,539,262	7,268,115	17,807,377	-5,824,286	11,983,091	35.02
40.00	04000	SUBPROVIDER - IPF	6,324,572	3,611,646	9,936,218	-3,351,767	6,584,451	40.00
41.00	04100	SUBPROVIDER - IRF	5,059,351	3,121,655	8,181,006	-2,798,889	5,382,117	41.00
43.00	04300	NURSERY	0	0	0	1,978,664	1,978,664	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,578,131	93,867,407	109,445,538	-66,162,822	43,282,716	50.00
51.00	05100	RECOVERY ROOM	3,915,326	3,348,584	7,263,910	-3,066,717	4,197,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,536,397	3,330,249	7,866,646	-2,598,773	5,267,873	52.00
53.00	05300	ANESTHESIOLOGY	3,347,657	4,092,749	7,440,406	-4,610,185	2,830,221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,731,210	19,659,399	31,390,609	-10,692,157	20,698,452	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,878,010	7,049,841	9,927,851	-2,489,754	7,438,097	55.00
56.00	05600	RADIOISOTOPE	776,788	1,794,884	2,571,672	-663,534	1,908,138	56.00
60.00	06000	LABORATORY	20,475,316	36,408,707	56,884,023	-9,497,063	47,386,960	60.00
60.01	06002	LABORATORY - HLA	482,139	578,689	1,060,828	-211,575	849,253	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,765,874	9,511,648	11,277,522	-1,042,424	10,235,098	62.00
64.00	06400	INTRAVENOUS THERAPY	0	22,586	22,586	0	22,586	64.00
65.00	06500	RESPIRATORY THERAPY	4,311,130	4,572,905	8,884,035	-1,604,556	7,279,479	65.00
66.00	06600	PHYSICAL THERAPY	3,600,225	2,043,615	5,643,840	-1,894,745	3,749,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,501,921	1,443,824	3,945,745	-1,310,087	2,635,658	67.00
68.00	06800	SPEECH PATHOLOGY	1,573,024	1,322,851	2,895,875	-1,163,608	1,732,267	68.00
69.00	06900	ELECTROCARDIOLOGY	3,254,747	13,696,554	16,951,301	-9,478,180	7,473,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	772,602	587,604	1,360,206	-396,051	964,155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	442,121	442,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,212,454	61,212,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,319,319	26,319,319	73.00
74.00	07400	RENAL DIALYSIS	410,493	3,522,180	3,932,673	-3,132,419	800,254	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	3,001,416	3,001,416	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,232,471	1,791,978	5,024,449	-1,100,580	3,923,869	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,834,733	26,916,493	42,751,226	-12,241,922	30,509,304	90.00
91.00	09100	EMERGENCY	9,784,395	8,272,671	18,057,066	-5,907,684	12,149,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,609,736	5,823,985	7,433,721	-560,227	6,873,494	105.00
106.00	10600	HEART ACQUISITION	0	74,524	74,524	246	74,770	106.00
107.00	10700	LIVER ACQUISITION	801,003	1,321,855	2,122,858	-252,537	1,870,321	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	104,280	559,917	664,197	-30,196	634,001	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	451,808,482	742,802,478	1,194,610,960	99,307,588	1,293,918,548	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,059,704	3,280,860	4,340,564	-1,295,438	3,045,126	190.00
190.01	19001	FUND RAISING	4,062,277	2,444,020	6,506,297	-1,186,996	5,319,301	190.01
190.02	19002	RUSH DAY SCHOOL	1,402,210	672,464	2,074,674	-322,508	1,752,166	190.02
191.00	19100	RESEARCH	21,348,900	14,745,520	36,094,420	-38,988	36,055,432	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,462,398	5,569,315	16,031,713	-1,937	16,029,776	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,982,144	22,938,054	25,920,198	-24,034,032	1,886,166	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	128,175,532	83,208,584	211,384,116	-55,865,817	155,518,299	192.00
194.00	07950	MEDICAL COLLEGE	17,649,384	16,536,402	34,185,786	-11,293,807	22,891,979	194.00
194.01	07951	AFFIL CORP ARC VENTURES	5,297,878	51,259,445	56,557,323	-1,614,581	54,942,742	194.01
194.02	07952	AFFIL CORP ROOM 500	886,695	2,141,955	3,028,650	-1,291,657	1,736,993	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.03	07953	AFFIL CORP JOINT VENTURES	9,634,731	12,179,061	21,813,792	-2,173,654	19,640,138	194.03
194.04	07954	CON - GNE	896,061	427,508	1,323,569	-188,173	1,135,396	194.04
200.00		TOTAL (SUM OF LINES 118-199)	655,666,396	958,205,666	1,613,872,062	0	1,613,872,062	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	108,098	2,046,233		1.01
1.02	00102	DEPRECIATION DIRECT BLDG	-33,049	7,897,255		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	3,832,084		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	3,396,424		1.04
1.05	00105	DEPRECIATION ATRIUM PAV	19,947	5,560,132		1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,930,184		1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	119,472	1,612,697		1.07
1.08	00108	DEPRECIATION WOOD ST	0	342,788		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	7,660	1,346,645		1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,263,472		1.10
1.11	00111	DEPRECIATION JRB	357,514	1,251,522		1.11
1.12	00112	DEPRECIATION TOB	0	938,042		1.12
1.13	00113	DEPRECIATION EQUIPMENT	-301,805	47,055,085		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	1,054,621		1.14
1.15	00115	DEPRECIATION KIDSTON	0	54,098		1.15
1.16	00116	DEPRECIATION COHN	0	1,544,214		1.16
1.17	00117	DEPRECIATION TOWER	0	19,019,919		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
2.01	00201	INTEREST GENERAL	-1,389,588	1,953,036		2.01
2.02	00202	INTEREST DIRECT BLDG	-640,118	899,673		2.02
2.03	00203	INTEREST ATRUM PAV	-1,935,697	2,720,581		2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-305,231	428,995		2.04
2.05	00205	INTEREST TOB	-463,753	651,795		2.05
2.06	00206	INTEREST PRO BLDG III	-8,682	12,202		2.06
2.07	00207	INTEREST TOWER	-7,103,922	9,984,416		2.07
2.08	00208	INTEREST PRO BLDG NORTH	-39,272	55,197		2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,841,241	128,152,776		4.00
5.01	00590	TRANSITION RECRUITMENT	-45,732,447	165,178		5.01
5.02	00540	PARKING GARAGE	-10,407,032	-5,276,734		5.02
5.03	00591	RESEARCH ADMINISTRATION	-120,908	5,850,770		5.03
5.04	00592	ADMIN & GEN INPT SERVICE	-6,883	4,105,812		5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	2,891,725		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	-581,857		5.06
5.07	00595	ADMIN & GEN PT SERVICE	-2,345,662	42,912,664		5.07
5.08	00596	PERSONNEL DEPARTMENT	0	7,095,431		5.08
5.09	00597	RESEARCH FACULTY	-138,874	15,331,700		5.09
5.10	00598	RESEARCH SPA	-424,075	6,792,010		5.10
5.11	00560	CORPORATE ADMINISTRATION	-67,650,287	96,420,090		5.11
6.00	00600	MAINTENANCE & REPAIRS	-1,203,611	58,537,756		6.00
6.01	00601	RENTED SPACE COSTS	0	200,727		6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-45,637	3,850,848		8.00
9.00	00900	HOUSEKEEPING	0	19,104,221		9.00
10.00	01000	DIETARY	-1,347	439,510		10.00
10.01	01001	PATIENT FOOD SERVICE	-49,786	8,211,711		10.01
11.00	01100	CAFETERIA	-3,296,121	152,900		11.00
13.00	01300	NURSING ADMINISTRATION	-110,065	8,506,366		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	28,029		14.00
15.00	01500	PHARMACY	0	76,246,267		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-37,826	7,137,058		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-90,173	7,819,924		16.01
18.00	01850	CLINICAL LAB ADMIN MED	-92,636	3,151,311		18.00
18.01	01080	CLINICAL LAB ADMIN PED	-102,296	126,410		18.01
18.02	01851	CLINICAL LAB ADMIN OB	-192,498	1,711,722		18.02
18.03	01852	CLINICAL LAB ADMIN SURG	-747,265	1,934,966		18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	-114,356	544,916		18.04
18.05	01854	CLINICAL LAB ADMIN PATH	-390,956	301,323		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	-358,320	-44,026		18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0		18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	-944,329	590,933		18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	-138,395	1,374,923		18.09
18.12	01859	DISCRETIONARY OPERATIONS	-8,869,583	-2,507,468		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	-1,230,464	6,924,895		18.14
18.16	01861	NURSING SCHOOL SPLIT	0	11,833,134		18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-2,672,008	0		19.00
20.00	02000	NURSING SCHOOL	-20,736,250	-17,428,259		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,183,890	35,054,871		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-789,911	7,012,361		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,442,446	324,686		23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-988,636	-614,711		23.01
23.02	02302	PARAMED DIETARY	-856,478	-419,838		23.02
23.03	02303	PARAMED SPEECH	-2,901,389	-978,084		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-2,422,095	-1,248,895		23.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
23.05	02305	PARAMED MEDICAL PHYSICS	0	181,158		23.05
23.06	02306	PARAMED PASTORAL CARE	-4,600	467,160		23.06
23.07	02307	PARAMED TECHNOLOGY	-1,957,171	-784,272		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-768,972	-339,851		23.08
23.09	02309	PARAMED PHARMACY	-46,000	478,961		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-1,559,402	-646,433		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-2,835,247	-1,438,135		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-36,876	52,389,098		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-7,371	13,385,094		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-133,997	15,380,825		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-1,050	4,928,903		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	-153,333	11,829,758		35.02
40.00	04000	SUBPROVIDER - IPF	0	6,584,451		40.00
41.00	04100	SUBPROVIDER - IRF	0	5,382,117		41.00
43.00	04300	NURSERY	0	1,978,664		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-25,436	43,257,280		50.00
51.00	05100	RECOVERY ROOM	0	4,197,193		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,267,873		52.00
53.00	05300	ANESTHESIOLOGY	-99,011	2,731,210		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-176,232	20,522,220		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,438,097		55.00
56.00	05600	RADIOISOTOPE	0	1,908,138		56.00
60.00	06000	LABORATORY	-2,017,366	45,369,594		60.00
60.01	06002	LABORATORY - HLA	-4,294	844,959		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-6,412	10,228,686		62.00
64.00	06400	INTRAVENOUS THERAPY	-148	22,438		64.00
65.00	06500	RESPIRATORY THERAPY	-30,026	7,249,453		65.00
66.00	06600	PHYSICAL THERAPY	-3,380	3,745,715		66.00
67.00	06700	OCCUPATIONAL THERAPY	-60	2,635,598		67.00
68.00	06800	SPEECH PATHOLOGY	-2,946	1,729,321		68.00
69.00	06900	ELECTROCARDIOLOGY	-188,537	7,284,584		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-54,850	909,305		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	442,121		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,212,454		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-73,820	26,245,499		73.00
74.00	07400	RENAL DIALYSIS	-7,950	792,304		74.00
76.00	03020	RENAL DIALYSIS I/P	0	3,001,416		76.00
76.01	03550	PSYCH DAY HOSPITAL	-51,960	3,871,909		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-77,406	30,431,898		90.00
91.00	09100	EMERGENCY	-52,399	12,096,983		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	6,873,494		105.00
106.00	10600	HEART ACQUISITION	0	74,770		106.00
107.00	10700	LIVER ACQUISITION	0	1,870,321		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	634,001		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-212,660,854	1,081,257,694		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,045,126		190.00
190.01	19001	FUND RAISING	-146,344	5,172,957		190.01
190.02	19002	RUSH DAY SCHOOL	0	1,752,166		190.02
191.00	19100	RESEARCH	0	36,055,432		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	16,029,776		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	1,886,166		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	155,518,299		192.00
194.00	07950	MEDICAL COLLEGE	-82,604	22,809,375		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	54,942,742		194.01
194.02	07952	AFFIL CORP ROOM 500	0	1,736,993		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	19,640,138		194.03
194.04	07954	CON - GNE	0	1,135,396		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-212,889,802	1,400,982,260		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	DEPRECIATION OLD HOSPITAL	00101		1.01
1.02	DEPRECIATION DIRECT BLDG	00102		1.02
1.03	DEPRECIATION KELLOGG PAV	00103		1.03
1.04	DEPRECIATION JELKE SOUTH	00104		1.04
1.05	DEPRECIATION ATRIUM PAV	00105		1.05
1.06	DEPRECIATION PRO BLDG NORTH	00106		1.06
1.07	DEPRECIATION PRO BLDG SOUTH	00107		1.07
1.08	DEPRECIATION WOOD ST	00108		1.08
1.09	DEPRECIATION ACADEMIC FACILITY	00109		1.09
1.10	DEPRECIATION PRO BLDG III	00110		1.10
1.11	DEPRECIATION JRB	00111		1.11
1.12	DEPRECIATION TOB	00112		1.12
1.13	DEPRECIATION EQUIPMENT	00113		1.13
1.14	DEPRECIATION ORTHOPEDICS	00114		1.14
1.15	DEPRECIATION KIDSTON	00115		1.15
1.16	DEPRECIATION COHN	00116		1.16
1.17	DEPRECIATION TOWER	00117		1.17
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	INTEREST GENERAL	00201		2.01
2.02	INTEREST DIRECT BLDG	00202		2.02
2.03	INTEREST ATRUM PAV	00203		2.03
2.04	INTEREST PRO BLDG SOUTH	00204		2.04
2.05	INTEREST TOB	00205		2.05
2.06	INTEREST PRO BLDG III	00206		2.06
2.07	INTEREST TOWER	00207		2.07
2.08	INTEREST PRO BLDG NORTH	00208		2.08
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	TRANSITION RECRUITMENT	00590		5.01
5.02	PARKING GARAGE	00540	NONPATIENT TELEPHONES	5.02
5.03	RESEARCH ADMINISTRATION	00591		5.03
5.04	ADMIN & GEN INPT SERVICE	00592		5.04
5.05	ADMIN & GEN OUTPT SERVICE	00593		5.05
5.06	ADMIN & GEN ANIMAL LAB	00594		5.06
5.07	ADMIN & GEN PT SERVICE	00595		5.07
5.08	PERSONNEL DEPARTMENT	00596		5.08
5.09	RESEARCH FACULTY	00597		5.09
5.10	RESEARCH SPA	00598		5.10
5.11	CORPORATE ADMINISTRATION	00560	PURCHASING RECEIVING AND STORES	5.11
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	RENTED SPACE COSTS	00601		6.01
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
10.01	PATIENT FOOD SERVICE	01001		10.01
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY	01601		16.01
18.00	CLINICAL LAB ADMIN MED	01850		18.00
18.01	CLINICAL LAB ADMIN PED	01080	INSERVICE EDUCATION	18.01
18.02	CLINICAL LAB ADMIN OB	01851		18.02
18.03	CLINICAL LAB ADMIN SURG	01852		18.03
18.04	CLINICAL LAB ADMIN PSYCH	01853		18.04
18.05	CLINICAL LAB ADMIN PATH	01854		18.05
18.06	CLINICAL LAB ADMIN CARD	01855		18.06
18.07	CLINICAL LAB ADMIN HEMAT	01856		18.07
18.08	CLINICAL LAB ADMIN NEUR	01857		18.08
18.09	CLINICAL LAB ADMIN OCLS	01858		18.09
18.12	DISCRETIONARY OPERATIONS	01859		18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	01860		18.14
18.16	NURSING SCHOOL SPLIT	01861		18.16
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	02300		23.00
23.01	PARAMED MEDICAL PERFUSION TECH	02301		23.01

COST CENTERS USED IN COST REPORT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
23.02	PARAMED DIETARY	02302		23.02
23.03	PARAMED SPEECH	02303		23.03
23.04	PARAMED OCCUPATIONAL THERAPY	02304		23.04
23.05	PARAMED MEDICAL PHYSICS	02305		23.05
23.06	PARAMED PASTORAL CARE	02306		23.06
23.07	PARAMED TECHNOLOGY	02307		23.07
23.08	PARAMED VASCULAR ULTRASOUND	02308		23.08
23.09	PARAMED PHARMACY	02309		23.09
23.10	PARAMED RESPIRATORY THERAPY	02310		23.10
23.11	PARAMED PHYSICIANS ASSISTANT	02311		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	02040	DETOXIFICATION INTENSIVE CARE UNIT	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	02080	PEDIATRIC INTENSIVE CARE UNIT	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	02120	PREMATURE INTENSIVE CARE UNIT	35.02
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY - HLA	06002		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	RENAL DIALYSIS I/P	03020	ACUPUNCTURE	76.00
76.01	PSYCH DAY HOSPITAL	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00	BEHAVIORAL HEALTH	04040	FAMILY PRACTICE	93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	09400		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	09850		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	08600		112.00
114.00	UTILIZATION REVIEW - SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	FUND RAISING	19001		190.01
190.02	RUSH DAY SCHOOL	19002		190.02
191.00	RESEARCH	19100		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	19101		191.01

COST CENTERS USED IN COST REPORT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
191.02	DEPARTMENTAL PROJECTS/RESEARCH	19102		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MEDICAL COLLEGE	07950		194.00
194.01	AFFIL CORP ARC VENTURES	07951		194.01
194.02	AFFIL CORP ROOM 500	07952		194.02
194.03	AFFIL CORP JOINT VENTURES	07953		194.03
194.04	CON - GNE	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - AFFIL CORP FRINGES #45960				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	138,913,872	1.00
2.00	HEART ACQUISITION	106.00	0	246	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
	TOTALS		0	138,914,118		
	B - DIRECT EDUCATION					
1.00	CORPORATE ADMINISTRATION	5.11	720	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,934,937	0		2.00
3.00	MEDICAL COLLEGE	194.00	8,760	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		5,944,417	0		
	C - PARKING GARAGE RECH #49490					
1.00	PARKING GARAGE	5.02	0	741,471		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		0	741,471		
	D - REAL ESTATE TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,086,265		1.00
	TOTALS		0	1,086,265		
	E - TRIANGLE BLDG HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	147,302		1.00
	TOTALS		0	147,302		
	F - PROPERTY INSURANCE					
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,916,921		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	2,916,921		
	G - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	442,121		1.00
	TOTALS		0	442,121		
	H - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,319,319		1.00
	TOTALS		0	26,319,319		
	I - SPACE RECH #49940					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	125,781,673		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
	TOTALS		0	125,781,673		
	J - AFFIL CORP OH #45969					
1.00	CORPORATE ADMINISTRATION	5.11	0	39,051,322		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	17,250,489		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	TOTALS		0	56,301,811		
	K - NURSE ANESTH					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,672,008	0		1.00
	TOTALS		2,672,008	0		
	L - DATA CENTER					
1.00	ADMIN & GEN PT SERVICE	5.07	12,528,829	16,719,619		1.00
	TOTALS		12,528,829	16,719,619		
	M - PASTORAL CARE					
1.00	PARAMED PASTORAL CARE	23.06	460,505	40,351		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	138,552	33,953		2.00
3.00		0.00	0	0		3.00
	TOTALS		599,057	74,304		
	N - MALPRACTICE					
1.00	CORPORATE ADMINISTRATION	5.11	0	14,206,943		1.00
	TOTALS		0	14,206,943		
	O - DEPRECIATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,843,563		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	7,926,956		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	3,667,444		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	3,229,044		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	5,418,412		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,818,374		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	1,413,768		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	339,685		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,285,595		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,211,343		10.00
11.00	DEPRECIATION JRB	1.11	0	855,254		11.00
12.00	DEPRECIATION TOB	1.12	0	877,548		12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	44,439,969		13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	1,054,621		14.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00	DEPRECIATION KIDSTON	1.15	0	41,506		15.00
16.00	DEPRECIATION COHN	1.16	0	1,543,697		16.00
17.00	DEPRECIATION TOWER	1.17	0	19,013,112		17.00
18.00	RENTED SPACE COSTS	6.01	0	200,727		18.00
	TOTALS		0	96,180,618		
	P - INTEREST					
1.00	INTEREST GENERAL	2.01	0	3,342,624		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,539,791		2.00
3.00	INTEREST ATRUM PAV	2.03	0	4,656,278		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	734,226		4.00
5.00	INTEREST TOB	2.05	0	1,115,548		5.00
6.00	INTEREST PRO BLDG III	2.06	0	20,884		6.00
7.00	INTEREST TOWER	2.07	0	17,088,338		7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	94,469		8.00
	TOTALS		0	28,592,158		
	Q - NURSING SALARY					
1.00	NURSERY	43.00	1,800,501	667,828		1.00
	TOTALS		1,800,501	667,828		
	R - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	152,115	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		152,115	0		
	S - RENAL DIALYSIS SPLIT					
1.00	RENAL DIALYSIS I/P	76.00	0	3,001,416		1.00
2.00	RENAL DIALYSIS	74.00	213,942	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
	TOTALS		213,942	3,001,416		
	T - NON-RESEARCH					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,346		1.00
2.00	RESEARCH ADMINISTRATION	5.03	57,788	44,279		2.00
3.00	ADMIN & GEN PT SERVICE	5.07	155,967	80,237		3.00
4.00	RESEARCH FACULTY	5.09	71,687	16,358		4.00
5.00	CORPORATE ADMINISTRATION	5.11	64,580	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.01	0	84,659		6.00
7.00	CLINICAL LAB ADMIN PED	18.01	64,293	24,501		7.00
8.00	CLINICAL LAB ADMIN OB	18.02	155,406	4,457		8.00
9.00	CLINICAL LAB ADMIN SURG	18.03	199,515	94,676		9.00
10.00	CLINICAL LAB ADMIN PSYCH	18.04	43,664	61,523		10.00
11.00	CLINICAL LAB ADMIN PATH	18.05	0	32,220		11.00
12.00	CLINICAL LAB ADMIN CARD	18.06	169,063	144,408		12.00
13.00	CLINICAL LAB ADMIN NEUR	18.08	543,460	258,570		13.00
14.00	DISCRETIONARY OPERATIONS	18.12	3,924,215	2,559,822		14.00
15.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	487,385	213,995		15.00
16.00	NURSING SCHOOL SPLIT	18.16	39,720	50,609		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	301,057	64,522		17.00
18.00	PARAMED RESPIRATORY THERAPY	23.10	1,000	11,607		18.00
19.00	ADULTS & PEDIATRICS	30.00	12,054	13,368		19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	13,298	39,411		20.00
21.00	ANESTHESIOLOGY	53.00	0	96,000		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,616		22.00
23.00	LABORATORY	60.00	771,722	260,593		23.00
24.00	RESPIRATORY THERAPY	65.00	0	25,026		24.00
25.00	PHYSICAL THERAPY	66.00	0	2,165		25.00
26.00	ELECTROCARDIOLOGY	69.00	153,135	15,667		26.00
27.00	RENAL DIALYSIS	74.00	0	7,950		27.00
28.00	PSYCH DAY HOSPITAL	76.01	41,634	1,279		28.00
29.00	EMERGENCY	91.00	10,475	31,905		29.00
30.00	FUND RAISING	190.01	67,217	65,012		30.00
31.00	MEDICAL COLLEGE	194.00	0	78,287		31.00
	TOTALS		7,348,335	4,448,068		
	U - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	727,474	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		727,474	0		
	V - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	3,307,991		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	295,614		2.00
	TOTALS		0	3,603,605		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	131,282		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	3,348		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	164,640		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	167,380		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	121,773		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	111,810		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	79,457		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	3,103		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	53,390		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	52,129		10.00
11.00	DEPRECIATION JRB	1.11	0	38,754		11.00
12.00	DEPRECIATION TOB	1.12	0	60,494		12.00
13.00	DEPRECIATION KIDSTON	1.15	0	12,592		13.00
14.00	DEPRECIATION COHN	1.16	0	517		14.00
15.00	DEPRECIATION TOWER	1.17	0	6,807		15.00
	TOTALS		0	1,007,476		
	X - IMPLANT DIRECT COST					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	61,212,454		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	TOTALS		0	61,212,454		
	Y - PHARMACY RESIDENTS					
1.00	PARAMED PHARMACY	23.09	505,668	19,293		1.00
	TOTALS		505,668	19,293		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	305,765		1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	137,747		2.00
3.00	PARAMED DIETARY	23.02	0	127,253		3.00
4.00	PARAMED TECHNOLOGY	23.07	0	358,950		4.00
5.00	PARAMED SPEECH	23.03	0	623,998		5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	367,469		6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0	5,845		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	36,034		8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0	131,557		9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	389,134		10.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	PARAMED RESPIRATORY THERAPY	23.10	0	293,907	11.00
12.00	MEDICAL COLLEGE	194.00	0	86,234	12.00
13.00	MEDICAL COLLEGE	194.00	0	12,869	13.00
14.00	MEDICAL COLLEGE	194.00	0	25,653	14.00
15.00	MEDICAL COLLEGE	194.00	0	125,000	15.00
	TOTALS		0	3,027,415	
500.00	Grand Total: Increases		32,492,346	585,412,198	500.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.
	6.00	7.00	8.00	9.00	10.00
	A - AFFIL CORP FRINGES #45960				
1.00	RESEARCH ADMINISTRATION	5.03	0	542,117	0
2.00	ADMIN & GEN INPT SERVICE	5.04	0	719,260	0
3.00	ADMIN & GEN OUTPT SERVICE	5.05	0	626,012	0
4.00	ADMIN & GEN ANIMAL LAB	5.06	0	131,126	0
5.00	ADMIN & GEN PT SERVICE	5.07	0	6,463,926	0
6.00	PERSONNEL DEPARTMENT	5.08	0	710,225	0
7.00	RESEARCH FACULTY	5.09	0	2,290,829	0
8.00	RESEARCH SPA	5.10	0	1,128,998	0
9.00	CORPORATE ADMINISTRATION	5.11	0	8,483,995	0
10.00	MAINTENANCE & REPAIRS	6.00	0	3,025,621	0
11.00	LAUNDRY & LINEN SERVICE	8.00	0	147,861	0
12.00	HOUSEKEEPING	9.00	0	3,444,246	0
13.00	DIETARY	10.00	0	86,870	0
14.00	PATIENT FOOD SERVICE	10.01	0	1,422,533	0
15.00	CAFETERIA	11.00	0	402,048	0
16.00	NURSING ADMINISTRATION	13.00	0	1,563,380	0
17.00	PHARMACY	15.00	0	2,321,571	0
18.00	MEDICAL RECORDS & LIBRARY	16.00	0	938,814	0
19.00	MEDICAL RECORDS & LIBRARY	16.01	0	1,536,138	0
20.00	CLINICAL LAB ADMIN MED	18.00	0	743,577	0
21.00	CLINICAL LAB ADMIN PED	18.01	0	31,391	0
22.00	CLINICAL LAB ADMIN OB	18.02	0	388,619	0
23.00	CLINICAL LAB ADMIN SURG	18.03	0	488,745	0
24.00	CLINICAL LAB ADMIN PSYCH	18.04	0	62,657	0
25.00	CLINICAL LAB ADMIN PATH	18.05	0	1,613	0
26.00	CLINICAL LAB ADMIN NEUR	18.08	0	152,763	0
27.00	CLINICAL LAB ADMIN OCLS	18.09	0	140,068	0
28.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	959,344	0
29.00	NURSING SCHOOL SPLIT	18.16	0	2,097,953	0
30.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	7,722,399	0
31.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,514,243	0
32.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	309,594	0
33.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	35,089	0
34.00	PARAMED DIETARY	23.02	0	62,515	0
35.00	PARAMED SPEECH	23.03	0	224,957	0
36.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	142,001	0
37.00	PARAMED MEDICAL PHYSICS	23.05	0	4,783	0
38.00	PARAMED PASTORAL CARE	23.06	0	29,096	0
39.00	PARAMED TECHNOLOGY	23.07	0	141,912	0
40.00	PARAMED VASCULAR ULTRASOUND	23.08	0	48,725	0
41.00	PARAMED RESPIRATORY THERAPY	23.10	0	111,236	0
42.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	157,864	0
43.00	ADULTS & PEDIATRICS	30.00	0	10,552,655	0
44.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,681,831	0
45.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,222,297	0
46.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	940,042	0
47.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,424,030	0
48.00	SUBPROVIDER - IPF	40.00	0	1,454,652	0
49.00	SUBPROVIDER - IRF	41.00	0	1,163,651	0
50.00	NURSERY	43.00	0	414,115	0
51.00	OPERATING ROOM	50.00	0	3,588,720	0
52.00	RECOVERY ROOM	51.00	0	900,525	0
53.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,043,371	0
54.00	ANESTHESIOLOGY	53.00	0	769,961	0
55.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,698,178	0
56.00	RADIOLOGY-THERAPEUTIC	55.00	0	661,942	0
57.00	RADIOISOTOPE	56.00	0	178,661	0
58.00	LABORATORY	60.00	0	4,674,345	0
59.00	LABORATORY - HLA	60.01	0	108,910	0
60.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	394,650	0
61.00	RESPIRATORY THERAPY	65.00	0	991,560	0
62.00	PHYSICAL THERAPY	66.00	0	828,052	0
63.00	OCCUPATIONAL THERAPY	67.00	0	575,442	0
64.00	SPEECH PATHOLOGY	68.00	0	361,796	0
65.00	ELECTROCARDIOLOGY	69.00	0	748,592	0
66.00	ELECTROENCEPHALOGRAPHY	70.00	0	177,698	0

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	RENAL DIALYSIS	74.00	0	94,121	0		67.00
68.00	PSYCH DAY HOSPITAL	76.01	0	743,163	0		68.00
69.00	CLINIC	90.00	0	2,698,969	0		69.00
70.00	EMERGENCY	91.00	0	2,249,923	0		70.00
71.00	KIDNEY ACQUISITION	105.00	0	434,408	0		71.00
72.00	LIVER ACQUISITION	107.00	0	212,683	0		72.00
73.00	PANCREAS ACQUISITION	109.00	0	29,897	0		73.00
74.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	240,349	0		74.00
75.00	FUND RAISING	190.01	0	934,324	0		75.00
76.00	RUSH DAY SCHOOL	190.02	0	322,508	0		76.00
77.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	8,859,094	0		77.00
78.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,703,476	0		78.00
79.00	MEDICAL COLLEGE	194.00	0	3,704,985	0		79.00
80.00	AFFIL CORP ARC VENTURES	194.01	0	1,218,512	0		80.00
81.00	AFFIL CORP ROOM 500	194.02	0	207,397	0		81.00
82.00	AFFIL CORP JOINT VENTURES	194.03	0	1,959,746	0		82.00
83.00	CON - GNE	194.04	0	188,173	0		83.00
	TOTALS		0	138,914,118			
	B - DIRECT EDUCATION						
1.00	RESEARCH FACULTY	5.09	50,097	0	0		1.00
2.00	PHARMACY	15.00	464,303	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	650	0	0		3.00
4.00	CLINICAL LAB ADMIN MED	18.00	1,666	0	0		4.00
5.00	CLINICAL LAB ADMIN PATH	18.05	3,574	0	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,327,559	0	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	65,427	0	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	30,641	0	0		8.00
9.00	LABORATORY	60.00	500	0	0		9.00
	TOTALS		5,944,417	0			
	C - PARKING GARAGE RECH #49490						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	765	0		2.00
3.00	ADMIN & GEN OUTPT SERVICE	5.05	0	255	0		3.00
4.00	ADMIN & GEN PT SERVICE	5.07	0	14,564	0		4.00
5.00	PERSONNEL DEPARTMENT	5.08	0	37,610	0		5.00
6.00	RESEARCH FACULTY	5.09	0	2,940	0		6.00
7.00	RESEARCH SPA	5.10	0	3,145	0		7.00
8.00	CORPORATE ADMINISTRATION	5.11	0	19,170	0		8.00
9.00	MAINTENANCE & REPAIRS	6.00	0	595	0		9.00
10.00	DIETARY	10.00	0	170	0		10.00
11.00	PATIENT FOOD SERVICE	10.01	0	1,020	0		11.00
12.00	CAFETERIA	11.00	0	85	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	730	0		13.00
14.00	PHARMACY	15.00	0	3,145	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.01	0	170	0		15.00
16.00	CLINICAL LAB ADMIN OB	18.02	0	1,020	0		16.00
17.00	CLINICAL LAB ADMIN PSYCH	18.04	0	1,190	0		17.00
18.00	CLINICAL LAB ADMIN PATH	18.05	0	170	0		18.00
19.00	CLINICAL LAB ADMIN NEUR	18.08	0	850	0		19.00
20.00	CLINICAL LAB ADMIN OCLS	18.09	0	170	0		20.00
21.00	DISCRETIONARY OPERATIONS	18.12	0	44,595	0		21.00
22.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,480	0		22.00
23.00	NURSING SCHOOL SPLIT	18.16	0	1,700	0		23.00
24.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	475,452	0		24.00
25.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,390	0		25.00
26.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,700	0		26.00
27.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	850	0		27.00
28.00	PARAMED SPEECH	23.03	0	2,210	0		28.00
29.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	510	0		29.00
30.00	PARAMED TECHNOLOGY	23.07	0	935	0		30.00
31.00	PARAMED VASCULAR ULTRASOUND	23.08	0	680	0		31.00
32.00	PARAMED RESPIRATORY THERAPY	23.10	0	425	0		32.00
33.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	425	0		33.00
34.00	ADULTS & PEDIATRICS	30.00	0	1,700	0		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	170	0		35.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
36.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	170	0		36.00
37.00	SUBPROVIDER - IRF	41.00	0	220	0		37.00
38.00	ANESTHESIOLOGY	53.00	0	3,060	0		38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,250	0		39.00
40.00	RADIOLOGY-THERAPEUTIC	55.00	0	425	0		40.00
41.00	LABORATORY	60.00	0	4,335	0		41.00
42.00	RESPIRATORY THERAPY	65.00	0	765	0		42.00
43.00	SPEECH PATHOLOGY	68.00	0	510	0		43.00
44.00	PSYCH DAY HOSPITAL	76.01	0	21,950	0		44.00
45.00	CLINIC	90.00	0	13,385	0		45.00
46.00	EMERGENCY	91.00	0	85	0		46.00
47.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,850	0		47.00
48.00	FUND RAISING	190.01	0	8,650	0		48.00
49.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	32,985	0		49.00
50.00	MEDICAL COLLEGE	194.00	0	11,420	0		50.00
	TOTALS		0	741,471			
	D - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,086,265	0		1.00
	TOTALS		0	1,086,265			
	E - TRIANGLE BLDG HOUSEKEEPING						
1.00	MAINTENANCE & REPAIRS	6.00	0	147,302	0		1.00
	TOTALS		0	147,302			
	F - PROPERTY INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59,566	9		1.00
2.00	PARKING GARAGE	5.02	0	18,101	0		2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	2,579,828	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	30,079	0		4.00
5.00	CAFETERIA	11.00	0	2,289	0		5.00
6.00	CLINICAL LAB ADMIN PSYCH	18.04	0	3,165	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,012	0		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,355	0		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,098	0		9.00
10.00	AFFIL CORP JOINT VENTURES	194.03	0	211,428	0		10.00
	TOTALS		0	2,916,921			
	G - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	442,121	0		1.00
	TOTALS		0	442,121			
	H - PHARMACY						
1.00	PHARMACY	15.00	0	26,319,319	0		1.00
	TOTALS		0	26,319,319			
	I - SPACE RECH #49940						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	90,979	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	5,875,260	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	206,536	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	334,920	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,378,248	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	5,725,997	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	392,656	0		7.00
8.00	RESEARCH FACULTY	5.09	0	2,368,667	0		8.00
9.00	RESEARCH SPA	5.10	0	415,147	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	6,375,168	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	57,901	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	798,128	0		12.00
13.00	DIETARY	10.00	0	195,849	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,853,535	0		14.00
15.00	CAFETERIA	11.00	0	1,882,372	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	1,184,902	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,250,164	0		17.00
18.00	PHARMACY	15.00	0	1,078,975	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	913,469	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	491,735	0		20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	110,243	0		21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	315,843	0		22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	225,260	0		23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	435,093	0		24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	12,024	0		25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	910,761	0		26.00
27.00	CLINICAL LAB ADMIN NEUR	18.08	0	34,439	0		27.00
28.00	CLINICAL LAB ADMIN OCLS	18.09	0	92,455	0		28.00
29.00	DISCRETIONARY OPERATIONS	18.12	0	77,327	0		29.00
30.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,984,114	0		30.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
31.00	NURSING SCHOOL SPLIT	18.16	0	606,991	0	31.00
32.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,538,891	0	32.00
33.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	946,442	0	33.00
34.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	160,651	0	34.00
35.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	22,234	0	35.00
36.00	PARAMED DIETARY	23.02	0	13,518	0	36.00
37.00	PARAMED SPEECH	23.03	0	144,657	0	37.00
38.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	79,195	0	38.00
39.00	PARAMED TECHNOLOGY	23.07	0	42,136	0	39.00
40.00	PARAMED VASCULAR ULTRASOUND	23.08	0	13,625	0	40.00
41.00	PARAMED RESPIRATORY THERAPY	23.10	0	53,720	0	41.00
42.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	29,676	0	42.00
43.00	ADULTS & PEDIATRICS	30.00	0	12,401,411	0	43.00
44.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,538,361	0	44.00
45.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,740,965	0	45.00
46.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	550,436	0	46.00
47.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,452,965	0	47.00
48.00	SUBPROVIDER - IPF	40.00	0	1,897,115	0	48.00
49.00	SUBPROVIDER - IRF	41.00	0	1,635,018	0	49.00
50.00	NURSERY	43.00	0	75,550	0	50.00
51.00	OPERATING ROOM	50.00	0	10,172,113	0	51.00
52.00	RECOVERY ROOM	51.00	0	2,166,192	0	52.00
53.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,555,402	0	53.00
54.00	ANESTHESIOLOGY	53.00	0	1,261,156	0	54.00
55.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,608,179	0	55.00
56.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,607,466	0	56.00
57.00	RADIOISOTOPE	56.00	0	484,873	0	57.00
58.00	LABORATORY	60.00	0	5,825,653	0	58.00
59.00	LABORATORY - HLA	60.01	0	102,665	0	59.00
60.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	647,774	0	60.00
61.00	RESPIRATORY THERAPY	65.00	0	637,257	0	61.00
62.00	PHYSICAL THERAPY	66.00	0	1,068,858	0	62.00
63.00	OCCUPATIONAL THERAPY	67.00	0	734,645	0	63.00
64.00	SPEECH PATHOLOGY	68.00	0	660,778	0	64.00
65.00	ELECTROCARDIOLOGY	69.00	0	1,780,724	0	65.00
66.00	ELECTROENCEPHALOGRAPHY	70.00	0	218,353	0	66.00
67.00	RENAL DIALYSIS	74.00	0	258,774	0	67.00
68.00	PSYCH DAY HOSPITAL	76.01	0	371,007	0	68.00
69.00	CLINIC	90.00	0	5,197,419	0	69.00
70.00	EMERGENCY	91.00	0	3,618,047	0	70.00
71.00	KIDNEY ACQUISITION	105.00	0	125,819	0	71.00
72.00	LIVER ACQUISITION	107.00	0	39,854	0	72.00
73.00	PANCREAS ACQUISITION	109.00	0	299	0	73.00
74.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,541,600	0	74.00
75.00	FUND RAISING	190.01	0	376,251	0	75.00
76.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	20,150	0	76.00
77.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,876,117	0	77.00
78.00	MEDICAL COLLEGE	194.00	0	1,332,195	0	78.00
79.00	AFFIL CORP ARC VENTURES	194.01	0	396,069	0	79.00
80.00	AFFIL CORP ROOM 500	194.02	0	1,084,260	0	80.00
	TOTALS		0	125,781,673		
	J - AFFIL CORP OH #45969					
1.00	NURSING SCHOOL SPLIT	18.16	0	5,218,847	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,876,148	0	2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,260,382	0	3.00
4.00	CLINIC	90.00	0	4,313,172	0	4.00
5.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	15,154,788	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,897,979	0	6.00
7.00	MEDICAL COLLEGE	194.00	0	6,580,495	0	7.00
	TOTALS		0	56,301,811		

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	K - NURSE ANESTH						
1.00	ANESTHESIOLOGY	53.00	2,672,008	0	0		1.00
	TOTALS		2,672,008	0			
	L - DATA CENTER						
1.00	CORPORATE ADMINISTRATION	5.11	12,528,829	16,719,619	0		1.00
	TOTALS		12,528,829	16,719,619			
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	138,552	33,953	0		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	460,505	21,356	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	18,995	0		3.00
	TOTALS		599,057	74,304			
	N - MALPRACTICE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,206,943	0		1.00
	TOTALS		0	14,206,943			
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	53,231,316	9		1.00
2.00	CORPORATE ADMINISTRATION	5.11	0	42,949,302	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00
17.00		0.00	0	0	9		17.00
18.00		0.00	0	0	0		18.00
	TOTALS		0	96,180,618			
	P - INTEREST						
1.00	CORPORATE ADMINISTRATION	5.11	0	28,592,158	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
	TOTALS		0	28,592,158			
	Q - NURSING SALARY						
1.00	ADULTS & PEDIATRICS	30.00	1,800,501	667,828	0		1.00
	TOTALS		1,800,501	667,828			
	R - PHYSICS RESIDENTS						
1.00	CORPORATE ADMINISTRATION	5.11	11,539	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	140,576	0	0		2.00
	TOTALS		152,115	0			
	S - RENAL DIALYSIS SPLIT						
1.00	RENAL DIALYSIS	74.00	0	3,001,416	0		1.00
2.00	PATIENT FOOD SERVICE	10.01	33,058	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.01	7,868	0	0		3.00
4.00	CLINIC	90.00	16,427	0	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	156,589	0	0		5.00
	TOTALS		213,942	3,001,416			
	T - NON-RESEARCH						
1.00	DISCRETIONARY OPERATIONS	18.12	7,348,335	3,855,892	0		1.00
2.00	CORPORATE ADMINISTRATION	5.11	0	592,176	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

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
	TOTALS		7,348,335	4,448,068			
	U - HSM TEACHING						
1.00	RESEARCH ADMINISTRATION	5.03	21,172	0	0		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	111,008	0	0		2.00
3.00	RESEARCH FACULTY	5.09	8,120	0	0		3.00
4.00	RESEARCH SPA	5.10	1,207	0	0		4.00
5.00	CORPORATE ADMINISTRATION	5.11	363,511	0	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	21,051	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	7,839	0	0		7.00
8.00	CLINICAL LAB ADMIN OB	18.02	6,511	0	0		8.00
9.00	CLINICAL LAB ADMIN SURG	18.03	5,364	0	0		9.00
10.00	NURSING SCHOOL SPLIT	18.16	3,410	0	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,207	0	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	337	0	0		12.00
13.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	25,418	0	0		13.00
14.00	MEDICAL INTENSIVE CARE UNIT	35.00	3,007	0	0		14.00
15.00	LABORATORY	60.00	13,687	0	0		15.00
16.00	PSYCH DAY HOSPITAL	76.01	7,373	0	0		16.00
17.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	10,437	0	0		17.00
18.00	RESEARCH	191.00	38,988	0	0		18.00
19.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	1,937	0	0		19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	71,895	0	0		20.00
21.00	MEDICAL COLLEGE	194.00	1,515	0	0		21.00
22.00	AFFIL CORP JOINT VENTURES	194.03	2,480	0	0		22.00
	TOTALS		727,474	0			
	V - TUITION ASSISTANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,603,605	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	3,603,605			
	W - ACCREATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,007,476	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
	TOTALS		0	1,007,476			
	X - IMPLANT DIRECT COST						
1.00	EMERGENCY	91.00	0	82,009	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	48,704	0		2.00
3.00	OPERATING ROOM	50.00	0	49,229,404	0		3.00
4.00	OPERATING ROOM	50.00	0	177,357	0		4.00
5.00	OPERATING ROOM	50.00	0	2,995,228	0		5.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/19/2015 11:39 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	SPEECH PATHOLOGY	68.00	0	100,294	0	6.00
7.00	SPEECH PATHOLOGY	68.00	0	40,230	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	2,351,384	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	4,766,282	0	9.00
10.00	LABORATORY	60.00	0	10,858	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,408,153	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1	0	12.00
13.00	CLINIC	90.00	0	694	0	13.00
14.00	CLINIC	90.00	0	563	0	14.00
15.00	CLINIC	90.00	0	251	0	15.00
16.00	CLINIC	90.00	0	1,042	0	16.00
	TOTALS		0	61,212,454		
	Y - PHARMACY RESIDENTS					
1.00	PHARMACY	15.00	505,668	19,293	0	1.00
	TOTALS		505,668	19,293		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,027,415	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
	TOTALS		0	3,027,415		
500.00	Grand Total: Decreases		32,492,346	585,412,198		500.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - AFFIL CORP FRINGES #45960								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	138,913,872	RESEARCH ADMINISTRATION	5.03	0	542,117	1.00
2.00	HEART ACQUISITION	106.00	0	246	ADMIN & GEN INPT SERVICE	5.04	0	719,260	2.00
3.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	626,012	3.00
4.00		0.00	0	0	ADMIN & GEN ANIMAL LAB	5.06	0	131,126	4.00
5.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	6,463,926	5.00
6.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	710,225	6.00
7.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,290,829	7.00
8.00		0.00	0	0	RESEARCH SPA	5.10	0	1,128,998	8.00
9.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	8,483,995	9.00
10.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	3,025,621	10.00
11.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	147,861	11.00
12.00		0.00	0	0	HOUSEKEEPING	9.00	0	3,444,246	12.00
13.00		0.00	0	0	DIETARY	10.00	0	86,870	13.00
14.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,422,533	14.00
15.00		0.00	0	0	CAFETERIA	11.00	0	402,048	15.00
16.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	1,563,380	16.00
17.00		0.00	0	0	PHARMACY	15.00	0	2,321,571	17.00
18.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	938,814	18.00
19.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	1,536,138	19.00
20.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	0	743,577	20.00
21.00		0.00	0	0	CLINICAL LAB ADMIN PED	18.01	0	31,391	21.00
22.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	388,619	22.00
23.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	488,745	23.00
24.00		0.00	0	0	CLINICAL LAB ADMIN PSYCH	18.04	0	62,657	24.00
25.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	1,613	25.00
26.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	152,763	26.00
27.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	140,068	27.00
28.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	959,344	28.00
29.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	2,097,953	29.00
30.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	7,722,399	30.00
31.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,514,243	31.00
32.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	309,594	32.00
33.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	35,089	33.00
34.00		0.00	0	0	PARAMED DIETARY	23.02	0	62,515	34.00
35.00		0.00	0	0	PARAMED SPEECH	23.03	0	224,957	35.00
36.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	142,001	36.00
37.00		0.00	0	0	PARAMED MEDICAL PHYSICS	23.05	0	4,783	37.00
38.00		0.00	0	0	PARAMED PASTORAL CARE	23.06	0	29,096	38.00
39.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	141,912	39.00
40.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	48,725	40.00
41.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	111,236	41.00
42.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	157,864	42.00
43.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	10,552,655	43.00
44.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,681,831	44.00
45.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,222,297	45.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
46.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	940,042	46.00
47.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,424,030	47.00
48.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	1,454,652	48.00
49.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,163,651	49.00
50.00		0.00	0	0	NURSERY	43.00	0	414,115	50.00
51.00		0.00	0	0	OPERATING ROOM	50.00	0	3,588,720	51.00
52.00		0.00	0	0	RECOVERY ROOM	51.00	0	900,525	52.00
53.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,043,371	53.00
54.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	769,961	54.00
55.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,698,178	55.00
56.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	661,942	56.00
57.00		0.00	0	0	RADIOISOTOPE	56.00	0	178,661	57.00
58.00		0.00	0	0	LABORATORY	60.00	0	4,674,345	58.00
59.00		0.00	0	0	LABORATORY - HLA	60.01	0	108,910	59.00
60.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	394,650	60.00
61.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	991,560	61.00
62.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	828,052	62.00
63.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	575,442	63.00
64.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	361,796	64.00
65.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	748,592	65.00
66.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	177,698	66.00
67.00		0.00	0	0	RENAL DIALYSIS	74.00	0	94,121	67.00
68.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	743,163	68.00
69.00		0.00	0	0	CLINIC	90.00	0	2,698,969	69.00
70.00		0.00	0	0	EMERGENCY	91.00	0	2,249,923	70.00
71.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	434,408	71.00
72.00		0.00	0	0	LIVER ACQUISITION	107.00	0	212,683	72.00
73.00		0.00	0	0	PANCREAS ACQUISITION	109.00	0	29,897	73.00
74.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	240,349	74.00
75.00		0.00	0	0	FUND RAISING	190.01	0	934,324	75.00
76.00		0.00	0	0	RUSH DAY SCHOOL	190.02	0	322,508	76.00
77.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	8,859,094	77.00
78.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,703,476	78.00
79.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	3,704,985	79.00
80.00		0.00	0	0	AFFIL CORP ARC VENTURES	194.01	0	1,218,512	80.00
81.00		0.00	0	0	AFFIL CORP ROOM 500	194.02	0	207,397	81.00
82.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	1,959,746	82.00
83.00		0.00	0	0	CON - GNE	194.04	0	188,173	83.00
	TOTALS		0	138,914,118	TOTALS		0	138,914,118	
	B - DIRECT EDUCATION								
1.00	CORPORATE ADMINISTRATION	5.11	720	0	RESEARCH FACULTY	5.09	50,097	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,934,937	0	PHARMACY	15.00	464,303	0	2.00
3.00	MEDICAL COLLEGE	194.00	8,760	0	MEDICAL RECORDS & LIBRARY	16.00	650	0	3.00
4.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	1,666	0	4.00
5.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	3,574	0	5.00
6.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,327,559	0	6.00
7.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	65,427	0	7.00
8.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	30,641	0	8.00
9.00		0.00	0	0	LABORATORY	60.00	500	0	9.00
	TOTALS		5,944,417	0	TOTALS		5,944,417	0	
	C - PARKING GARAGE RECH #49490								
1.00	PARKING GARAGE	5.02	0	741,471	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	425	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	0	765	2.00
3.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	255	3.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
4.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	14,564	4.00
5.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	37,610	5.00
6.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,940	6.00
7.00		0.00	0	0	RESEARCH SPA	5.10	0	3,145	7.00
8.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	19,170	8.00
9.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	595	9.00
10.00		0.00	0	0	DIETARY	10.00	0	170	10.00
11.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,020	11.00
12.00		0.00	0	0	CAFETERIA	11.00	0	85	12.00
13.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	730	13.00
14.00		0.00	0	0	PHARMACY	15.00	0	3,145	14.00
15.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	170	15.00
16.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	1,020	16.00
17.00		0.00	0	0	CLINICAL LAB ADMIN PSYCH	18.04	0	1,190	17.00
18.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	170	18.00
19.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	850	19.00
20.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	170	20.00
21.00		0.00	0	0	DISCRETIONARY OPERATIONS	18.12	0	44,595	21.00
22.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,480	22.00
23.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	1,700	23.00
24.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	475,452	24.00
25.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,390	25.00
26.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,700	26.00
27.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	850	27.00
28.00		0.00	0	0	PARAMED SPEECH	23.03	0	2,210	28.00
29.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	510	29.00
30.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	935	30.00
31.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	680	31.00
32.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	425	32.00
33.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	425	33.00
34.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,700	34.00
35.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	170	35.00
36.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	170	36.00
37.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	220	37.00
38.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	3,060	38.00
39.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,250	39.00
40.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	425	40.00
41.00		0.00	0	0	LABORATORY	60.00	0	4,335	41.00
42.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	765	42.00
43.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	510	43.00
44.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	21,950	44.00
45.00		0.00	0	0	CLINIC	90.00	0	13,385	45.00
46.00		0.00	0	0	EMERGENCY	91.00	0	85	46.00
47.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,850	47.00
48.00		0.00	0	0	FUND RAISING	190.01	0	8,650	48.00
49.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	32,985	49.00
50.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	11,420	50.00
	TOTALS		0	741,471	TOTALS		0	741,471	
	D - REAL ESTATE TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,086,265	MAINTENANCE & REPAIRS	6.00	0	1,086,265	1.00
	TOTALS		0	1,086,265	TOTALS		0	1,086,265	

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	E - TRIANGLE BLDG HOUSEKEEPING								
1.00	HOUSEKEEPING	9.00	0	147,302	MAINTENANCE & REPAIRS	6.00	0	147,302	1.00
	TOTALS		0	147,302	TOTALS		0	147,302	
	F - PROPERTY INSURANCE								
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,916,921	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59,566	1.00
2.00		0.00	0	0	PARKING GARAGE	5.02	0	18,101	2.00
3.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	2,579,828	3.00
4.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	30,079	4.00
5.00		0.00	0	0	CAFETERIA	11.00	0	2,289	5.00
6.00		0.00	0	0	CLINICAL LAB ADMIN PSYCH	18.04	0	3,165	6.00
7.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,012	7.00
8.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,355	8.00
9.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,098	9.00
10.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	211,428	10.00
	TOTALS		0	2,916,921	TOTALS		0	2,916,921	
	G - CENTRAL SUPPLY								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	442,121	CENTRAL SERVICES & SUPPLY	14.00	0	442,121	1.00
	TOTALS		0	442,121	TOTALS		0	442,121	
	H - PHARMACY								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,319,319	PHARMACY	15.00	0	26,319,319	1.00
	TOTALS		0	26,319,319	TOTALS		0	26,319,319	
	I - SPACE RECH #49940								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	125,781,673	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	90,979	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	0	5,875,260	2.00
3.00		0.00	0	0	ADMIN & GEN INPT SERVICE	5.04	0	206,536	3.00
4.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	334,920	4.00
5.00		0.00	0	0	ADMIN & GEN ANIMAL LAB	5.06	0	1,378,248	5.00
6.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	5,725,997	6.00
7.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	392,656	7.00
8.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,368,667	8.00
9.00		0.00	0	0	RESEARCH SPA	5.10	0	415,147	9.00
10.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	6,375,168	10.00
11.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	57,901	11.00
12.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	798,128	12.00
13.00		0.00	0	0	DIETARY	10.00	0	195,849	13.00
14.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,853,535	14.00
15.00		0.00	0	0	CAFETERIA	11.00	0	1,882,372	15.00
16.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	1,184,902	16.00
17.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,250,164	17.00
18.00		0.00	0	0	PHARMACY	15.00	0	1,078,975	18.00
19.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	913,469	19.00
20.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	491,735	20.00
21.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	0	110,243	21.00
22.00		0.00	0	0	CLINICAL LAB ADMIN PED	18.01	0	315,843	22.00
23.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	225,260	23.00
24.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	435,093	24.00
25.00		0.00	0	0	CLINICAL LAB ADMIN PSYCH	18.04	0	12,024	25.00
26.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	910,761	26.00
27.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	34,439	27.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
28.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	92,455	28.00
29.00		0.00	0	0	DISCRETIONARY OPERATIONS	18.12	0	77,327	29.00
30.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,984,114	30.00
31.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	606,991	31.00
32.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,538,891	32.00
33.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	946,442	33.00
34.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	160,651	34.00
35.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	22,234	35.00
36.00		0.00	0	0	PARAMED DIETARY	23.02	0	13,518	36.00
37.00		0.00	0	0	PARAMED SPEECH	23.03	0	144,657	37.00
38.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	79,195	38.00
39.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	42,136	39.00
40.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	13,625	40.00
41.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	53,720	41.00
42.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	29,676	42.00
43.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	12,401,411	43.00
44.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,538,361	44.00
45.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,740,965	45.00
46.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	550,436	46.00
47.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,452,965	47.00
48.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	1,897,115	48.00
49.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,635,018	49.00
50.00		0.00	0	0	NURSERY	43.00	0	75,550	50.00
51.00		0.00	0	0	OPERATING ROOM	50.00	0	10,172,113	51.00
52.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,166,192	52.00
53.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,555,402	53.00
54.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,261,156	54.00
55.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6,608,179	55.00
56.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,607,466	56.00
57.00		0.00	0	0	RADIOISOTOPE	56.00	0	484,873	57.00
58.00		0.00	0	0	LABORATORY	60.00	0	5,825,653	58.00
59.00		0.00	0	0	LABORATORY - HLA	60.01	0	102,665	59.00
60.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	647,774	60.00
61.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	637,257	61.00
62.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	1,068,858	62.00
63.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	734,645	63.00
64.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	660,778	64.00
65.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,780,724	65.00
66.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	218,353	66.00
67.00		0.00	0	0	RENAL DIALYSIS	74.00	0	258,774	67.00
68.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	371,007	68.00
69.00		0.00	0	0	CLINIC	90.00	0	5,197,419	69.00
70.00		0.00	0	0	EMERGENCY	91.00	0	3,618,047	70.00
71.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	125,819	71.00
72.00		0.00	0	0	LIVER ACQUISITION	107.00	0	39,854	72.00
73.00		0.00	0	0	PANCREAS ACQUISITION	109.00	0	299	73.00
74.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,541,600	74.00
75.00		0.00	0	0	FUND RAISING	190.01	0	376,251	75.00
76.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	20,150	76.00
77.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,876,117	77.00
78.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	1,332,195	78.00
79.00		0.00	0	0	AFFIL CORP ARC VENTURES	194.01	0	396,069	79.00
80.00		0.00	0	0	AFFIL CORP ROOM 500	194.02	0	1,084,260	80.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	TOTALS		0	125,781,673	TOTALS		0	125,781,673	
	J - AFFIL CORP OH #45969								
1.00	CORPORATE ADMINISTRATION	5.11	0	39,051,322	NURSING SCHOOL SPLIT	18.16	0	5,218,847	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	17,250,489	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,876,148	2.00
3.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,260,382	3.00
4.00		0.00	0	0	CLINIC	90.00	0	4,313,172	4.00
5.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	15,154,788	5.00
6.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,897,979	6.00
7.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	6,580,495	7.00
	TOTALS		0	56,301,811	TOTALS		0	56,301,811	
	K - NURSE ANESTH								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,672,008	0	ANESTHESIOLOGY	53.00	2,672,008	0	1.00
	TOTALS		2,672,008	0	TOTALS		2,672,008	0	
	L - DATA CENTER								
1.00	ADMIN & GEN PT SERVICE	5.07	12,528,829	16,719,619	CORPORATE ADMINISTRATION	5.11	12,528,829	16,719,619	1.00
	TOTALS		12,528,829	16,719,619	TOTALS		12,528,829	16,719,619	
	M - PASTORAL CARE								
1.00	PARAMED PASTORAL CARE	23.06	460,505	40,351	PARAMED PASTORAL CARE	23.06	138,552	33,953	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	138,552	33,953	ADMIN & GEN PT SERVICE	5.07	460,505	21,356	2.00
3.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	18,995	3.00
	TOTALS		599,057	74,304	TOTALS		599,057	74,304	
	N - MALPRACTICE								
1.00	CORPORATE ADMINISTRATION	5.11	0	14,206,943	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,206,943	1.00
	TOTALS		0	14,206,943	TOTALS		0	14,206,943	
	O - DEPRECIATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,843,563	DEPRECIATION OLD HOSPITAL	1.01	0	53,231,316	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	7,926,956	CORPORATE ADMINISTRATION	5.11	0	42,949,302	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	3,667,444		0.00	0	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	3,229,044		0.00	0	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	5,418,412		0.00	0	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,818,374		0.00	0	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	1,413,768		0.00	0	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	339,685		0.00	0	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,285,595		0.00	0	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,211,343		0.00	0	0	10.00
11.00	DEPRECIATION JRB	1.11	0	855,254		0.00	0	0	11.00
12.00	DEPRECIATION TOB	1.12	0	877,548		0.00	0	0	12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	44,439,969		0.00	0	0	13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	1,054,621		0.00	0	0	14.00
15.00	DEPRECIATION KIDSTON	1.15	0	41,506		0.00	0	0	15.00
16.00	DEPRECIATION COHN	1.16	0	1,543,697		0.00	0	0	16.00
17.00	DEPRECIATION TOWER	1.17	0	19,013,112		0.00	0	0	17.00
18.00	RENTED SPACE COSTS	6.01	0	200,727		0.00	0	0	18.00
	TOTALS		0	96,180,618	TOTALS		0	96,180,618	
	P - INTEREST								
1.00	INTEREST GENERAL	2.01	0	3,342,624	CORPORATE ADMINISTRATION	5.11	0	28,592,158	1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,539,791		0.00	0	0	2.00
3.00	INTEREST ATRUM PAV	2.03	0	4,656,278		0.00	0	0	3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	734,226		0.00	0	0	4.00
5.00	INTEREST TOB	2.05	0	1,115,548		0.00	0	0	5.00
6.00	INTEREST PRO BLDG III	2.06	0	20,884		0.00	0	0	6.00
7.00	INTEREST TOWER	2.07	0	17,088,338		0.00	0	0	7.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
8.00	INTEREST PRO BLDG NORTH	2.08	0	94,469		0.00	0	0	8.00
	TOTALS		0	28,592,158	TOTALS		0	28,592,158	
	Q - NURSING SALARY								
1.00	NURSERY	43.00	1,800,501	667,828	ADULTS & PEDIATRICS	30.00	1,800,501	667,828	1.00
	TOTALS		1,800,501	667,828	TOTALS		1,800,501	667,828	
	R - PHYSICS RESIDENTS								
1.00	PARAMED MEDICAL PHYSICS	23.05	152,115	0	CORPORATE ADMINISTRATION	5.11	11,539	0	1.00
2.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	140,576	0	2.00
	TOTALS		152,115	0	TOTALS		152,115	0	
	S - RENAL DIALYSIS SPLIT								
1.00	RENAL DIALYSIS I/P	76.00	0	3,001,416	RENAL DIALYSIS	74.00	0	3,001,416	1.00
2.00	RENAL DIALYSIS	74.00	213,942	0	PATIENT FOOD SERVICE	10.01	33,058	0	2.00
3.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	7,868	0	3.00
4.00		0.00	0	0	CLINIC	90.00	16,427	0	4.00
5.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	156,589	0	5.00
	TOTALS		213,942	3,001,416	TOTALS		213,942	3,001,416	
	T - NON-RESEARCH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,346	DISCRETIONARY OPERATIONS	18.12	7,348,335	3,855,892	1.00
2.00	RESEARCH ADMINISTRATION	5.03	57,788	44,279	CORPORATE ADMINISTRATION	5.11	0	592,176	2.00
3.00	ADMIN & GEN PT SERVICE	5.07	155,967	80,237		0.00	0	0	3.00
4.00	RESEARCH FACULTY	5.09	71,687	16,358		0.00	0	0	4.00
5.00	CORPORATE ADMINISTRATION	5.11	64,580	0		0.00	0	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.01	0	84,659		0.00	0	0	6.00
7.00	CLINICAL LAB ADMIN PED	18.01	64,293	24,501		0.00	0	0	7.00
8.00	CLINICAL LAB ADMIN OB	18.02	155,406	4,457		0.00	0	0	8.00
9.00	CLINICAL LAB ADMIN SURG	18.03	199,515	94,676		0.00	0	0	9.00
10.00	CLINICAL LAB ADMIN PSYCH	18.04	43,664	61,523		0.00	0	0	10.00
11.00	CLINICAL LAB ADMIN PATH	18.05	0	32,220		0.00	0	0	11.00
12.00	CLINICAL LAB ADMIN CARD	18.06	169,063	144,408		0.00	0	0	12.00
13.00	CLINICAL LAB ADMIN NEUR	18.08	543,460	258,570		0.00	0	0	13.00
14.00	DISCRETIONARY OPERATIONS	18.12	3,924,215	2,559,822		0.00	0	0	14.00
15.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	487,385	213,995		0.00	0	0	15.00
16.00	NURSING SCHOOL SPLIT	18.16	39,720	50,609		0.00	0	0	16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	301,057	64,522		0.00	0	0	17.00
18.00	PARAMED RESPIRATORY THERAPY	23.10	1,000	11,607		0.00	0	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	12,054	13,368		0.00	0	0	19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	13,298	39,411		0.00	0	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	96,000		0.00	0	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,616		0.00	0	0	22.00
23.00	LABORATORY	60.00	771,722	260,593		0.00	0	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	25,026		0.00	0	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	2,165		0.00	0	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	153,135	15,667		0.00	0	0	26.00
27.00	RENAL DIALYSIS	74.00	0	7,950		0.00	0	0	27.00
28.00	PSYCH DAY HOSPITAL	76.01	41,634	1,279		0.00	0	0	28.00
29.00	EMERGENCY	91.00	10,475	31,905		0.00	0	0	29.00
30.00	FUND RAISING	190.01	67,217	65,012		0.00	0	0	30.00
31.00	MEDICAL COLLEGE	194.00	0	78,287		0.00	0	0	31.00
	TOTALS		7,348,335	4,448,068	TOTALS		7,348,335	4,448,068	
	U - HSM TEACHING								
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	727,474	0	RESEARCH ADMINISTRATION	5.03	21,172	0	1.00
2.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	111,008	0	2.00
3.00		0.00	0	0	RESEARCH FACULTY	5.09	8,120	0	3.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
4.00		0.00	0	0	RESEARCH SPA	5.10	1,207	0	4.00
5.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	363,511	0	5.00
6.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	21,051	0	6.00
7.00		0.00	0	0	NURSING ADMINISTRATION	13.00	7,839	0	7.00
8.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	6,511	0	8.00
9.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	5,364	0	9.00
10.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	3,410	0	10.00
11.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,207	0	11.00
12.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	337	0	12.00
13.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	25,418	0	13.00
14.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	3,007	0	14.00
15.00		0.00	0	0	LABORATORY	60.00	13,687	0	15.00
16.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	7,373	0	16.00
17.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	10,437	0	17.00
18.00		0.00	0	0	RESEARCH	191.00	38,988	0	18.00
19.00		0.00	0	0	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	1,937	0	19.00
20.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	71,895	0	20.00
21.00		0.00	0	0	MEDICAL COLLEGE	194.00	1,515	0	21.00
22.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	2,480	0	22.00
	TOTALS		727,474	0	TOTALS		727,474	0	
	V - TUITION ASSISTANCE								
1.00	NURSING SCHOOL	20.00	0	3,307,991	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,603,605	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	295,614		0.00	0	0	2.00
	TOTALS		0	3,603,605	TOTALS		0	3,603,605	
	W - ACCREATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	131,282	DEPRECIATION OLD HOSPITAL	1.01	0	1,007,476	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	3,348		0.00	0	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	164,640		0.00	0	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	167,380		0.00	0	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	121,773		0.00	0	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	111,810		0.00	0	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	79,457		0.00	0	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	3,103		0.00	0	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	53,390		0.00	0	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	52,129		0.00	0	0	10.00
11.00	DEPRECIATION JRB	1.11	0	38,754		0.00	0	0	11.00
12.00	DEPRECIATION TOB	1.12	0	60,494		0.00	0	0	12.00
13.00	DEPRECIATION KIDSTON	1.15	0	12,592		0.00	0	0	13.00
14.00	DEPRECIATION COHN	1.16	0	517		0.00	0	0	14.00
15.00	DEPRECIATION TOWER	1.17	0	6,807		0.00	0	0	15.00
	TOTALS		0	1,007,476	TOTALS		0	1,007,476	
	X - IMPLANT DIRECT COST								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	61,212,454	EMERGENCY	91.00	0	82,009	1.00
2.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	48,704	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	49,229,404	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	177,357	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	2,995,228	5.00
6.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	100,294	6.00
7.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	40,230	7.00
8.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	2,351,384	8.00
9.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	4,766,282	9.00
10.00		0.00	0	0	LABORATORY	60.00	0	10,858	10.00

RECLASSIFICATIONS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/19/2015 11:39 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,408,153	11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1	12.00
13.00		0.00	0	0	CLINIC	90.00	0	694	13.00
14.00		0.00	0	0	CLINIC	90.00	0	563	14.00
15.00		0.00	0	0	CLINIC	90.00	0	251	15.00
16.00		0.00	0	0	CLINIC	90.00	0	1,042	16.00
	TOTALS		0	61,212,454	TOTALS		0	61,212,454	
	Y - PHARMACY RESIDENTS								
1.00	PARAMED PHARMACY	23.09	505,668	19,293	PHARMACY	15.00	505,668	19,293	1.00
	TOTALS		505,668	19,293	TOTALS		505,668	19,293	
	Z - DEANS OFFICE								
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	305,765	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,027,415	1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	137,747		0.00	0	0	2.00
3.00	PARAMED DIETARY	23.02	0	127,253		0.00	0	0	3.00
4.00	PARAMED TECHNOLOGY	23.07	0	358,950		0.00	0	0	4.00
5.00	PARAMED SPEECH	23.03	0	623,998		0.00	0	0	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	367,469		0.00	0	0	6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0	5,845		0.00	0	0	7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	36,034		0.00	0	0	8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0	131,557		0.00	0	0	9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	389,134		0.00	0	0	10.00
11.00	PARAMED RESPIRATORY THERAPY	23.10	0	293,907		0.00	0	0	11.00
12.00	MEDICAL COLLEGE	194.00	0	86,234		0.00	0	0	12.00
13.00	MEDICAL COLLEGE	194.00	0	12,869		0.00	0	0	13.00
14.00	MEDICAL COLLEGE	194.00	0	25,653		0.00	0	0	14.00
15.00	MEDICAL COLLEGE	194.00	0	125,000		0.00	0	0	15.00
	TOTALS		0	3,027,415	TOTALS		0	3,027,415	
500.00	Grand Total: Increases		32,492,346	585,412,198	Grand Total: Decreases		32,492,346	585,412,198	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part I Date/Time Prepared: 11/19/2015 11:39 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,497,876	69,632	0	69,632	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,698,559,591	61,799,931	0	61,799,931	15,263	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	20,783,410	14,119,336	0	14,119,336	0	5.00
6.00	Movable Equipment	448,475,307	26,336,106	0	26,336,106	31,018,157	6.00
7.00	HIT designated Assets	17,773,301	1,305,947	0	1,305,947	8,547,424	7.00
8.00	Subtotal (sum of lines 1-7)	2,203,089,485	103,630,952	0	103,630,952	39,580,844	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,203,089,485	103,630,952	0	103,630,952	39,580,844	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,567,508	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,760,344,259	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	34,902,746	0	5.00
6.00	Movable Equipment	443,793,256	0	6.00
7.00	HIT designated Assets	10,531,824	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,267,139,593	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,267,139,593	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	-71,579,591	0	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-71,579,591	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	DEPRECIATION OLD HOSPITAL	0	-71,579,591	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	1.10
1.11	DEPRECIATION JRB	0	0	1.11
1.12	DEPRECIATION TOB	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	1.15
1.16	DEPRECIATION COHN	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	2.04
2.05	INTEREST TOB	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	2.06
2.07	INTEREST TOWER	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	2.08
3.00	Total (sum of lines 1-2)	0	-71,579,591	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part III Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	55,822,496	0	55,822,496	0.024815	0	1.01
1.02	DEPRECIATION DIRECT BLDG	415,450,469	0	415,450,469	0.184680	0	1.02
1.03	DEPRECIATION KELLOGG PAV	112,984,582	0	112,984,582	0.050225	0	1.03
1.04	DEPRECIATION JELKE SOUTH	111,631,428	0	111,631,428	0.049623	0	1.04
1.05	DEPRECIATION ATRIUM PAV	190,533,442	0	190,533,442	0.084698	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	41,631,528	0	41,631,528	0.018506	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	34,582,061	0	34,582,061	0.015373	0	1.07
1.08	DEPRECIATION WOOD ST	6,022,155	0	6,022,155	0.002677	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	77,323,633	0	77,323,633	0.034373	0	1.09
1.10	DEPRECIATION PRO BLDG III	54,108,534	0	54,108,534	0.024053	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	33,838,771	0	33,838,771	0.015042	0	1.12
1.13	DEPRECIATION EQUIPMENT	439,429,093	0	439,429,093	0.195339	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	35,773,802	0	35,773,802	0.015902	0	1.14
1.15	DEPRECIATION KIDSTON	4,962,432	0	4,962,432	0.002206	0	1.15
1.16	DEPRECIATION COHN	66,806,290	0	66,806,290	0.029697	0	1.16
1.17	DEPRECIATION TOWER	568,671,369	0	568,671,369	0.252791	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,249,572,085	0	2,249,572,085	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	2,046,233	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	7,897,255	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	3,832,084	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	3,396,424	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	5,560,132	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,930,184	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,612,697	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	342,788	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	1,346,645	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,263,472	0	1.10
1.11	DEPRECIATION JRB	0	0	0	1,251,522	0	1.11
1.12	DEPRECIATION TOB	0	0	0	938,042	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	47,055,085	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	1,054,621	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	54,098	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,544,214	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	19,019,919	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	100,145,415	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part III Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	0	2,046,233	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	7,897,255	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	3,832,084	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	3,396,424	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	5,560,132	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,930,184	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	1,612,697	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	342,788	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1,346,645	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	1,263,472	1.10
1.11	DEPRECIATION JRB	0	0	0	0	1,251,522	1.11
1.12	DEPRECIATION TOB	0	0	0	0	938,042	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	47,055,085	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	1,054,621	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	54,098	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,544,214	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	19,019,919	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	1,953,036	0	0	0	1,953,036	2.01
2.02	INTEREST DIRECT BLDG	899,673	0	0	0	899,673	2.02
2.03	INTEREST ATRUM PAV	2,720,581	0	0	0	2,720,581	2.03
2.04	INTEREST PRO BLDG SOUTH	428,995	0	0	0	428,995	2.04
2.05	INTEREST TOB	651,795	0	0	0	651,795	2.05
2.06	INTEREST PRO BLDG III	12,202	0	0	0	12,202	2.06
2.07	INTEREST TOWER	9,984,416	0	0	0	9,984,416	2.07
2.08	INTEREST PRO BLDG NORTH	55,197	0	0	0	55,197	2.08
3.00	Total (sum of lines 1-2)	16,705,895	0	0	0	116,851,310	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/19/2015 11:39 am

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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/19/2015 11:39 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	
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-83,777	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,160,082			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	242,516			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-68,549	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	0	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	0	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	0	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	0	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	0	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	0	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	26.07
26.08	Depreciation - DEPRECIATION WOOD ST		0	DEPRECIATION WOOD ST	1.08	0	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III		0	DEPRECIATION PRO BLDG III	1.10	0	26.10
26.11	Depreciation - DEPRECIATION JRB		0	DEPRECIATION JRB	1.11	0	26.11
26.12	Depreciation - DEPRECIATION TOB		0	DEPRECIATION TOB	1.12	0	26.12

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/19/2015 11:39 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	
26.13	Depreciation - DEPRECIATION EQUIPMENT		0	DEPRECIATION EQUIPMENT	1.13	0	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS		0	DEPRECIATION ORTHOPEDICS	1.14	0	26.14
26.15	Depreciation - DEPRECIATION KIDSTON		0	DEPRECIATION KIDSTON	1.15	0	26.15
26.16	Depreciation - DEPRECIATION COHN		0	DEPRECIATION COHN	1.16	0	26.16
26.17	Depreciation - DEPRECIATION TOWER		0	DEPRECIATION TOWER	1.17	0	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - INTEREST GENERAL		0	INTEREST GENERAL	2.01	0	27.01
27.02	Depreciation - INTEREST DIRECT BLDG		0	INTEREST DIRECT BLDG	2.02	0	27.02
27.03	Depreciation - INTEREST ATRUM PAV		0	INTEREST ATRUM PAV	2.03	0	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH		0	INTEREST PRO BLDG SOUTH	2.04	0	27.04
27.05	Depreciation - INTEREST TOB		0	INTEREST TOB	2.05	0	27.05
27.06	Depreciation - INTEREST PRO BLDG III		0	INTEREST PRO BLDG III	2.06	0	27.06
27.07	Depreciation - INTEREST TOWER		0	INTEREST TOWER	2.07	0	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH		0	INTEREST PRO BLDG NORTH	2.08	0	27.08
28.00	Non-physician Anesthetist	A	-2,672,008	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE	A	-57,976	DEPRECIATION EQUIPMENT	1.13	9	33.00
33.01	TELEPHONE	A	-21,736	CORPORATE ADMINISTRATION	5.11	0	33.01
33.02	TELEPHONE	A	-728,814	ADMIN & GEN PT SERVICE	5.07	0	33.02
33.10	EMPLOYEE ALLOWANCE	A	-117,290	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.20	UNEMPLOYMENT COMP	A	-78,589	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.30	1/2 YEAR EQUIPMENT AFTER 10	A	-623,061	DEPRECIATION EQUIPMENT	1.13	9	33.30
33.40	COMPONENT DEPRECIATION	A	114,998	DEPRECIATION JRB	1.11	9	33.40
33.41	COMPONENT DEPRECIATION	A	119,472	DEPRECIATION PRO BLDG SOUTH	1.07	9	33.41
33.42	COMPONENT DEPRECIATION	A	-39,109	DEPRECIATION DIRECT BLDG	1.02	9	33.42
33.50	UNALLOWABLE COSTS	A	-11,765,102	CORPORATE ADMINISTRATION	5.11	0	33.50
33.60	MALPRACTICE TRUST INCOME	B	-5,131,429	CORPORATE ADMINISTRATION	5.11	0	33.60
33.70	STRATEGIC SUPPORT SUBSIDIES	A	-45,732,447	TRANSITION RECRUITMENT	5.01	0	33.70
33.80	DEFFERALS	A	108,098	DEPRECIATION OLD HOSPITAL	1.01	9	33.80
33.81	DEFFERALS	A	6,060	DEPRECIATION DIRECT BLDG	1.02	9	33.81
33.82	DEFFERALS	A	19,947	DEPRECIATION ATRIUM PAV	1.05	9	33.82
33.83	DEFFERALS	A	7,660	DEPRECIATION ACADEMIC FACILITY	1.09	9	33.83
33.84	DEFFERALS	A	210,702	DEPRECIATION EQUIPMENT	1.13	9	33.84
33.90	INTEREST INCOME	B	-1,389,588	INTEREST GENERAL	2.01	11	33.90
33.91	INTEREST INCOME	B	-640,118	INTEREST DIRECT BLDG	2.02	11	33.91
33.92	INTEREST INCOME	B	-1,935,697	INTEREST ATRUM PAV	2.03	11	33.92
33.93	INTEREST INCOME	B	-305,231	INTEREST PRO BLDG SOUTH	2.04	11	33.93
33.94	INTEREST INCOME	B	-463,753	INTEREST TOB	2.05	11	33.94
33.95	INTEREST INCOME	B	-8,682	INTEREST PRO BLDG III	2.06	11	33.95
33.96	INTEREST INCOME	B	-7,103,922	INTEREST TOWER	2.07	11	33.96
33.97	INTEREST INCOME	B	-39,272	INTEREST PRO BLDG NORTH	2.08	11	33.97
34.00	GAIN ON SALE OF EQUIPMENT	B	168,530	DEPRECIATION EQUIPMENT	1.13	9	34.00
34.01	AMPYRA	A	-17,372,129	CORPORATE ADMINISTRATION	5.11	0	34.01
34.05	MEDICAID PROVIDER TAX	A	-32,372,627	CORPORATE ADMINISTRATION	5.11	0	34.05
34.10	POST RETIREMENT INCOME	A	77,731	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.10
34.11	PENSION	A	-9,955,237	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.11
34.15	PASTORAL CARE RESIDENTS	B	-4,600	PARAMED PASTORAL CARE	23.06	0	34.15

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/19/2015 11:39 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	
34.16	PHARMACY RESIDENTS	B	-46,000	PARAMED PHARMACY	23.09	0	34.16
34.20	SALE OF SCRAP	B	-758,950	ADMIN & GEN PT SERVICE	5.07	0	34.20
34.21	SALE OF SCRAP	B	-201,746	CORPORATE ADMINISTRATION	5.11	0	34.21
34.25	BUS REVENUE	B	-15,888	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
35.00	MISC INCOME	B	-109,804	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
35.01	MISC INCOME	B	-272,316	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.01
35.02	MISC INCOME	B	-50,197	CORPORATE ADMINISTRATION	5.11	0	35.02
35.03	MISC INCOME	B	-133	CORPORATE ADMINISTRATION	5.11	0	35.03
35.04	MISC INCOME	B	-20	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.04
35.05	MISC INCOME	B	-25	ADMIN & GEN PT SERVICE	5.07	0	35.05
35.06	MISC INCOME	B	-175	ADMIN & GEN PT SERVICE	5.07	0	35.06
35.07	MISC INCOME	B	-3,697	ADMIN & GEN PT SERVICE	5.07	0	35.07
35.08	MISC INCOME	B	-6,883	ADMIN & GEN INPT SERVICE	5.04	0	35.08
35.09	MISC INCOME	B	-150	PSYCH DAY HOSPITAL	76.01	0	35.09
35.10	MISC INCOME	B	-82,150	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.10
35.11	MISC INCOME	B	-16,732	LABORATORY	60.00	0	35.11
35.12	MISC INCOME	B	-2,521	LABORATORY	60.00	0	35.12
35.13	MISC INCOME	B	-221,175	LABORATORY	60.00	0	35.13
35.14	MISC INCOME	B	-5,900	LABORATORY	60.00	0	35.14
35.15	MISC INCOME	B	-83,128	LABORATORY	60.00	0	35.15
35.16	MISC INCOME	B	-4,294	LABORATORY - HLA	60.01	0	35.16
35.17	MISC INCOME	B	-34,583	LABORATORY	60.00	0	35.17
35.18	MISC INCOME	B	-2,250	LABORATORY	60.00	0	35.18
35.19	MISC INCOME	B	-84,813	LABORATORY	60.00	0	35.19
35.20	MISC INCOME	B	-25,580	LABORATORY	60.00	0	35.20
35.21	MISC INCOME	B	-2,160	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	35.21
35.22	MISC INCOME	B	-8,664	MAINTENANCE & REPAIRS	6.00	0	35.22
35.23	MISC INCOME	B	-643,454	MAINTENANCE & REPAIRS	6.00	0	35.23
35.24	MISC INCOME	B	-180,952	MAINTENANCE & REPAIRS	6.00	0	35.24
35.25	MISC INCOME	B	-74,354	MAINTENANCE & REPAIRS	6.00	0	35.25
35.26	MISC INCOME	B	-77,406	CLINIC	90.00	0	35.26
35.27	MISC INCOME	B	-66,688	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.27
35.28	MISC INCOME	B	-1,050	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	35.28
35.29	MISC INCOME	B	-23,390	PREMATURE INTENSIVE CARE UNIT	35.02	0	35.29
35.30	MISC INCOME	B	-212,410	MAINTENANCE & REPAIRS	6.00	0	35.30
35.31	MISC INCOME	B	-24	NURSING ADMINISTRATION	13.00	0	35.31
35.32	MISC INCOME	B	-445	NURSING ADMINISTRATION	13.00	0	35.32
35.33	MISC INCOME	B	-109,596	NURSING ADMINISTRATION	13.00	0	35.33
35.34	MISC INCOME	B	-75	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.34
35.35	MISC INCOME	B	-349,838	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.35
35.36	MISC INCOME	B	-19,509	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.36
35.37	MISC INCOME	B	-9,197	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.37
35.38	MISC INCOME	B	-36,092	LABORATORY	60.00	0	35.38
35.39	MISC INCOME	B	-5,691	LABORATORY	60.00	0	35.39
35.40	MISC INCOME	B	-2,946	SPEECH PATHOLOGY	68.00	0	35.40
35.41	MISC INCOME	B	-54,850	ELECTROENCEPHALOGRAPHY	70.00	0	35.41
35.42	MISC INCOME	B	-80	LABORATORY	60.00	0	35.42
35.43	MISC INCOME	B	-12,055	LABORATORY	60.00	0	35.43
35.44	MISC INCOME	B	300	EMERGENCY	91.00	0	35.44
35.45	MISC INCOME	B	-154	PSYCH DAY HOSPITAL	76.01	0	35.45
35.46	MISC INCOME	B	22,835	ELECTROCARDIOLOGY	69.00	0	35.46
35.47	MISC INCOME	B	-1,215	PHYSICAL THERAPY	66.00	0	35.47
35.48	MISC INCOME	B	-60	OCCUPATIONAL THERAPY	67.00	0	35.48
35.49	MISC INCOME	B	-194,379	LABORATORY	60.00	0	35.49
35.50	MISC INCOME	B	-56,007	LABORATORY	60.00	0	35.50
35.51	MISC INCOME	B	-14,393	RADIOLOGY-DIAGNOSTIC	54.00	0	35.51
36.00	B-1 REVENUE	B	-1,271,794	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01	B-1 REVENUE	B	-10,407,032	PARKING GARAGE	5.02	0	36.01
36.02	B-1 REVENUE	B	-45,637	LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	B-1 REVENUE	B	-1,347	DIETARY	10.00	0	36.03
36.04	B-1 REVENUE	B	-49,786	PATIENT FOOD SERVICE	10.01	0	36.04

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/19/2015 11:39 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	
36.05	B-1 REVENUE	B	-3,296,121	CAFETERIA	11.00	0	36.05
36.06	B-1 REVENUE	B	-37,826	MEDICAL RECORDS & LIBRARY	16.00	0	36.06
36.07	B-1 REVENUE	B	-518,529	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	36.07
36.08	B-1 REVENUE	B	-7,278	CORPORATE ADMINISTRATION	5.11	0	36.08
36.09	B-1 REVENUE	B	-1,441,926	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	36.09
36.10	B-1 REVENUE	B	-988,636	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.10
36.11	B-1 REVENUE	B	-856,478	PARAMED DIETARY	23.02	0	36.11
36.12	B-1 REVENUE	B	-2,901,389	PARAMED SPEECH	23.03	0	36.12
36.13	B-1 REVENUE	B	-2,422,095	PARAMED OCCUPATIONAL THERAPY	23.04	0	36.13
36.14	B-1 REVENUE	B	-1,957,171	PARAMED TECHNOLOGY	23.07	0	36.14
36.15	B-1 REVENUE	B	-768,972	PARAMED VASCULAR ULTRASOUND	23.08	0	36.15
36.16	B-1 REVENUE	B	-1,559,402	PARAMED RESPIRATORY THERAPY	23.10	0	36.16
36.17	B-1 REVENUE	B	-2,834,836	PARAMED PHYSICIANS ASSISTANT	23.11	0	36.17
36.18	B-1 REVENUE	B	-20,736,250	NURSING SCHOOL	20.00	0	36.18
37.00	NR RECOVERIES	B	-31,346	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01	NR RECOVERIES	B	-114,202	RESEARCH ADMINISTRATION	5.03	0	37.01
37.02	NR RECOVERIES	B	-268,957	ADMIN & GEN PT SERVICE	5.07	0	37.02
37.03	NR RECOVERIES	B	-103,100	RESEARCH FACULTY	5.09	0	37.03
37.04	NR RECOVERIES	B	514,034	CORPORATE ADMINISTRATION	5.11	0	37.04
37.05	NR RECOVERIES	B	-84,659	MEDICAL RECORDS & LIBRARY	16.01	0	37.05
37.06	NR RECOVERIES	B	-102,296	CLINICAL LAB ADMIN PED	18.01	0	37.06
37.07	NR RECOVERIES	B	-192,498	CLINICAL LAB ADMIN OB	18.02	0	37.07
37.08	NR RECOVERIES	B	-336,090	CLINICAL LAB ADMIN SURG	18.03	0	37.08
37.09	NR RECOVERIES	B	-114,356	CLINICAL LAB ADMIN PSYCH	18.04	0	37.09
37.10	NR RECOVERIES	B	-6,158	CLINICAL LAB ADMIN PATH	18.05	0	37.10
37.11	NR RECOVERIES	B	-358,320	CLINICAL LAB ADMIN CARD	18.06	0	37.11
37.12	NR RECOVERIES	B	-916,157	CLINICAL LAB ADMIN NEUR	18.08	0	37.12
37.13	NR RECOVERIES	B	-8,236,549	DISCRETIONARY OPERATIONS	18.12	0	37.13
37.14	NR RECOVERIES	B	-711,404	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	37.14
37.15	NR RECOVERIES	B	-428,800	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	37.15
37.16	NR RECOVERIES	B	-27,954	ADULTS & PEDIATRICS	30.00	0	37.16
37.17	NR RECOVERIES	B	-55,502	PREMATURE INTENSIVE CARE UNIT	35.02	0	37.17
37.18	NR RECOVERIES	B	-96,000	ANESTHESIOLOGY	53.00	0	37.18
37.19	NR RECOVERIES	B	-33,616	RADIOLOGY-DIAGNOSTIC	54.00	0	37.19
37.20	NR RECOVERIES	B	-1,194,377	LABORATORY	60.00	0	37.20
37.21	NR RECOVERIES	B	-25,026	RESPIRATORY THERAPY	65.00	0	37.21
37.22	NR RECOVERIES	B	-2,165	PHYSICAL THERAPY	66.00	0	37.22
37.23	NR RECOVERIES	B	-200,960	ELECTROCARDIOLOGY	69.00	0	37.23
37.24	NR RECOVERIES	B	-7,950	RENAL DIALYSIS	74.00	0	37.24
37.25	NR RECOVERIES	B	-51,656	PSYCH DAY HOSPITAL	76.01	0	37.25
37.26	NR RECOVERIES	B	-34,804	EMERGENCY	91.00	0	37.26
37.27	NR RECOVERIES	B	-146,344	FUND RAISING	190.01	0	37.27
37.28	NR RECOVERIES	B	-82,604	MEDICAL COLLEGE	194.00	0	37.28
38.00	PROCUREMENT COSTS	A	-7,371	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.00
38.01	PROCUREMENT COSTS	A	-25,436	OPERATING ROOM	50.00	0	38.01
38.02	PROCUREMENT COSTS	A	-3,011	ANESTHESIOLOGY	53.00	0	38.02
38.03	PROCUREMENT COSTS	A	-2,666	RADIOLOGY-DIAGNOSTIC	54.00	0	38.03
38.04	PROCUREMENT COSTS	A	-18,570	LABORATORY	60.00	0	38.04
38.05	PROCUREMENT COSTS	A	-542	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	38.05
38.06	PROCUREMENT COSTS	A	-148	INTRAVENOUS THERAPY	64.00	0	38.06
38.07	PROCUREMENT COSTS	A	-5,000	RESPIRATORY THERAPY	65.00	0	38.07
38.08	PROCUREMENT COSTS	A	-109	ELECTROCARDIOLOGY	69.00	0	38.08
38.09	PROCUREMENT COSTS	A	-5,271	DRUGS CHARGED TO PATIENTS	73.00	0	38.09
38.10	SETTLEMENT AGREEMENT	A	-311,137	CORPORATE ADMINISTRATION	5.11	0	38.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-212,889,802				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8-1 Date/Time Prepared: 11/19/2015 11:39 am

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

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8-1 Date/Time Prepared: 11/19/2015 11:39 am

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03	RESEARCH ADMINISTRATION	37,034	0	37,034	177,200	356	1.00
2.00	5.07	ADMIN & GEN PT SERVICE	915,486	0	915,486	177,200	4,907	2.00
3.00	5.07	ADMIN & GEN PT SERVICE	72,001	0	72,001	177,200	888	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	137,349	0	137,349	177,200	584	4.00
5.00	5.07	ADMIN & GEN PT SERVICE	64,776	0	64,776	177,200	1,304	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	27,398	0	27,398	177,200	329	6.00
7.00	5.09	RESEARCH FACULTY	251,376	0	251,376	177,200	3,743	7.00
8.00	5.09	RESEARCH FACULTY	9,066	0	9,066	177,200	43	8.00
9.00	5.09	RESEARCH FACULTY	112,969	0	112,969	177,200	2,246	9.00
10.00	5.09	RESEARCH FACULTY	1,445,884	0	1,445,884	177,200	17,388	10.00
11.00	5.09	RESEARCH FACULTY	147,232	0	147,232	177,200	2,131	11.00
12.00	5.09	RESEARCH FACULTY	8,344	0	8,344	177,200	278	12.00
13.00	5.09	RESEARCH FACULTY	89,229	0	89,229	177,200	1,304	13.00
14.00	5.09	RESEARCH FACULTY	57,777	0	57,777	177,200	469	14.00
15.00	5.09	RESEARCH FACULTY	127,158	0	127,158	177,200	1,833	15.00
16.00	5.09	RESEARCH FACULTY	83,940	0	83,940	177,200	838	16.00
17.00	5.10	RESEARCH SPA	4,646	0	4,646	177,200	54	17.00
18.00	5.10	RESEARCH SPA	8,362	0	8,362	177,200	47	18.00
19.00	5.10	RESEARCH SPA	18,924	0	18,924	177,200	77	19.00
20.00	5.10	RESEARCH SPA	16,569	0	16,569	177,200	70	20.00
21.00	5.10	RESEARCH SPA	10,355	0	10,355	177,200	93	21.00
22.00	5.10	RESEARCH SPA	17,552	0	17,552	177,200	76	22.00
23.00	5.10	RESEARCH SPA	194,779	0	194,779	177,200	1,241	23.00
24.00	5.10	RESEARCH SPA	93,231	0	93,231	177,200	371	24.00
25.00	5.10	RESEARCH SPA	40,423	0	40,423	177,200	93	25.00
26.00	5.10	RESEARCH SPA	17,400	0	17,400	177,200	75	26.00
27.00	5.10	RESEARCH SPA	98,794	0	98,794	177,200	349	27.00
28.00	5.10	RESEARCH SPA	71,696	0	71,696	177,200	261	28.00
29.00	5.10	RESEARCH SPA	49,713	0	49,713	177,200	686	29.00
30.00	5.10	RESEARCH SPA	10,392	0	10,392	177,200	186	30.00
31.00	5.10	RESEARCH SPA	36,400	0	36,400	177,200	130	31.00
32.00	5.10	RESEARCH SPA	90,891	0	90,891	177,200	632	32.00
33.00	5.10	RESEARCH SPA	19,179	0	19,176	177,200	130	33.00
34.00	5.11	CORPORATE ADMINISTRATION	41,810	0	41,810	200,300	233	34.00
35.00	5.11	CORPORATE ADMINISTRATION	115,817	0	115,817	200,300	261	35.00
36.00	5.11	CORPORATE ADMINISTRATION	37,802	0	37,802	200,300	153	36.00
37.00	5.11	CORPORATE ADMINISTRATION	82,844	0	82,844	200,300	350	37.00
38.00	5.11	CORPORATE ADMINISTRATION	108,898	0	108,898	200,300	559	38.00
39.00	5.11	CORPORATE ADMINISTRATION	20,708	0	20,708	200,300	186	39.00
40.00	5.11	CORPORATE ADMINISTRATION	67,608	0	67,608	200,300	262	40.00
41.00	5.11	CORPORATE ADMINISTRATION	408,877	0	408,877	200,300	3,220	41.00
42.00	5.11	CORPORATE ADMINISTRATION	196,091	0	196,091	200,300	1,201	42.00
43.00	5.11	CORPORATE ADMINISTRATION	161,691	0	161,691	200,300	373	43.00
44.00	5.11	CORPORATE ADMINISTRATION	97,390	0	97,390	200,300	606	44.00
45.00	5.11	CORPORATE ADMINISTRATION	34,801	0	34,801	200,300	149	45.00
46.00	5.11	CORPORATE ADMINISTRATION	126,264	0	126,264	200,300	465	46.00
47.00	5.11	CORPORATE ADMINISTRATION	35,848	0	35,848	200,300	130	47.00
48.00	5.11	CORPORATE ADMINISTRATION	286,818	0	286,818	200,300	2,605	48.00
49.00	5.11	CORPORATE ADMINISTRATION	20,786	0	20,786	200,300	373	49.00
50.00	5.11	CORPORATE ADMINISTRATION	36,400	0	36,400	200,300	130	50.00
51.00	5.11	CORPORATE ADMINISTRATION	29,438	0	29,438	200,300	129	51.00
52.00	5.11	CORPORATE ADMINISTRATION	121,346	0	121,346	200,300	466	52.00
53.00	5.11	CORPORATE ADMINISTRATION	41,363	0	41,363	200,300	163	53.00
54.00	16.01	MEDICAL RECORDS & LIBRARY	37,802	0	37,802	177,200	379	54.00
55.00	16.01	MEDICAL RECORDS & LIBRARY	145,595	0	145,595	177,200	1,843	55.00
56.00	18.00	CLINICAL LAB ADMIN MED	7,058	0	7,058	200,300	101	56.00
57.00	18.00	CLINICAL LAB ADMIN MED	21,163	0	21,163	177,200	313	57.00
58.00	18.00	CLINICAL LAB ADMIN MED	2,929,455	0	2,929,455	177,200	33,299	58.00
59.00	18.01	CLINICAL LAB ADMIN PED	92,560	0	92,560	140,600	1,674	59.00
60.00	18.02	CLINICAL LAB ADMIN OB	559,651	0	559,651	196,400	6,751	60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	117,885	0	117,885	200,800	372	61.00
62.00	18.03	CLINICAL LAB ADMIN SURG	397,494	0	397,494	200,800	1,968	62.00
63.00	18.03	CLINICAL LAB ADMIN SURG	10,929	0	10,929	200,800	123	63.00
64.00	18.03	CLINICAL LAB ADMIN SURG	117,885	0	117,885	200,800	372	64.00
65.00	18.03	CLINICAL LAB ADMIN SURG	16,820	0	16,820	200,800	95	65.00
66.00	18.03	CLINICAL LAB ADMIN SURG	32,048	0	32,048	200,800	136	66.00
67.00	18.03	CLINICAL LAB ADMIN SURG	38,352	0	38,352	200,800	261	67.00
68.00	18.05	CLINICAL LAB ADMIN PATH	563,269	0	563,269	215,700	1,721	68.00
69.00	18.08	CLINICAL LAB ADMIN NEUR	221,559	0	221,559	177,200	2,270	69.00
70.00	18.09	CLINICAL LAB ADMIN OCLS	24,282	0	24,282	165,600	314	70.00
71.00	18.09	CLINICAL LAB ADMIN OCLS	312,753	0	312,753	165,600	2,190	71.00
72.00	18.12	DISCRETIONARY OPERATIONS	31,099	0	31,099	177,200	208	72.00
73.00	18.12	DISCRETIONARY OPERATIONS	86,602	0	86,602	177,200	746	73.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
74.00	18.12	DISCRETIONARY OPERATIONS	71,809	0	71,809	177,200	587	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	193,706	0	193,706	177,200	1,801	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	4,735	0	4,735	177,200	101	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	1,059,727	0	1,059,727	177,200	9,698	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	575,856	0	575,856	177,200	4,279	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	136,959	0	136,959	177,200	1,030	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	133,668	0	133,668	177,200	1,967	80.00
81.00	18.12	DISCRETIONARY OPERATIONS	5,515	0	5,515	177,200	32	81.00
82.00	18.12	DISCRETIONARY OPERATIONS	113,293	0	113,293	177,200	1,312	82.00
83.00	18.12	DISCRETIONARY OPERATIONS	11,582	0	11,582	177,200	1,043	83.00
84.00	18.12	DISCRETIONARY OPERATIONS	132,088	0	132,088	177,200	1,426	84.00
85.00	18.12	DISCRETIONARY OPERATIONS	44,127	0	44,127	177,200	218	85.00
86.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	27,878	0	27,878	177,200	321	86.00
87.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	31,436	0	31,436	177,200	372	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	50,962	0	50,962	200,300	686	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	57,909	0	57,909	200,300	130	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	18,924	0	18,924	200,300	77	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	16,569	0	16,569	200,300	70	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	81,419	0	81,419	200,300	1,056	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	117,663	0	117,663	200,300	448	93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	51,704	0	51,704	200,300	130	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	40,423	0	40,423	200,300	93	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	17,400	0	17,400	200,300	75	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	24,652	0	24,652	200,300	87	97.00
98.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	35,848	0	35,848	200,300	130	98.00
99.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	33,087	0	33,087	200,300	230	99.00
100.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	10,392	0	10,392	200,300	186	100.00
101.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	36,400	0	36,400	200,300	130	101.00
102.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14,719	0	14,719	200,300	65	102.00
103.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	72,808	0	72,808	200,300	280	103.00
104.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	41,363	0	41,363	200,300	163	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,345	0	3,345	177,200	38	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	111,681	0	111,681	177,200	515	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	185,120	0	185,120	177,200	1,426	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	47,681	0	47,681	177,200	533	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	457,820	0	457,820	177,200	2,764	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,545	0	16,545	177,200	130	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,884,264	0	1,884,264	177,200	21,142	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	78,690	0	78,690	177,200	1,238	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	577,413	0	577,413	177,200	6,822	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	149,322	0	149,322	177,200	372	114.00
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	167,520	0	167,520	177,200	1,865	115.00
116.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	60,461	0	60,461	177,200	1,354	116.00
117.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	119,880	0	119,880	177,200	822	117.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 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	
118.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,073	0	40,073	177,200	229	118.00
119.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	112,629	0	112,629	177,200	1,437	119.00
120.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,797	0	36,797	177,200	782	120.00
121.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,191	0	42,191	177,200	611	121.00
122.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	476,438	0	476,438	177,200	6,155	122.00
123.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,006	0	30,006	177,200	212	123.00
124.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	105,479	0	105,479	177,200	600	124.00
125.00	23.00	PARAMED HEALTH SYSTEM MANAGEMENT	10,999	0	10,999	177,200	123	125.00
126.00	23.07	PARAMED TECHNOLOGY	35,634	0	35,634	165,600	461	126.00
127.00	23.11	PARAMED PHYSICIANS ASSISTANT	7,908	0	7,908	177,200	88	127.00
128.00	30.00	ADULTS & PEDIATRICS	24,675	0	24,675	140,600	457	128.00
129.00	30.00	ADULTS & PEDIATRICS	171,288	0	171,288	140,600	2,402	129.00
130.00	35.00	MEDICAL INTENSIVE CARE UNIT	400,316	0	400,316	165,600	3,988	130.00
131.00	35.00	MEDICAL INTENSIVE CARE UNIT	110,341	0	110,341	165,600	743	131.00
132.00	35.02	PREMATURE INTENSIVE CARE UNIT	241,674	0	241,674	140,600	2,474	132.00
133.00	53.00	ANESTHESIOLOGY	6,849	0	6,849	200,300	119	133.00
134.00	54.00	RADIOLOGY-DIAGNOSTIC	218,602	0	218,602	225,300	859	134.00
135.00	60.00	LABORATORY	313,392	0	313,392	165,600	3,642	135.00
136.00	60.00	LABORATORY	153,142	0	153,142	165,600	2,607	136.00
137.00	60.00	LABORATORY	207,202	0	207,202	165,600	2,617	137.00
138.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,089	0	8,089	165,600	55	138.00
139.00	69.00	ELECTROCARDIOLOGY	50,748	0	50,748	165,600	508	139.00
140.00	76.01	PSYCH DAY HOSPITAL	1,172,441	0	1,172,441	154,100	16,406	140.00
141.00	91.00	EMERGENCY	159,911	0	159,911	177,200	1,667	141.00
142.00	91.00	EMERGENCY	88,878	0	88,878	177,200	1,362	142.00
143.00	91.00	EMERGENCY	410,362	0	410,362	177,200	5,975	143.00
144.00	105.00	KIDNEY ACQUISITION	1,617,519	0	1,617,519	208,000	37,859	144.00
145.00	107.00	LIVER ACQUISITION	811,606	0	811,606	208,000	16,145	145.00
146.00	109.00	PANCREAS ACQUISITION	116,126	0	116,126	208,000	1,944	146.00
200.00			26,528,864	0	26,528,861		290,133	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.03	RESEARCH ADMINISTRATION	30,328	1,516	0	0	0	1.00
2.00	5.07	ADMIN & GEN PT SERVICE	418,039	20,902	0	0	0	2.00
3.00	5.07	ADMIN & GEN PT SERVICE	75,651	3,783	0	0	0	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	49,752	2,488	0	0	0	4.00
5.00	5.07	ADMIN & GEN PT SERVICE	111,091	5,555	0	0	0	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	28,028	1,401	0	0	0	6.00
7.00	5.09	RESEARCH FACULTY	318,875	15,944	0	0	0	7.00
8.00	5.09	RESEARCH FACULTY	3,663	183	0	0	0	8.00
9.00	5.09	RESEARCH FACULTY	191,342	9,567	0	0	0	9.00
10.00	5.09	RESEARCH FACULTY	1,481,324	74,066	0	0	0	10.00
11.00	5.09	RESEARCH FACULTY	181,545	9,077	0	0	0	11.00
12.00	5.09	RESEARCH FACULTY	23,683	1,184	0	0	0	12.00
13.00	5.09	RESEARCH FACULTY	111,091	5,555	0	0	0	13.00
14.00	5.09	RESEARCH FACULTY	39,955	1,998	0	0	0	14.00
15.00	5.09	RESEARCH FACULTY	156,158	7,808	0	0	0	15.00
16.00	5.09	RESEARCH FACULTY	71,391	3,570	0	0	0	16.00
17.00	5.10	RESEARCH SPA	4,600	230	0	0	0	17.00
18.00	5.10	RESEARCH SPA	4,004	200	0	0	0	18.00
19.00	5.10	RESEARCH SPA	6,560	328	0	0	0	19.00
20.00	5.10	RESEARCH SPA	5,963	298	0	0	0	20.00
21.00	5.10	RESEARCH SPA	7,923	396	0	0	0	21.00
22.00	5.10	RESEARCH SPA	6,475	324	0	0	0	22.00
23.00	5.10	RESEARCH SPA	105,724	5,286	0	0	0	23.00
24.00	5.10	RESEARCH SPA	31,606	1,580	0	0	0	24.00
25.00	5.10	RESEARCH SPA	7,923	396	0	0	0	25.00
26.00	5.10	RESEARCH SPA	6,389	319	0	0	0	26.00
27.00	5.10	RESEARCH SPA	29,732	1,487	0	0	0	27.00
28.00	5.10	RESEARCH SPA	22,235	1,112	0	0	0	28.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 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	
29.00	5.10	RESEARCH SPA	58,442	2,922	0	0	0	29.00
30.00	5.10	RESEARCH SPA	15,846	792	0	0	0	30.00
31.00	5.10	RESEARCH SPA	11,075	554	0	0	0	31.00
32.00	5.10	RESEARCH SPA	53,842	2,692	0	0	0	32.00
33.00	5.10	RESEARCH SPA	11,075	554	0	0	0	33.00
34.00	5.11	CORPORATE ADMINISTRATION	22,437	1,122	0	0	0	34.00
35.00	5.11	CORPORATE ADMINISTRATION	25,134	1,257	0	0	0	35.00
36.00	5.11	CORPORATE ADMINISTRATION	14,734	737	0	0	0	36.00
37.00	5.11	CORPORATE ADMINISTRATION	33,704	1,685	0	0	0	37.00
38.00	5.11	CORPORATE ADMINISTRATION	53,831	2,692	0	0	0	38.00
39.00	5.11	CORPORATE ADMINISTRATION	17,911	896	0	0	0	39.00
40.00	5.11	CORPORATE ADMINISTRATION	25,230	1,262	0	0	0	40.00
41.00	5.11	CORPORATE ADMINISTRATION	310,080	15,504	0	0	0	41.00
42.00	5.11	CORPORATE ADMINISTRATION	115,654	5,783	0	0	0	42.00
43.00	5.11	CORPORATE ADMINISTRATION	35,919	1,796	0	0	0	43.00
44.00	5.11	CORPORATE ADMINISTRATION	58,357	2,918	0	0	0	44.00
45.00	5.11	CORPORATE ADMINISTRATION	14,348	717	0	0	0	45.00
46.00	5.11	CORPORATE ADMINISTRATION	44,779	2,239	0	0	0	46.00
47.00	5.11	CORPORATE ADMINISTRATION	12,519	626	0	0	0	47.00
48.00	5.11	CORPORATE ADMINISTRATION	250,857	12,543	0	0	0	48.00
49.00	5.11	CORPORATE ADMINISTRATION	35,919	1,796	0	0	0	49.00
50.00	5.11	CORPORATE ADMINISTRATION	12,519	626	0	0	0	50.00
51.00	5.11	CORPORATE ADMINISTRATION	12,422	621	0	0	0	51.00
52.00	5.11	CORPORATE ADMINISTRATION	44,875	2,244	0	0	0	52.00
53.00	5.11	CORPORATE ADMINISTRATION	15,697	785	0	0	0	53.00
54.00	16.01	MEDICAL RECORDS & LIBRARY	32,288	1,614	0	0	0	54.00
55.00	16.01	MEDICAL RECORDS & LIBRARY	157,009	7,850	0	0	0	55.00
56.00	18.00	CLINICAL LAB ADMIN MED	9,726	486	0	0	0	56.00
57.00	18.00	CLINICAL LAB ADMIN MED	26,665	1,333	0	0	0	57.00
58.00	18.00	CLINICAL LAB ADMIN MED	2,836,819	141,841	0	0	0	58.00
59.00	18.01	CLINICAL LAB ADMIN PED	113,156	5,658	0	0	0	59.00
60.00	18.02	CLINICAL LAB ADMIN OB	637,450	31,873	0	0	0	60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	35,912	1,796	0	0	0	61.00
62.00	18.03	CLINICAL LAB ADMIN SURG	189,988	9,499	0	0	0	62.00
63.00	18.03	CLINICAL LAB ADMIN SURG	11,874	594	0	0	0	63.00
64.00	18.03	CLINICAL LAB ADMIN SURG	35,912	1,796	0	0	0	64.00
65.00	18.03	CLINICAL LAB ADMIN SURG	9,171	459	0	0	0	65.00
66.00	18.03	CLINICAL LAB ADMIN SURG	13,129	656	0	0	0	66.00
67.00	18.03	CLINICAL LAB ADMIN SURG	25,197	1,260	0	0	0	67.00
68.00	18.05	CLINICAL LAB ADMIN PATH	178,471	8,924	0	0	0	68.00
69.00	18.08	CLINICAL LAB ADMIN NEUR	193,387	9,669	0	0	0	69.00
70.00	18.09	CLINICAL LAB ADMIN OCLS	24,999	1,250	0	0	0	70.00
71.00	18.09	CLINICAL LAB ADMIN OCLS	174,358	8,718	0	0	0	71.00
72.00	18.12	DISCRETIONARY OPERATIONS	17,720	886	0	0	0	72.00
73.00	18.12	DISCRETIONARY OPERATIONS	63,553	3,178	0	0	0	73.00
74.00	18.12	DISCRETIONARY OPERATIONS	50,008	2,500	0	0	0	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	153,431	7,672	0	0	0	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	8,604	430	0	0	0	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	826,195	41,310	0	0	0	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	364,538	18,227	0	0	0	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	87,748	4,387	0	0	0	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	167,573	8,379	0	0	0	80.00
81.00	18.12	DISCRETIONARY OPERATIONS	2,726	136	0	0	0	81.00
82.00	18.12	DISCRETIONARY OPERATIONS	111,772	5,589	0	0	0	82.00
83.00	18.12	DISCRETIONARY OPERATIONS	88,856	4,443	0	0	0	83.00
84.00	18.12	DISCRETIONARY OPERATIONS	121,484	6,074	0	0	0	84.00
85.00	18.12	DISCRETIONARY OPERATIONS	18,572	929	0	0	0	85.00
86.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	27,347	1,367	0	0	0	86.00
87.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	31,692	1,585	0	0	0	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	66,061	3,303	0	0	0	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,519	626	0	0	0	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	7,415	371	0	0	0	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,741	337	0	0	0	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	101,691	5,085	0	0	0	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	43,142	2,157	0	0	0	93.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 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	
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,519	626	0	0	0	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	8,956	448	0	0	0	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	7,222	361	0	0	0	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	8,378	419	0	0	0	97.00
98.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,519	626	0	0	0	98.00
99.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	22,149	1,107	0	0	0	99.00
100.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	17,911	896	0	0	0	100.00
101.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,519	626	0	0	0	101.00
102.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,259	313	0	0	0	102.00
103.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	26,963	1,348	0	0	0	103.00
104.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	15,697	785	0	0	0	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,237	162	0	0	0	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	43,874	2,194	0	0	0	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	121,484	6,074	0	0	0	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,408	2,270	0	0	0	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	235,472	11,774	0	0	0	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,075	554	0	0	0	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,801,136	90,057	0	0	0	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	105,468	5,273	0	0	0	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	581,182	29,059	0	0	0	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,692	1,585	0	0	0	114.00
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	158,884	7,944	0	0	0	115.00
116.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	115,350	5,768	0	0	0	116.00
117.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	70,028	3,501	0	0	0	117.00
118.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,509	975	0	0	0	118.00
119.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	122,421	6,121	0	0	0	119.00
120.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	66,620	3,331	0	0	0	120.00
121.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	52,053	2,603	0	0	0	121.00
122.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	524,359	26,218	0	0	0	122.00
123.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,061	903	0	0	0	123.00
124.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	51,115	2,556	0	0	0	124.00
125.00	23.00	PARAMED HEALTH SYSTEM MANAGEMENT	10,479	524	0	0	0	125.00
126.00	23.07	PARAMED TECHNOLOGY	36,703	1,835	0	0	0	126.00
127.00	23.11	PARAMED PHYSICIANS ASSISTANT	7,497	375	0	0	0	127.00
128.00	30.00	ADULTS & PEDIATRICS	30,892	1,545	0	0	0	128.00
129.00	30.00	ADULTS & PEDIATRICS	162,366	8,118	0	0	0	129.00
130.00	35.00	MEDICAL INTENSIVE CARE UNIT	317,506	15,875	0	0	0	130.00
131.00	35.00	MEDICAL INTENSIVE CARE UNIT	59,154	2,958	0	0	0	131.00
132.00	35.02	PREMATURE INTENSIVE CARE UNIT	167,233	8,362	0	0	0	132.00
133.00	53.00	ANESTHESIOLOGY	11,460	573	0	0	0	133.00
134.00	54.00	RADIOLOGY-DIAGNOSTIC	93,045	4,652	0	0	0	134.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 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	
135.00	60.00	LABORATORY	289,959	14,498	0	0	0	135.00
136.00	60.00	LABORATORY	207,557	10,378	0	0	0	136.00
137.00	60.00	LABORATORY	208,353	10,418	0	0	0	137.00
138.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,379	219	0	0	0	138.00
139.00	69.00	ELECTROCARDIOLOGY	40,445	2,022	0	0	0	139.00
140.00	76.01	PSYCH DAY HOSPITAL	1,215,464	60,773	0	0	0	140.00
141.00	91.00	EMERGENCY	142,016	7,101	0	0	0	141.00
142.00	91.00	EMERGENCY	116,032	5,802	0	0	0	142.00
143.00	91.00	EMERGENCY	509,024	25,451	0	0	0	143.00
144.00	105.00	KIDNEY ACQUISITION	3,785,900	189,295	0	0	0	144.00
145.00	107.00	LIVER ACQUISITION	1,614,500	80,725	0	0	0	145.00
146.00	109.00	PANCREAS ACQUISITION	194,400	9,720	0	0	0	146.00
200.00			25,477,039	1,273,859	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.03	RESEARCH ADMINISTRATION	0	30,328	6,706	6,706		1.00
2.00	5.07	ADMIN & GEN PT SERVICE	0	418,039	497,447	497,447		2.00
3.00	5.07	ADMIN & GEN PT SERVICE	0	75,651	0	0		3.00
4.00	5.07	ADMIN & GEN PT SERVICE	0	49,752	87,597	87,597		4.00
5.00	5.07	ADMIN & GEN PT SERVICE	0	111,091	0	0		5.00
6.00	5.07	ADMIN & GEN PT SERVICE	0	28,028	0	0		6.00
7.00	5.09	RESEARCH FACULTY	0	318,875	0	0		7.00
8.00	5.09	RESEARCH FACULTY	0	3,663	5,403	5,403		8.00
9.00	5.09	RESEARCH FACULTY	0	191,342	0	0		9.00
10.00	5.09	RESEARCH FACULTY	0	1,481,324	0	0		10.00
11.00	5.09	RESEARCH FACULTY	0	181,545	0	0		11.00
12.00	5.09	RESEARCH FACULTY	0	23,683	0	0		12.00
13.00	5.09	RESEARCH FACULTY	0	111,091	0	0		13.00
14.00	5.09	RESEARCH FACULTY	0	39,955	17,822	17,822		14.00
15.00	5.09	RESEARCH FACULTY	0	156,158	0	0		15.00
16.00	5.09	RESEARCH FACULTY	0	71,391	12,549	12,549		16.00
17.00	5.10	RESEARCH SPA	0	4,600	46	46		17.00
18.00	5.10	RESEARCH SPA	0	4,004	4,358	4,358		18.00
19.00	5.10	RESEARCH SPA	0	6,560	12,364	12,364		19.00
20.00	5.10	RESEARCH SPA	0	5,963	10,606	10,606		20.00
21.00	5.10	RESEARCH SPA	0	7,923	2,432	2,432		21.00
22.00	5.10	RESEARCH SPA	0	6,475	11,077	11,077		22.00
23.00	5.10	RESEARCH SPA	0	105,724	89,055	89,055		23.00
24.00	5.10	RESEARCH SPA	0	31,606	61,625	61,625		24.00
25.00	5.10	RESEARCH SPA	0	7,923	32,500	32,500		25.00
26.00	5.10	RESEARCH SPA	0	6,389	11,011	11,011		26.00
27.00	5.10	RESEARCH SPA	0	29,732	69,062	69,062		27.00
28.00	5.10	RESEARCH SPA	0	22,235	49,461	49,461		28.00
29.00	5.10	RESEARCH SPA	0	58,442	0	0		29.00
30.00	5.10	RESEARCH SPA	0	15,846	0	0		30.00
31.00	5.10	RESEARCH SPA	0	11,075	25,325	25,325		31.00
32.00	5.10	RESEARCH SPA	0	53,842	37,049	37,049		32.00
33.00	5.10	RESEARCH SPA	0	11,075	8,101	8,104		33.00
34.00	5.11	CORPORATE ADMINISTRATION	0	22,437	19,373	19,373		34.00
35.00	5.11	CORPORATE ADMINISTRATION	0	25,134	90,683	90,683		35.00
36.00	5.11	CORPORATE ADMINISTRATION	0	14,734	23,068	23,068		36.00
37.00	5.11	CORPORATE ADMINISTRATION	0	33,704	49,140	49,140		37.00
38.00	5.11	CORPORATE ADMINISTRATION	0	53,831	55,067	55,067		38.00
39.00	5.11	CORPORATE ADMINISTRATION	0	17,911	2,797	2,797		39.00
40.00	5.11	CORPORATE ADMINISTRATION	0	25,230	42,378	42,378		40.00
41.00	5.11	CORPORATE ADMINISTRATION	0	310,080	98,797	98,797		41.00
42.00	5.11	CORPORATE ADMINISTRATION	0	115,654	80,437	80,437		42.00
43.00	5.11	CORPORATE ADMINISTRATION	0	35,919	125,772	125,772		43.00
44.00	5.11	CORPORATE ADMINISTRATION	0	58,357	39,033	39,033		44.00
45.00	5.11	CORPORATE ADMINISTRATION	0	14,348	20,453	20,453		45.00
46.00	5.11	CORPORATE ADMINISTRATION	0	44,779	81,485	81,485		46.00
47.00	5.11	CORPORATE ADMINISTRATION	0	12,519	23,329	23,329		47.00
48.00	5.11	CORPORATE ADMINISTRATION	0	250,857	35,961	35,961		48.00
49.00	5.11	CORPORATE ADMINISTRATION	0	35,919	0	0		49.00
50.00	5.11	CORPORATE ADMINISTRATION	0	12,519	23,881	23,881		50.00
51.00	5.11	CORPORATE ADMINISTRATION	0	12,422	17,016	17,016		51.00
52.00	5.11	CORPORATE ADMINISTRATION	0	44,875	76,471	76,471		52.00
53.00	5.11	CORPORATE ADMINISTRATION	0	15,697	25,666	25,666		53.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 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		
54.00	16.01	MEDICAL RECORDS & LIBRARY	0	32,288	5,514	5,514		54.00
55.00	16.01	MEDICAL RECORDS & LIBRARY	0	157,009	0	0		55.00
56.00	18.00	CLINICAL LAB ADMIN MED	0	9,726	0	0		56.00
57.00	18.00	CLINICAL LAB ADMIN MED	0	26,665	0	0		57.00
58.00	18.00	CLINICAL LAB ADMIN MED	0	2,836,819	92,636	92,636		58.00
59.00	18.01	CLINICAL LAB ADMIN PED	0	113,156	0	0		59.00
60.00	18.02	CLINICAL LAB ADMIN OB	0	637,450	0	0		60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	0	35,912	81,973	81,973		61.00
62.00	18.03	CLINICAL LAB ADMIN SURG	0	189,988	207,506	207,506		62.00
63.00	18.03	CLINICAL LAB ADMIN SURG	0	11,874	0	0		63.00
64.00	18.03	CLINICAL LAB ADMIN SURG	0	35,912	81,973	81,973		64.00
65.00	18.03	CLINICAL LAB ADMIN SURG	0	9,171	7,649	7,649		65.00
66.00	18.03	CLINICAL LAB ADMIN SURG	0	13,129	18,919	18,919		66.00
67.00	18.03	CLINICAL LAB ADMIN SURG	0	25,197	13,155	13,155		67.00
68.00	18.05	CLINICAL LAB ADMIN PATH	0	178,471	384,798	384,798		68.00
69.00	18.08	CLINICAL LAB ADMIN NEUR	0	193,387	28,172	28,172		69.00
70.00	18.09	CLINICAL LAB ADMIN OCLS	0	24,999	0	0		70.00
71.00	18.09	CLINICAL LAB ADMIN OCLS	0	174,358	138,395	138,395		71.00
72.00	18.12	DISCRETIONARY OPERATIONS	0	17,720	13,379	13,379		72.00
73.00	18.12	DISCRETIONARY OPERATIONS	0	63,553	23,049	23,049		73.00
74.00	18.12	DISCRETIONARY OPERATIONS	0	50,008	21,801	21,801		74.00
75.00	18.12	DISCRETIONARY OPERATIONS	0	153,431	40,275	40,275		75.00
76.00	18.12	DISCRETIONARY OPERATIONS	0	8,604	0	0		76.00
77.00	18.12	DISCRETIONARY OPERATIONS	0	826,195	233,532	233,532		77.00
78.00	18.12	DISCRETIONARY OPERATIONS	0	364,538	211,318	211,318		78.00
79.00	18.12	DISCRETIONARY OPERATIONS	0	87,748	49,211	49,211		79.00
80.00	18.12	DISCRETIONARY OPERATIONS	0	167,573	0	0		80.00
81.00	18.12	DISCRETIONARY OPERATIONS	0	2,726	2,789	2,789		81.00
82.00	18.12	DISCRETIONARY OPERATIONS	0	111,772	1,521	1,521		82.00
83.00	18.12	DISCRETIONARY OPERATIONS	0	88,856	0	0		83.00
84.00	18.12	DISCRETIONARY OPERATIONS	0	121,484	10,604	10,604		84.00
85.00	18.12	DISCRETIONARY OPERATIONS	0	18,572	25,555	25,555		85.00
86.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	27,347	531	531		86.00
87.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	31,692	0	0		87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	66,061	0	0		88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,519	45,390	45,390		89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	7,415	11,509	11,509		90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,741	9,828	9,828		91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	101,691	0	0		92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	43,142	74,521	74,521		93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,519	39,185	39,185		94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	8,956	31,467	31,467		95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	7,222	10,178	10,178		96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	8,378	16,274	16,274		97.00
98.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,519	23,329	23,329		98.00
99.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,149	10,938	10,938		99.00
100.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	17,911	0	0		100.00
101.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,519	23,881	23,881		101.00
102.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,259	8,460	8,460		102.00
103.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	26,963	45,845	45,845		103.00
104.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,697	25,666	25,666		104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,237	108	108		105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	43,874	67,807	67,807		106.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/19/2015 11:39 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		
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	121,484	63,636	63,636		107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	45,408	2,273	2,273		108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	235,472	222,348	222,348		109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	11,075	5,470	5,470		110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,801,136	83,128	83,128		111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	105,468	0	0		112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	581,182	0	0		113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	31,692	117,630	117,630		114.00
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	158,884	8,636	8,636		115.00
116.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	115,350	0	0		116.00
117.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	70,028	49,852	49,852		117.00
118.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	19,509	20,564	20,564		118.00
119.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	122,421	0	0		119.00
120.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	66,620	0	0		120.00
121.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	52,053	0	0		121.00
122.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	524,359	0	0		122.00
123.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	18,061	11,945	11,945		123.00
124.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	51,115	54,364	54,364		124.00
125.00	23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	10,479	520	520		125.00
126.00	23.07	PARAMED TECHNOLOGY	0	36,703	0	0		126.00
127.00	23.11	PARAMED PHYSICIANS ASSISTANT	0	7,497	411	411		127.00
128.00	30.00	ADULTS & PEDIATRICS	0	30,892	0	0		128.00
129.00	30.00	ADULTS & PEDIATRICS	0	162,366	8,922	8,922		129.00
130.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	317,506	82,810	82,810		130.00
131.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	59,154	51,187	51,187		131.00
132.00	35.02	PREMATURE INTENSIVE CARE UNIT	0	167,233	74,441	74,441		132.00
133.00	53.00	ANESTHESIOLOGY	0	11,460	0	0		133.00
134.00	54.00	RADIOLOGY-DIAGNOSTIC	0	93,045	125,557	125,557		134.00
135.00	60.00	LABORATORY	0	289,959	23,433	23,433		135.00
136.00	60.00	LABORATORY	0	207,557	0	0		136.00
137.00	60.00	LABORATORY	0	208,353	0	0		137.00
138.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,379	3,710	3,710		138.00
139.00	69.00	ELECTROCARDIOLOGY	0	40,445	10,303	10,303		139.00
140.00	76.01	PSYCH DAY HOSPITAL	0	1,215,464	0	0		140.00
141.00	91.00	EMERGENCY	0	142,016	17,895	17,895		141.00
142.00	91.00	EMERGENCY	0	116,032	0	0		142.00
143.00	91.00	EMERGENCY	0	509,024	0	0		143.00
144.00	105.00	KIDNEY ACQUISITION	0	3,785,900	0	0		144.00
145.00	107.00	LIVER ACQUISITION	0	1,614,500	0	0		145.00
146.00	109.00	PANCREAS ACQUISITION	0	194,400	0	0		146.00
200.00			0	25,477,039	5,160,079	5,160,082		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	2,046,233	0	2,046,233			1.01
1.02	00102	DEPRECIATION DIRECT BLDG	7,897,255	0	0	7,897,255		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	3,832,084	0	0	0	3,832,084	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,396,424	0	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	5,560,132	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,930,184	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	1,612,697	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	342,788	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,346,645	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,263,472	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	1,251,522	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	938,042	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	47,055,085	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,054,621	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	54,098	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,544,214	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	19,019,919	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	00201	INTEREST GENERAL	1,953,036					2.01
2.02	00202	INTEREST DIRECT BLDG	899,673					2.02
2.03	00203	INTEREST ATRUM PAV	2,720,581					2.03
2.04	00204	INTEREST PRO BLDG SOUTH	428,995					2.04
2.05	00205	INTEREST TOB	651,795					2.05
2.06	00206	INTEREST PRO BLDG III	12,202					2.06
2.07	00207	INTEREST TOWER	9,984,416					2.07
2.08	00208	INTEREST PRO BLDG NORTH	55,197					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	128,152,776	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	165,178	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	-5,276,734	0	0	4,554,321	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	5,850,770	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	4,105,812	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	2,891,725	0	5,472	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	-581,857	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	42,912,664	0	27,339	0	201,164	5.07
5.08	00596	PERSONNEL DEPARTMENT	7,095,431	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	15,331,700	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	6,792,010	0	1,940	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	96,420,090	0	5,149	468,083	24,719	5.11
6.00	00600	MAINTENANCE & REPAIRS	58,537,756	0	311,045	0	380,006	6.00
6.01	00601	RENTED SPACE COSTS	200,727	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,850,848	0	23,898	0	8,202	8.00
9.00	00900	HOUSEKEEPING	19,104,221	0	99,587	0	251,053	9.00
10.00	01000	DIETARY	439,510	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	8,211,711	0	2,286	0	24,570	10.01
11.00	01100	CAFETERIA	152,900	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,506,366	0	132,698	0	191,501	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,029	0	0	0	0	14.00
15.00	01500	PHARMACY	76,246,267	0	63,128	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,137,058	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	7,819,924	0	8,312	0	11,611	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,151,311	0	31,472	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	126,410	0	88,088	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,711,722	0	43,848	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,934,966	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	544,916	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	301,323	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	-44,026	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	590,933	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,374,923	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	-2,507,468	0	54,885	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	6,924,895	0	0	0	249,330	18.14
18.16	01861	NURSING SCHOOL SPLIT	11,833,134	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-17,428,259	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,054,871	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,012,361	0	152,625	0	267,233	22.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	324,686	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-614,711	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-419,838	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-978,084	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-1,248,895	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	181,158	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	467,160	0	5,265	0	29,139	23.06
23.07	02307	PARAMED TECHNOLOGY	-784,272	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-339,851	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	478,961	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-646,433	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,438,135	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	52,389,098	0	258,654	0	258,131	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,385,094	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	15,380,825	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,928,903	0	0	0	254,910	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	11,829,758	0	61,396	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	6,584,451	0	0	0	392,853	40.00
41.00	04100	SUBPROVIDER - IRF	5,382,117	0	0	0	0	41.00
43.00	04300	NURSERY	1,978,664	0	10,714	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,257,280	0	38,029	0	0	50.00
51.00	05100	RECOVERY ROOM	4,197,193	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,267,873	0	15,932	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,731,210	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,522,220	0	36,274	0	74,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,438,097	0	27,823	0	112,436	55.00
56.00	05600	RADIOISOTOPE	1,908,138	0	0	0	0	56.00
60.00	06000	LABORATORY	45,369,594	0	43,386	0	251,615	60.00
60.01	06002	LABORATORY - HLA	844,959	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,228,686	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	22,438	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,249,453	0	34,981	0	28,053	65.00
66.00	06600	PHYSICAL THERAPY	3,745,715	0	71,810	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,635,598	0	71,048	0	40,825	67.00
68.00	06800	SPEECH PATHOLOGY	1,729,321	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,284,584	0	25,422	0	72,585	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	909,305	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	442,121	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,212,454	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,245,499	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	792,304	0	0	0	43,034	74.00
76.00	03020	RENAL DIALYSIS I/P	3,001,416	0	0	0	29,551	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,871,909	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,431,898	0	3,625	0	41,761	90.00
91.00	09100	EMERGENCY	12,096,983	0	0	0	188,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,873,494	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	74,770	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,870,321	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	634,001	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,081,257,694	0	1,756,131	5,022,404	3,427,058	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,045,126	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	5,172,957	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,752,166	0	0	0	0	190.02
191.00	19100	RESEARCH	36,055,432	0	3,348	2,794,997	7,715	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,029,776	0	1,916	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,886,166	0	1,478	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,518,299	0	226,743	0	397,311	192.00
194.00	07950	MEDICAL COLLEGE	22,809,375	0	56,617	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	54,942,742	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	1,736,993	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	19,640,138	0	0	0	0	194.03
194.04	07954	CON - GNE	1,135,396	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,400,982,260	0	2,046,233	7,897,255	3,832,084	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,396,424					1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	5,560,132				1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,930,184			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,612,697		1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	342,788	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	54,101	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	18,910	0	11,608	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	27,010	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	63,928	1,710	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	83,743	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	16,782	176,775	14,413	41,193	6,864	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	4,037	0	0	5.09
5.10	00598	RESEARCH SPA	8,160	0	0	0	71,695	5.10
5.11	00560	CORPORATE ADMINISTRATION	60,929	54,074	2,352	1,683	113,992	5.11
6.00	00600	MAINTENANCE & REPAIRS	908,550	1,159,426	68,064	57,823	31,197	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,108	20,056	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,955	76,117	0	0	621	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	500,065	0	0	0	10.01
11.00	01100	CAFETERIA	31,325	118,539	5,005	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	145,925	0	0	0	14.00
15.00	01500	PHARMACY	0	246,851	667	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	22,419	667	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	11,143	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	50,234	29,829	7,571	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	208,357	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	5,358	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	21,148	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	18,336	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	12,853	2,500	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	41,964	69,620	30,221	26,654	2,548	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	2,327	0	0	23.01
23.02	02302	PARAMED DIETARY	4,515	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	9,697	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	14,633	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	5,504	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,434	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	4,350	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,305,806	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,479	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	226,795	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,430	524,551	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	114,383	34,394	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,507	0	100,839	25,864	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	394,226	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	489,967	156,477	101,052	241,725	0	60.00
60.01	06002	LABORATORY - HLA	23,480	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	148,169	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,378	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,794	0	69,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	32,903	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,496	34,447	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	30,044	1,786	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	351,741	360,814	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,469,927	5,527,134	744,545	860,230	226,917	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,998	17,934	41,040	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	542,588	0	13,457	561	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,207	0	30,963	25,226	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	124,208	0	2,930	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	201,659	0	864,874	508,804	113,323	192.00
194.00	07950	MEDICAL COLLEGE	40,835	0	4,113	0	2,548	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	39,717	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	211,651	176,836	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,396,424	5,560,132	1,930,184	1,612,697	342,788	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,346,645					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,263,472				1.10
1.11	00111	DEPRECIATION JRB	0	0	1,251,522			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	938,042		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	47,055,085	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	345,670	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	3,117	0	0	12,901	164,581	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	1,967	98,619	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	1,734	0	0	107,554	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	2,697	0	0	0	308,858	5.06
5.07	00595	ADMIN & GEN PT SERVICE	16,936	2,223	7,275	289,325	1,998,030	5.07
5.08	00596	PERSONNEL DEPARTMENT	55,820	0	0	597	192,213	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	25,822	5.09
5.10	00598	RESEARCH SPA	3,360	0	0	49	150,353	5.10
5.11	00560	CORPORATE ADMINISTRATION	130,367	53,634	80,831	241,819	2,601,986	5.11
6.00	00600	MAINTENANCE & REPAIRS	110,275	41,591	91,500	87,946	4,163,029	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	204,431	8.00
9.00	00900	HOUSEKEEPING	2,789	399	23,528	0	560,689	9.00
10.00	01000	DIETARY	0	0	0	26,144	95,872	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,473	0	497,988	10.01
11.00	01100	CAFETERIA	149,639	0	0	10,715	798,292	11.00
13.00	01300	NURSING ADMINISTRATION	17,625	0	14,678	0	347,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14,768	0	535,068	14.00
15.00	01500	PHARMACY	0	562	1,025	0	312,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,277	0	0	0	252,278	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	4,022	0	128,909	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	30,446	18.00
18.01	01080	CLINICAL LAB ADMIN PED	591	0	0	0	87,227	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	62,209	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	7,548	0	0	136,973	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	908	109,699	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	251,541	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	9,516	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	25,532	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	75,232	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	428,891	0	0	2,601	1,677,668	18.14
18.16	01861	NURSING SCHOOL SPLIT	71,227	0	0	0	242,472	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,197	3,973	5,162	8,497	817,569	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,211	0	0	10,331	63,885	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,417	0	0	0	8,957	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,450	23.02
23.03	02303	PARAMED SPEECH	9,685	0	0	0	58,256	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	8,602	0	0	0	29,284	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,174	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	56,312	23.06
23.07	02307	PARAMED TECHNOLOGY	4,239	0	0	0	16,976	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,614	0	0	0	5,495	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,619	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	6,115	0	0	0	20,818	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	3,504	0	0	0	11,928	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,440,262	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	573,377	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	9,560	0	0	0	625,624	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	152,028	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	767,913	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	166,081	0	523,944	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	258,928	0	451,571	41.00
43.00	04300	NURSERY	0	0	0	0	199,048	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,999	6,603	0	0	2,440,532	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	489,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	354,158	52.00
53.00	05300	ANESTHESIOLOGY	3,681	7,263	0	0	321,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	97,684	0	0	1,675,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	443,530	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	109,520	56.00
60.00	06000	LABORATORY	12,034	14,778	0	4,885	1,658,212	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	28,346	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	178,877	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	154,016	65.00
66.00	06600	PHYSICAL THERAPY	0	0	67,409	0	299,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	413	0	55,446	0	227,908	67.00
68.00	06800	SPEECH PATHOLOGY	1,155	0	13,717	0	182,474	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,343	0	0	421,461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	49,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	25,666	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	45,792	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	35,683	1,438	274,548	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,329	375,071	55,087	1,827	2,380,847	90.00
91.00	09100	EMERGENCY	0	0	0	0	837,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,642	0	0	34,757	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	26	3,330	0	0	10,990	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	33	0	0	89	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,155,392	628,411	896,613	701,950	37,087,809	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	235,001	4,374	736,886	190.00
190.01	19001	FUND RAISING	0	0	0	50,229	184,194	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	146,064	190.02
191.00	19100	RESEARCH	67,598	1,490	2,971	51,051	3,035,532	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,387	14,884	5,456	3,155	347,703	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	15,066	4,348	15,318	1,431	538,531	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,068	592,330	79,474	123,391	3,823,280	192.00
194.00	07950	MEDICAL COLLEGE	84,134	8,778	16,689	2,461	514,920	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.01	07951	AFFIL CORP ARC VENTURES	0	13,231	0	0	109,386	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	530,780	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,346,645	1,263,472	1,251,522	938,042	47,055,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,054,621					1.14
1.15	00115	DEPRECIATION KIDSTON	0	54,098				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,544,214			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	19,019,919		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					0	2.00
2.01	00201	INTEREST GENERAL					0	2.01
2.02	00202	INTEREST DIRECT BLDG					0	2.02
2.03	00203	INTEREST ATRUM PAV					0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH					0	2.04
2.05	00205	INTEREST TOB					0	2.05
2.06	00206	INTEREST PRO BLDG III					0	2.06
2.07	00207	INTEREST TOWER					0	2.07
2.08	00208	INTEREST PRO BLDG NORTH					0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	32,299	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	6,076	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	75,790	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	125,609	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,858	7,107	730,508	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	5,157	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	16,729	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	309,480	10,890	52,603	124,636	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,381	124,295	279,662	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	63,696	0	0	133,372	0	8.00
9.00	00900	HOUSEKEEPING	7,973	356	7,870	295,739	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	114,793	0	10.01
11.00	01100	CAFETERIA	0	0	0	191,445	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	36,337	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	712,217	0	14.00
15.00	01500	PHARMACY	0	0	0	77,021	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	173,878	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,677	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	49	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	3,030	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	184	149,612	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	918	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,163	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,579	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,465,075	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,052,741	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,083,418	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,300,864	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	3,068,652	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	898,412	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	621,949	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	223,967	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,619,488	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,600	32,072	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	201,083	0	56.00
60.00	06000	LABORATORY	11,848	1,874	0	221,097	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	164,910	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	72,140	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,518	0	67.00
68.00	06800	SPEECH PATHOLOGY	118,172	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	579,830	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	90,555	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	52,496	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	194,928	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,331,788	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	490	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	156	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	886,138	42,416	375,371	19,016,187	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,195	77	1,020,260	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	888	4,546	1,568	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	16,372	648	127,559	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	150,028	4,511	0	3,732	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,676	19,456	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	224	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,054,621	54,098	1,544,214	19,019,919	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL	1,953,036					2.01
2.02	00202	INTEREST DIRECT BLDG	0	899,673				2.02
2.03	00203	INTEREST ATRUM PAV	0	0	2,720,581			2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	0	428,995		2.04
2.05	00205	INTEREST TOB	0	0	0	0	651,795	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	26,472	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	673,096	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	9,509	0	0	0	8,964	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	7,757	0	13,216	0	1,367	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	596	0	31,280	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	34,755	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	35,070	0	86,496	10,958	201,037	5.07
5.08	00596	PERSONNEL DEPARTMENT	21,383	0	0	0	415	5.08
5.09	00597	RESEARCH FACULTY	917	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	16,899	0	0	0	34	5.10
5.11	00560	CORPORATE ADMINISTRATION	147,254	64,033	26,459	448	168,027	5.11
6.00	00600	MAINTENANCE & REPAIRS	256,386	0	567,309	15,382	61,109	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	12,953	0	9,814	0	0	8.00
9.00	00900	HOUSEKEEPING	33,101	0	37,244	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	18,166	10.00
10.01	01001	PATIENT FOOD SERVICE	1,898	0	244,683	0	0	10.01
11.00	01100	CAFETERIA	4,256	162,544	58,001	0	7,445	11.00
13.00	01300	NURSING ADMINISTRATION	34,049	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	71,401	0	0	14.00
15.00	01500	PHARMACY	6,872	0	120,785	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,388	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	11,485	0	10,970	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,426	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	9,816	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	4,773	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	6,887	0	14,596	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	631	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	28,306	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	2,873	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	8,466	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	184,897	0	0	665	1,807	18.14
18.16	01861	NURSING SCHOOL SPLIT	27,285	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	44,591	0	34,065	7,090	5,904	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,926	0	0	0	7,178	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	543	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	613	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	4,617	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	3,295	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	7,160	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	5,821	0	2,693	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	1,624	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	618	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,128	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,343	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,342	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,481	0	638,931	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	3,999	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	17,107	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	6,684	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	26,365	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,166	0	110,971	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,409	0	256,664	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,734	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,949	0	16,829	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,153	0	0	6,880	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,037	0	192,895	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	96,919	0	76,564	64,301	3,394	60.00
60.01	06002	LABORATORY - HLA	3,190	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,129	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,691	0	8,014	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,817	0	7,239	18,374	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,632	0	0	8,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,841	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,250	0	16,855	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,888	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,983	0	14,701	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	999	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,705	0	0	95,981	1,270	90.00
91.00	09100	EMERGENCY	12,643	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	626	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	209	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,429,197	899,673	2,704,435	228,832	487,747	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,146	10,917	3,039	190.00
190.01	19001	FUND RAISING	0	0	0	0	34,901	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	282,268	0	0	149	35,473	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,739	0	0	6,710	2,192	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	48,736	0	0	0	995	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	129,867	0	0	135,347	85,738	192.00
194.00	07950	MEDICAL COLLEGE	49,942	0	0	0	1,710	194.00
194.01	07951	AFFIL CORP ARC VENTURES	287	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	47,040	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,953,036	899,673	2,720,581	428,995	651,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	12,202					2.06
2.07	00207	INTEREST TOWER	0	9,984,416				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	55,197			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	128,579,019		4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	165,178	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	332	516,478	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	616,906	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	17	39,786	49	536,928	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	123,178	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	21	383,477	412	5,501,688	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	612,627	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	115	2,179,508	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	1,060,321	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	518	65,427	67	7,237,495	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	402	146,807	1,946	2,590,909	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	70,013	0	126,819	0	8.00
9.00	00900	HOUSEKEEPING	4	155,247	0	2,954,115	0	9.00
10.00	01000	DIETARY	0	0	0	74,508	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	60,260	0	1,214,144	0	10.01
11.00	01100	CAFETERIA	0	100,498	143	344,835	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,075	0	1,339,358	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	373,875	0	0	0	14.00
15.00	01500	PHARMACY	5	40,432	19	1,803,543	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	805,088	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	19	1,318,498	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	637,434	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	39,607	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	319	362,689	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	73	0	217	461,721	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	62,354	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	678	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	33,351	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	153	238,232	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	145,592	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	774,130	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	368	998,007	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	1,973,220	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	527,107	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,739,436	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	38	78,538	864	1,285,786	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	429,321	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	67	32,962	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
23.02	02302	PARAMED DIETARY	0	0	0	58,726	0	23.02
23.03	02303	PARAMED SPEECH	0	0	277	211,321	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	133,393	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	34,501	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	90,844	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	41	133,309	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	45,772	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	99,753	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	104,690	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	148,294	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,818,975	0	9,053,344	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	552,631	0	2,300,195	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	568,735	0	2,763,157	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	806,270	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	682,883	0	2,081,704	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,247,648	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	998,058	0	41.00
43.00	04300	NURSERY	0	0	0	355,185	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	64	1,610,874	0	3,073,098	0	50.00
51.00	05100	RECOVERY ROOM	0	471,617	0	772,376	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	326,489	0	894,895	0	52.00
53.00	05300	ANESTHESIOLOGY	70	117,571	0	133,285	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	943	850,142	2,884	2,314,216	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,836	0	533,969	0	55.00
56.00	05600	RADIOISOTOPE	0	105,557	0	153,237	0	56.00
60.00	06000	LABORATORY	143	116,064	2,890	4,188,605	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	95,112	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	348,354	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	86,569	0	850,457	0	65.00
66.00	06600	PHYSICAL THERAPY	0	37,870	0	710,216	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,621	0	493,554	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	310,310	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13	304,379	0	672,273	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,536	0	152,411	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	123,182	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	51	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	27,557	0	644,428	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,622	0	10,059	3,120,477	0	90.00
91.00	09100	EMERGENCY	0	699,116	0	1,932,234	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	103	0	0	317,553	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	32	0	0	158,014	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	20,571	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,068	9,982,457	21,292	88,377,564	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	513	234,321	0	190.00
190.01	19001	FUND RAISING	0	0	0	814,625	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	276,614	0	190.02
191.00	19100	RESEARCH	14	0	385	4,203,806	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	144	0	885	2,063,535	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	42	0	84	588,288	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,721	1,959	24,731	25,240,193	165,178	192.00
194.00	07950	MEDICAL COLLEGE	85	0	118	3,483,123	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
194.01	07951	AFFIL CORP ARC VENTURES	128	0	1,136	1,045,112	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	6,053	174,918	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	1,900,154	0	194.03
194.04	07954	CON - GNE	0	0	0	176,766	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,202	9,984,416	55,197	128,579,019	165,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE	-49,317					5.02
5.03	00591	RESEARCH ADMINISTRATION	0	6,629,469				5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	4,878,730			5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	3,756,569		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	96,983	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	593,897	31,245	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	156,730	92	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	153,528	459	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	41,565	4,370	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	161,238	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	85,327	11	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	71,373	0	0	41.00
43.00	04300	NURSERY	0	0	16,477	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	733,519	336,185	0	50.00
51.00	05100	RECOVERY ROOM	0	0	39,636	35,143	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	46,866	7,468	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	144,572	83,634	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	367,775	410,640	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,665	194,860	0	55.00
56.00	05600	RADIOISOTOPE	0	0	12,689	56,781	0	56.00
60.00	06000	LABORATORY	0	0	523,532	645,286	0	60.00
60.01	06002	LABORATORY - HLA	0	0	1,051	3,982	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	120,148	37,780	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	82,167	2,141	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	79,336	3,625	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	51,424	21,365	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	40,660	7,479	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	11,549	8,822	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	129,274	129,311	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	36,015	7,640	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	972	60	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	439,652	117,519	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	558,169	906,470	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,301	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	31,664	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	49	24,362	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	2,156	389,472	0	90.00
91.00	09100	EMERGENCY	0	0	109,959	282,066	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	16,055	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	3,921	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,120	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	4,878,730	3,756,569	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	3,065,948	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	1,361,782	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	2,201,739	0	0	90,558	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	6,425	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	-49,317	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
		5.02	5.03	5.04	5.05	5.06	
202.00	TOTAL (sum lines 118-201)	-49,317	6,629,469	4,878,730	3,756,569	96,983	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE	52,673,615					5.07
5.08	00596	PERSONNEL DEPARTMENT	0	7,978,486				5.08
5.09	00597	RESEARCH FACULTY	0	0	17,547,256			5.09
5.10	00598	RESEARCH SPA	0	0	0	8,121,550		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	108,467,045	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	219,323	0	0	70,215,119	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	200,727	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,931	0	0	4,544,141	8.00
9.00	00900	HOUSEKEEPING	0	403,078	0	0	24,022,686	9.00
10.00	01000	DIETARY	0	14,759	0	0	668,959	10.00
10.01	01001	PATIENT FOOD SERVICE	0	155,521	0	0	11,029,392	10.01
11.00	01100	CAFETERIA	0	48,283	0	0	2,183,865	11.00
13.00	01300	NURSING ADMINISTRATION	0	198,585	0	0	10,838,243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,881,283	14.00
15.00	01500	PHARMACY	0	129,786	0	0	79,049,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	60,719	0	0	8,464,686	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	101,400	0	0	9,445,913	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	16,709	0	0	3,870,798	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	1,576	0	0	353,315	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	16,289	0	0	2,212,992	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	22,314	0	0	2,672,978	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	6,247	0	0	724,755	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	70	0	0	790,275	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	817	0	0	-9,858	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	11,607	0	0	855,799	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	11,245	0	0	1,581,313	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	51,027	0	0	-1,525,392	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	147,359	0	0	10,634,871	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	139,770	0	0	14,287,108	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19,850	0	0	546,957	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-17,428,259	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	751,171	0	0	42,545,478	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	53,643	0	0	10,108,939	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	26,903	0	0	873,359	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	1,518	0	0	-566,920	23.01
23.02	02302	PARAMED DIETARY	0	3,048	0	0	-347,486	23.02
23.03	02303	PARAMED SPEECH	0	12,961	0	0	-665,107	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	9,995	0	0	-1,064,326	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	2,919	0	0	252,545	23.05
23.06	02306	PARAMED PASTORAL CARE	0	8,279	0	0	673,596	23.06
23.07	02307	PARAMED TECHNOLOGY	0	9,096	0	0	-617,553	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	2,569	0	0	-283,783	23.08
23.09	02309	PARAMED PHARMACY	0	10,778	0	0	599,589	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	5,278	0	0	-507,189	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	9,049	0	0	-1,264,018	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,911,019	707,711	0	0	77,917,629	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	984,254	169,872	0	0	19,174,986	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	966,317	176,866	0	0	21,734,967	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	286,533	61,361	0	0	6,553,047	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,012,016	129,389	0	0	18,033,845	35.02
40.00	04000	SUBPROVIDER - IPF	535,625	97,150	0	0	9,659,455	40.00
41.00	04100	SUBPROVIDER - IRF	447,972	79,763	0	0	7,689,782	41.00
43.00	04300	NURSERY	103,417	24,031	0	0	3,026,468	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,579,760	242,781	0	0	62,310,430	50.00
51.00	05100	RECOVERY ROOM	455,071	57,718	0	0	7,416,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	337,994	54,588	0	0	7,929,946	52.00
53.00	05300	ANESTHESIOLOGY	1,398,355	15,005	0	0	5,362,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,718,852	171,343	0	0	33,190,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,235,901	38,381	0	0	10,689,328	55.00
56.00	05600	RADIOISOTOPE	412,955	7,940	0	0	2,967,900	56.00
60.00	06000	LABORATORY	7,073,868	349,319	0	0	61,719,429	60.00
60.01	06002	LABORATORY - HLA	29,975	6,948	0	0	1,037,043	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	975,884	34,154	0	0	12,092,181	62.00
64.00	06400	INTRAVENOUS THERAPY	528,293	0	0	0	635,039	64.00
65.00	06500	RESPIRATORY THERAPY	519,232	64,093	0	0	9,264,808	65.00
66.00	06600	PHYSICAL THERAPY	448,178	56,924	0	0	5,699,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	299,104	44,663	0	0	3,991,125	67.00
68.00	06800	SPEECH PATHOLOGY	124,273	25,397	0	0	2,543,031	68.00
69.00	06900	ELECTROCARDIOLOGY	1,570,458	41,978	0	0	11,296,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,899	15,530	0	0	1,579,212	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,453	0	0	0	449,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,449,337	0	0	0	65,218,962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,822,715	0	0	0	36,532,853	73.00
74.00	07400	RENAL DIALYSIS	48,725	6,387	0	0	1,050,487	74.00
76.00	03020	RENAL DIALYSIS I/P	198,741	0	0	0	3,355,729	76.00
76.01	03550	PSYCH DAY HOSPITAL	143,316	43,741	0	0	5,120,526	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,299,784	351,491	0	0	40,513,945	90.00
91.00	09100	EMERGENCY	2,345,924	142,397	0	0	19,979,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	100,770	21,403	0	0	7,375,893	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	74,770	106.00
107.00	10700	LIVER ACQUISITION	24,613	9,178	0	0	2,080,790	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	7,032	1,063	0	0	663,909	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,673,615	5,949,037	0	0	986,248,695	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,012	0	0	4,472,161	190.00
190.01	19001	FUND RAISING	0	57,332	0	0	6,314,238	190.01
190.02	19002	RUSH DAY SCHOOL	0	26,646	0	0	2,201,490	190.02
191.00	19100	RESEARCH	0	347,369	0	5,623,713	57,157,397	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	187,352	0	2,497,837	22,626,851	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	46,718	17,547,256	0	23,258,471	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	977,676	0	0	189,388,237	192.00
194.00	07950	MEDICAL COLLEGE	0	156,724	0	0	27,259,729	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	84,305	0	0	56,236,268	194.01
194.02	07952	AFFIL CORP ROOM 500	0	29,250	0	0	2,913,521	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	93,413	0	0	21,633,705	194.03
194.04	07954	CON - GNE	0	8,652	0	0	1,320,814	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	-49,317	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
		5.07	5.08	5.09	5.10	5A.10	
202.00	TOTAL (sum lines 118-201)	52,673,615	7,978,486	17,547,256	8,121,550	1,400,982,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	108,467,045					5.11
6.00	00600	MAINTENANCE & REPAIRS	5,783,549	75,998,668				6.00
6.01	00601	RENTED SPACE COSTS	16,534	0	217,261			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	374,296	420,518	0	5,338,955		8.00
9.00	00900	HOUSEKEEPING	1,978,725	1,153,345	0	0	27,154,756	9.00
10.00	01000	DIETARY	55,101	197,209	0	0	71,954	10.00
10.01	01001	PATIENT FOOD SERVICE	908,480	1,024,368	0	0	373,753	10.01
11.00	01100	CAFETERIA	179,883	1,642,095	0	0	599,138	11.00
13.00	01300	NURSING ADMINISTRATION	892,735	715,780	0	0	261,161	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	154,959	1,100,642	0	0	401,582	14.00
15.00	01500	PHARMACY	6,511,258	643,642	0	0	234,840	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	697,228	518,939	0	0	189,341	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	778,050	265,167	0	0	96,749	16.01
18.00	01850	CLINICAL LAB ADMIN MED	318,834	62,627	0	0	22,850	18.00
18.01	01080	CLINICAL LAB ADMIN PED	29,102	179,428	0	0	65,466	18.01
18.02	01851	CLINICAL LAB ADMIN OB	182,282	127,966	0	0	46,690	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	220,171	247,201	0	0	90,194	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	59,697	6,846	0	0	2,498	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	65,094	517,422	0	0	188,788	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	70,491	19,574	0	0	7,142	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	130,251	52,519	0	0	19,162	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	154,753	0	0	56,464	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	875,984	3,450,982	0	0	1,259,131	18.14
18.16	01861	NURSING SCHOOL SPLIT	1,176,815	498,767	0	0	181,981	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	45,052	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,504,428	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	832,663	1,365,350	0	0	498,164	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	71,938	131,412	0	0	47,947	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	18,425	0	0	6,723	23.01
23.02	02302	PARAMED DIETARY	0	11,211	0	0	4,091	23.02
23.03	02303	PARAMED SPEECH	0	119,833	0	0	43,722	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	60,238	0	0	21,979	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	20,802	25,042	0	0	9,137	23.05
23.06	02306	PARAMED PASTORAL CARE	55,483	115,835	0	0	42,264	23.06
23.07	02307	PARAMED TECHNOLOGY	0	34,921	0	0	12,741	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	11,303	0	0	4,124	23.08
23.09	02309	PARAMED PHARMACY	49,388	7,444	0	0	2,716	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	42,824	0	0	15,625	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	24,536	0	0	8,952	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,417,997	6,948,189	0	1,609,782	2,535,127	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,579,424	1,179,443	0	321,551	430,334	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,790,287	1,286,916	0	378,865	469,546	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	539,768	312,723	0	5,679	114,101	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,485,430	1,579,606	0	165,050	576,338	35.02
40.00	04000	SUBPROVIDER - IPF	795,640	1,077,760	0	199,467	393,233	40.00
41.00	04100	SUBPROVIDER - IRF	633,400	928,888	0	226,820	338,916	41.00
43.00	04300	NURSERY	249,287	409,444	0	49,227	149,390	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,132,448	5,020,204	0	1,036,638	1,831,680	50.00
51.00	05100	RECOVERY ROOM	610,889	1,006,540	0	262,640	367,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	653,182	728,508	0	40,657	265,805	52.00
53.00	05300	ANESTHESIOLOGY	441,688	660,597	0	0	241,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,733,863	3,350,126	0	249,133	1,222,332	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	880,469	912,347	0	51,603	332,880	55.00
56.00	05600	RADIOISOTOPE	244,463	225,284	0	40,975	82,197	56.00
60.00	06000	LABORATORY	5,083,768	3,212,052	0	162,323	1,171,955	60.00
60.01	06002	LABORATORY - HLA	85,420	58,308	0	0	21,274	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	996,021	367,953	0	0	134,252	62.00
64.00	06400	INTRAVENOUS THERAPY	52,308	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	763,133	316,813	0	0	115,593	65.00
66.00	06600	PHYSICAL THERAPY	469,459	615,292	0	17,966	224,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	328,745	468,809	0	0	171,050	67.00
68.00	06800	SPEECH PATHOLOGY	209,467	375,351	0	0	136,951	68.00
69.00	06900	ELECTROCARDIOLOGY	930,519	866,950	0	2,510	316,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,078	101,454	0	0	37,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,034	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,372,021	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,009,175	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	86,528	52,794	0	0	19,263	74.00
76.00	03020	RENAL DIALYSIS I/P	276,408	94,194	0	0	34,368	76.00
76.01	03550	PSYCH DAY HOSPITAL	421,773	197,669	0	0	72,122	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,337,093	4,897,430	0	95,570	1,786,884	90.00
91.00	09100	EMERGENCY	1,645,668	1,723,194	0	386,458	628,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	607,545	71,495	0	0	26,086	105.00
106.00	10600	HEART ACQUISITION	6,159	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	171,393	22,606	0	0	8,248	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	54,686	184	0	0	67	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,301,909	54,037,287	0	5,302,914	19,141,892	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	368,367	1,071,971	0	36,041	391,121	190.00
190.01	19001	FUND RAISING	520,097	378,889	0	0	138,242	190.01
190.02	19002	RUSH DAY SCHOOL	181,335	0	0	0	0	190.02
191.00	19100	RESEARCH	4,707,998	5,614,130	217,261	0	2,048,381	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,863,751	518,801	0	0	189,290	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,915,777	991,883	0	0	361,900	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,599,604	11,012,944	0	0	4,018,200	192.00
194.00	07950	MEDICAL COLLEGE	2,245,357	1,055,935	0	0	385,270	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,632,125	225,008	0	0	82,097	194.01
194.02	07952	AFFIL CORP ROOM 500	239,984	1,091,820	0	0	398,363	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	1,781,947	0	0	0	0	194.03
194.04	07954	CON - GNE	108,794	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	108,467,045	75,998,668	217,261	5,338,955	27,154,756	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	993,223					10.00
10.01	01001	PATIENT FOOD SERVICE	713,730	14,049,723				10.01
11.00	01100	CAFETERIA	279,493	0	4,884,474			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	139,045	12,846,964		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,538,466	14.00
15.00	01500	PHARMACY	0	0	90,874	0	3,640	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	42,514	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	70,998	0	10	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	11,700	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	1,104	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	11,405	0	11	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	15,624	0	11	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	4,374	0	140	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	49	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	572	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	8,127	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	7,873	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	35,728	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	103,178	0	1,743	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	97,864	0	397	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	13,899	175,868	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	525,954	0	120	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	37,559	0	582	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	18,837	0	42	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,063	0	5	23.01
23.02	02302	PARAMED DIETARY	0	0	2,134	0	3	23.02
23.03	02303	PARAMED SPEECH	0	0	9,075	0	1	23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	6,998	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	2,044	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	5,797	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	6,369	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	1,799	0	1	23.08
23.09	02309	PARAMED PHARMACY	0	0	7,546	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	3,695	0	281	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	6,336	0	13	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,435,477	495,524	6,184,973	565,644	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	878,157	118,941	731,922	115,396	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	935,621	123,838	1,496,949	116,459	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	214,672	42,964	538,467	35,565	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	90,596	1,138,591	83,645	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,406,078	68,022	714,335	8,178	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,179,718	55,849	696,335	18,090	41.00
43.00	04300	NURSERY	0	0	16,826	212,904	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	169,990	235,870	865,369	50.00
51.00	05100	RECOVERY ROOM	0	0	40,413	0	15,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	38,222	483,638	57,458	52.00
53.00	05300	ANESTHESIOLOGY	0	0	10,506	0	172,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	119,971	0	215,351	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	26,874	0	8,797	55.00
56.00	05600	RADIOISOTOPE	0	0	5,560	0	7,994	56.00
60.00	06000	LABORATORY	0	0	244,586	0	118,085	60.00
60.01	06002	LABORATORY - HLA	0	0	4,865	0	4	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	23,914	0	1,758	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	44,877	0	86,995	65.00
66.00	06600	PHYSICAL THERAPY	0	0	39,857	0	11,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	31,272	0	6,147	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	17,782	0	2,413	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	29,392	0	412,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,874	0	11,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	51,081	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,472	0	34,409	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	30,626	0	8,236	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	246,107	0	123,038	90.00
91.00	09100	EMERGENCY	0	0	99,703	1,035	190,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	14,986	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	6,426	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	744	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	993,223	14,049,723	3,564,713	12,610,887	3,349,755	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,811	0	0	190.00
190.01	19001	FUND RAISING	0	0	40,143	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	18,657	236,077	65	190.02
191.00	19100	RESEARCH	0	0	243,221	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	131,180	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	32,711	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	684,546	0	157,191	192.00
194.00	07950	MEDICAL COLLEGE	0	0	109,735	0	858	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	23,219	0	30,553	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	20,480	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	6,058	0	44	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	993,223	14,049,723	4,884,474	12,846,964	3,538,466	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	86,534,118					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,912,708				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	5,967,450	16,624,337			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	4,286,809		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	628,415	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	5,539	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	5,746	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	72,716	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,976	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,023,577	0	242,529	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	534,023	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	22,859	0	523,115	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	141,623	0	314,177	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	549,386	0	2,113	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	290,734	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	243,187	0	0	41.00
43.00	04300	NURSERY	0	0	56,141	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,865	0	2,500,409	0	0	50.00
51.00	05100	RECOVERY ROOM	480	0	135,052	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	159,685	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	492,599	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,561	0	1,253,115	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,070	0	49,968	0	0	55.00
56.00	05600	RADIOISOTOPE	717	0	43,235	0	0	56.00
60.00	06000	LABORATORY	2,028,497	0	1,783,824	655,603	36,579	60.00
60.01	06002	LABORATORY - HLA	0	0	3,583	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,379	0	409,379	358,671	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	279,967	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,742	0	270,321	855,814	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	175,215	394,619	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	138,540	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	39,349	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	440,472	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	122,714	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,312	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,498,022	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,995,608	0	1,901,842	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	33,017	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	107,889	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	169	135,247	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,998	0	7,346	64,480	0	90.00
91.00	09100	EMERGENCY	38,145	3,945,258	374,662	1,822,375	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	54,704	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	13,361	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	3,817	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,637,898	9,912,708	16,624,337	4,286,809	628,415	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	825	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	248,092	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	968,147	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	360	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.01	07951	AFFIL CORP ARC VENTURES	678,796	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	86,534,118	9,912,708	16,624,337	4,286,809	628,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,581,346					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	3,246,179				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	798,310			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	1,561,628		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	-9,286	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	418,996	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,485,313	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,385,425	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	339,456	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	628,629	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	99,813	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	562,541	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	283,984	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	62,556	0	0	0	56.00
60.00	06000	LABORATORY	48,408	189,967	0	1,561,628	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	468,803	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	73,135	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	257,729	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	71,778	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	168,624	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	72,307	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	8,371	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,581,346	3,246,179	798,310	1,561,628	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-9,286	201.00
202.00		TOTAL (sum lines 118-201)	2,581,346	3,246,179	798,310	1,561,628	-9,286	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	961,133				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	1,791,118			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	-1,278,447		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	16,331,428	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	7,942,882	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	238,711	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	243,128	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	145,540	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	673,650	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	911,730	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	646,308	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	148,064	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	535,891	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	956,738	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	1,450,327	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	64,991	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	275,800	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	961,133	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	961,133	1,791,118	0	12,442,642	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	519,907	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	3,368,879	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	-1,278,447	0	201.00
202.00		TOTAL (sum lines 118-201)	0	961,133	1,791,118	-1,278,447	16,331,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	24,191,560					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	854,492				19.00
20.00	02000	NURSING SCHOOL	21,184,248		3,755,989			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			46,575,980		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				12,843,257	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,948,366	9,753,081	2,689,399	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	6,632	1,403,421	386,991	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	2,404,178	662,948	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	682,920	188,314	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	68,875	737,682	203,415	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	247,950	601,313	165,811	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	139,961	385,485	106,297	41.00
43.00	04300	NURSERY	0	0	0	98,787	27,240	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,980,794	821,949	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	326,427	90,012	52.00
53.00	05300	ANESTHESIOLOGY	0	854,492	344,205	3,455,402	952,822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,567,074	983,615	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	790,297	217,923	55.00
56.00	05600	RADIOISOTOPE	0	0	0	391,927	108,073	56.00
60.00	06000	LABORATORY	0	0	0	1,800,717	496,545	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	236,230	65,140	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	759,158	209,337	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	589,501	162,554	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	2,177,612	600,473	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	6,570,417	1,811,783	90.00
91.00	09100	EMERGENCY	0	0	0	1,471,069	405,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	107,377	29,609	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,184,248	854,492	3,755,989	41,290,869	11,385,895	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,673,435	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	2,135,735	588,926	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,136,491	864,883	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	12,885	3,553	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	333,877	0	0	0	0	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,191,560	854,492	3,755,989	46,575,980	12,843,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,382,246					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		-297,576				23.01
23.02	02302	PARAMED DIETARY			-184,507			23.02
23.03	02303	PARAMED SPEECH				181,174		23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					-63,381	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	222,890	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	53,307	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	61,522	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,389	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	51,000	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	28,457	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,430	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	313,653	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	20,804	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,530	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,309	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,903	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,433	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,365	0	0	0	0	56.00
60.00	06000	LABORATORY	162,916	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	3,038	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,299	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	65	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	25,444	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,164	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,301	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,294	0	0	181,174	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,549	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,896	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	11,263	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	14,390	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	435	0	0	0	0	90.00
91.00	09100	EMERGENCY	51,715	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	21,290	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	213	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,080	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,902	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,382,246	0	0	181,174	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	-297,576	-184,507	0	-63,381	201.00
202.00	TOTAL (sum lines 118-201)	1,382,246	-297,576	-184,507	181,174	-63,381	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	309,570					23.05
23.06	02306	PARAMED PASTORAL CARE		892,975				23.06
23.07	02307	PARAMED TECHNOLOGY			82,786			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				-118,492		23.08
23.09	02309	PARAMED PHARMACY					666,683	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	144,053	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34,452	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	39,762	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	11,885	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	32,961	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	18,392	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	15,143	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	202,346	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	13,445	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,561	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,772	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,785	58,104	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	154,785	18,376	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,760	0	0	0	56.00
60.00	06000	LABORATORY	0	105,292	82,786	0	0	60.00
60.01	06002	LABORATORY - HLA	0	1,964	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,875	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	42	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,444	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,447	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,304	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,360	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,377	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,518	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	666,683	73.00
74.00	07400	RENAL DIALYSIS	0	7,279	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	9,300	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	281	0	0	0	90.00
91.00	09100	EMERGENCY	0	33,424	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	13,760	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	138	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,929	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,229	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	309,570	892,975	82,786	0	666,683	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	-118,492	0	201.00
202.00	TOTAL (sum lines 118-201)	309,570	892,975	82,786	-118,492	666,683	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	94,103					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		-267,443				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	130,553,233	-12,442,480	118,110,753	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	26,948,980	-1,790,412	25,158,568	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	32,047,832	-3,067,126	28,980,706	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	9,714,294	-871,234	8,843,060	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	26,283,846	-941,097	25,342,749	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	15,674,825	-767,124	14,907,701	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,681,301	-491,782	12,189,519	41.00
43.00	04300	NURSERY	0	0	4,295,714	-126,027	4,169,687	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	84,809,070	-3,802,743	81,006,327	50.00
51.00	05100	RECOVERY ROOM	0	0	10,228,455	0	10,228,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,439,260	-416,439	11,022,821	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,123,395	-4,408,224	8,715,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	49,185,905	-4,550,689	44,635,216	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,461,134	-1,008,220	13,452,914	55.00
56.00	05600	RADIOISOTOPE	0	0	4,193,006	-500,000	3,693,006	56.00
60.00	06000	LABORATORY	0	0	82,115,287	-2,297,262	79,818,025	60.00
60.01	06002	LABORATORY - HLA	0	0	1,280,490	0	1,280,490	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	15,016,852	-301,370	14,715,482	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	967,421	0	967,421	64.00
65.00	06500	RESPIRATORY THERAPY	94,103	0	11,859,087	0	11,859,087	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,674,289	0	7,674,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,623,096	0	5,623,096	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,592,307	0	3,592,307	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	15,343,780	-968,495	14,375,285	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,959,906	0	2,959,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	541,033	0	541,033	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72,089,005	0	72,089,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	123,106,161	0	123,106,161	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,051,567	-946,205	1,105,362	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	3,868,588	0	3,868,588	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	9,045,872	-2,778,085	6,267,787	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	59,459,807	-8,382,200	51,077,607	90.00
91.00	09100	EMERGENCY	0	0	32,868,308	-1,876,714	30,991,594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	8,491,369	-136,986	8,354,383	105.00
106.00	10600	HEART ACQUISITION	0	0	81,280	0	81,280	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,385,140	0	2,385,140	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	734,909	0	734,909	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	94,103	0	906,795,804	-52,870,914	853,924,890	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,542,814	0	9,542,814	190.00
190.01	19001	FUND RAISING	0	0	7,391,609	0	7,391,609	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,638,449	0	2,638,449	190.02
191.00	19100	RESEARCH	0	0	69,988,388	0	69,988,388	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	25,329,873	0	25,329,873	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	29,533,495	-2,724,661	26,808,834	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	225,830,243	-4,001,374	221,828,869	192.00
194.00	07950	MEDICAL COLLEGE	0	0	34,442,561	-16,438	34,426,123	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	61,908,066	0	61,908,066	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	4,664,168	0	4,664,168	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	23,415,652	0	23,415,652	194.03
194.04	07954	CON - GNE	0	0	1,769,587	0	1,769,587	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-267,443	-2,268,449	0	-2,268,449	201.00
202.00		TOTAL (sum lines 118-201)	94,103	-267,443	1,400,982,260	-59,613,387	1,341,368,873	202.00

COST ALLOCATION STATISTICS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet Non-CMS W | Date/Time Prepared: 11/19/2015 11:39 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	4,554,321	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	5,472	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	27,339	0	201,164	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	1,940	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	5,149	468,083	24,719	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	311,045	0	380,006	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	23,898	0	8,202	8.00
9.00	00900	HOUSEKEEPING	0	0	99,587	0	251,053	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,286	0	24,570	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	132,698	0	191,501	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	63,128	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	8,312	0	11,611	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	31,472	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	88,088	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	43,848	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	54,885	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	249,330	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	152,625	0	267,233	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	5,265	0	29,139	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	258,654	0	258,131	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	254,910	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	61,396	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	392,853	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	10,714	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	38,029	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,932	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	36,274	0	74,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	27,823	0	112,436	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	43,386	0	251,615	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	34,981	0	28,053	65.00
66.00	06600	PHYSICAL THERAPY	0	0	71,810	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	71,048	0	40,825	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	25,422	0	72,585	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	43,034	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	29,551	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	3,625	0	41,761	90.00
91.00	09100	EMERGENCY	0	0	0	0	188,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	1,756,131	5,022,404	3,427,058	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	3,348	2,794,997	7,715	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	1,916	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	1,478	0	0	191.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	226,743	0	397,311	192.00
194.00	07950	MEDICAL COLLEGE	0	0	56,617	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	2,046,233	7,897,255	3,832,084	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	54,101	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	18,910	0	11,608	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	27,010	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	63,928	1,710	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	83,743	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	16,782	176,775	14,413	41,193	6,864	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	4,037	0	0	5.09
5.10	00598	RESEARCH SPA	8,160	0	0	0	71,695	5.10
5.11	00560	CORPORATE ADMINISTRATION	60,929	54,074	2,352	1,683	113,992	5.11
6.00	00600	MAINTENANCE & REPAIRS	908,550	1,159,426	68,064	57,823	31,197	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,108	20,056	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,955	76,117	0	0	621	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	500,065	0	0	0	10.01
11.00	01100	CAFETERIA	31,325	118,539	5,005	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	145,925	0	0	0	14.00
15.00	01500	PHARMACY	0	246,851	667	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	22,419	667	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	11,143	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	50,234	29,829	7,571	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	208,357	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	5,358	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	21,148	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	18,336	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	12,853	2,500	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	41,964	69,620	30,221	26,654	2,548	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	2,327	0	0	23.01
23.02	02302	PARAMED DIETARY	4,515	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	9,697	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	14,633	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	5,504	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,434	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	4,350	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,305,806	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,479	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	226,795	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,430	524,551	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	114,383	34,394	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,507	0	100,839	25,864	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	394,226	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	489,967	156,477	101,052	241,725	0	60.00
60.01	06002	LABORATORY - HLA	23,480	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	148,169	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,378	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,794	0	69,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	32,903	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,496	34,447	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	30,044	1,786	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	351,741	360,814	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,469,927	5,527,134	744,545	860,230	226,917	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,998	17,934	41,040	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	542,588	0	13,457	561	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,207	0	30,963	25,226	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	124,208	0	2,930	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	201,659	0	864,874	508,804	113,323	192.00
194.00	07950	MEDICAL COLLEGE	40,835	0	4,113	0	2,548	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	39,717	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	211,651	176,836	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,396,424	5,560,132	1,930,184	1,612,697	342,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	345,670	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	3,117	0	0	12,901	164,581	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	1,967	98,619	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	1,734	0	0	107,554	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	2,697	0	0	0	308,858	5.06
5.07	00595	ADMIN & GEN PT SERVICE	16,936	2,223	7,275	289,325	1,998,030	5.07
5.08	00596	PERSONNEL DEPARTMENT	55,820	0	0	597	192,213	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	25,822	5.09
5.10	00598	RESEARCH SPA	3,360	0	0	49	150,353	5.10
5.11	00560	CORPORATE ADMINISTRATION	130,367	53,634	80,831	241,819	2,601,986	5.11
6.00	00600	MAINTENANCE & REPAIRS	110,275	41,591	91,500	87,946	4,163,029	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	204,431	8.00
9.00	00900	HOUSEKEEPING	2,789	399	23,528	0	560,689	9.00
10.00	01000	DIETARY	0	0	0	26,144	95,872	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,473	0	497,988	10.01
11.00	01100	CAFETERIA	149,639	0	0	10,715	798,292	11.00
13.00	01300	NURSING ADMINISTRATION	17,625	0	14,678	0	347,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14,768	0	535,068	14.00
15.00	01500	PHARMACY	0	562	1,025	0	312,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,277	0	0	0	252,278	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	4,022	0	128,909	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	30,446	18.00
18.01	01080	CLINICAL LAB ADMIN PED	591	0	0	0	87,227	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	62,209	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	7,548	0	0	136,973	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	908	109,699	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	251,541	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	9,516	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	25,532	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	75,232	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	428,891	0	0	2,601	1,677,668	18.14
18.16	01861	NURSING SCHOOL SPLIT	71,227	0	0	0	242,472	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,197	3,973	5,162	8,497	817,569	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,211	0	0	10,331	63,885	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,417	0	0	0	8,957	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,450	23.02
23.03	02303	PARAMED SPEECH	9,685	0	0	0	58,256	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	8,602	0	0	0	29,284	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,174	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	56,312	23.06
23.07	02307	PARAMED TECHNOLOGY	4,239	0	0	0	16,976	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,614	0	0	0	5,495	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,619	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	6,115	0	0	0	20,818	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	3,504	0	0	0	11,928	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,440,262	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	573,377	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	9,560	0	0	0	625,624	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	152,028	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	767,913	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	166,081	0	523,944	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	258,928	0	451,571	41.00
43.00	04300	NURSERY	0	0	0	0	199,048	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,999	6,603	0	0	2,440,532	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	489,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	354,158	52.00
53.00	05300	ANESTHESIOLOGY	3,681	7,263	0	0	321,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	97,684	0	0	1,675,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	443,530	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	109,520	56.00
60.00	06000	LABORATORY	12,034	14,778	0	4,885	1,658,212	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	28,346	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	178,877	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	154,016	65.00
66.00	06600	PHYSICAL THERAPY	0	0	67,409	0	299,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	413	0	55,446	0	227,908	67.00
68.00	06800	SPEECH PATHOLOGY	1,155	0	13,717	0	182,474	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,343	0	0	421,461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	49,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	25,666	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	45,792	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	35,683	1,438	274,548	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,329	375,071	55,087	1,827	2,380,847	90.00
91.00	09100	EMERGENCY	0	0	0	0	837,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,642	0	0	34,757	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	26	3,330	0	0	10,990	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	33	0	0	89	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,155,392	628,411	896,613	701,950	37,087,809	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	235,001	4,374	736,886	190.00
190.01	19001	FUND RAISING	0	0	0	50,229	184,194	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	146,064	190.02
191.00	19100	RESEARCH	67,598	1,490	2,971	51,051	3,035,532	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,387	14,884	5,456	3,155	347,703	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	15,066	4,348	15,318	1,431	538,531	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,068	592,330	79,474	123,391	3,823,280	192.00
194.00	07950	MEDICAL COLLEGE	84,134	8,778	16,689	2,461	514,920	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.01	07951	AFFIL CORP ARC VENTURES	0	13,231	0	0	109,386	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	530,780	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,346,645	1,263,472	1,251,522	938,042	47,055,085	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	32,299	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	6,076	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	75,790	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	125,609	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,858	7,107	730,508	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	5,157	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	16,729	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	309,480	10,890	52,603	124,636	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,381	124,295	279,662	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	63,696	0	0	133,372	0	8.00
9.00	00900	HOUSEKEEPING	7,973	356	7,870	295,739	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	114,793	0	10.01
11.00	01100	CAFETERIA	0	0	0	191,445	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	36,337	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	712,217	0	14.00
15.00	01500	PHARMACY	0	0	0	77,021	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	173,878	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,677	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	49	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	3,030	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	184	149,612	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	918	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,163	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,579	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,465,075	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,052,741	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,083,418	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,300,864	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	3,068,652	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	898,412	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	621,949	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	223,967	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,619,488	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,600	32,072	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	201,083	0	56.00
60.00	06000	LABORATORY	11,848	1,874	0	221,097	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	164,910	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	72,140	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,518	0	67.00
68.00	06800	SPEECH PATHOLOGY	118,172	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	579,830	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	90,555	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	52,496	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	194,928	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,331,788	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	490	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	156	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	886,138	42,416	375,371	19,016,187	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,195	77	1,020,260	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	888	4,546	1,568	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	16,372	648	127,559	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	150,028	4,511	0	3,732	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,676	19,456	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	224	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,054,621	54,098	1,544,214	19,019,919	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	26,472	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	673,096	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	9,509	0	0	0	8,964	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	7,757	0	13,216	0	1,367	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	596	0	31,280	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	34,755	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	35,070	0	86,496	10,958	201,037	5.07
5.08	00596	PERSONNEL DEPARTMENT	21,383	0	0	0	415	5.08
5.09	00597	RESEARCH FACULTY	917	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	16,899	0	0	0	34	5.10
5.11	00560	CORPORATE ADMINISTRATION	147,254	64,033	26,459	448	168,027	5.11
6.00	00600	MAINTENANCE & REPAIRS	256,386	0	567,309	15,382	61,109	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	12,953	0	9,814	0	0	8.00
9.00	00900	HOUSEKEEPING	33,101	0	37,244	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	18,166	10.00
10.01	01001	PATIENT FOOD SERVICE	1,898	0	244,683	0	0	10.01
11.00	01100	CAFETERIA	4,256	162,544	58,001	0	7,445	11.00
13.00	01300	NURSING ADMINISTRATION	34,049	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	71,401	0	0	14.00
15.00	01500	PHARMACY	6,872	0	120,785	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,388	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	11,485	0	10,970	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,426	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	9,816	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	4,773	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	6,887	0	14,596	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	631	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	28,306	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	2,873	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	8,466	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	184,897	0	0	665	1,807	18.14
18.16	01861	NURSING SCHOOL SPLIT	27,285	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	44,591	0	34,065	7,090	5,904	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,926	0	0	0	7,178	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	543	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	613	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	4,617	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	3,295	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	7,160	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	5,821	0	2,693	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	1,624	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	618	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,128	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,343	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,342	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,481	0	638,931	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	3,999	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	17,107	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	6,684	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	26,365	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,166	0	110,971	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,409	0	256,664	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,734	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,949	0	16,829	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,153	0	0	6,880	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,037	0	192,895	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	96,919	0	76,564	64,301	3,394	60.00
60.01	06002	LABORATORY - HLA	3,190	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,129	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,691	0	8,014	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,817	0	7,239	18,374	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,632	0	0	8,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,841	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,250	0	16,855	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,888	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,983	0	14,701	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	999	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,705	0	0	95,981	1,270	90.00
91.00	09100	EMERGENCY	12,643	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	626	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	209	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,429,197	899,673	2,704,435	228,832	487,747	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,146	10,917	3,039	190.00
190.01	19001	FUND RAISING	0	0	0	0	34,901	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	282,268	0	0	149	35,473	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,739	0	0	6,710	2,192	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	48,736	0	0	0	995	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	129,867	0	0	135,347	85,738	192.00
194.00	07950	MEDICAL COLLEGE	49,942	0	0	0	1,710	194.00
194.01	07951	AFFIL CORP ARC VENTURES	287	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	47,040	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,953,036	899,673	2,720,581	428,995	651,795	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	426,243	426,243	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	5,227,417	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	332	262,221	1,712	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	156,012	2,045	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	17	39,786	49	327,916	1,780	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	555,662	408	5.06
5.07	00595	ADMIN & GEN PT SERVICE	21	383,477	412	4,259,263	18,239	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	270,428	2,031	5.08
5.09	00597	RESEARCH FACULTY	0	0	115	36,048	7,226	5.09
5.10	00598	RESEARCH SPA	0	0	0	269,219	3,515	5.10
5.11	00560	CORPORATE ADMINISTRATION	518	65,427	67	4,809,460	23,994	5.11
6.00	00600	MAINTENANCE & REPAIRS	402	146,807	1,946	8,867,131	8,590	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	70,013	0	549,543	420	8.00
9.00	00900	HOUSEKEEPING	4	155,247	0	1,561,272	9,794	9.00
10.00	01000	DIETARY	0	0	0	140,182	247	10.00
10.01	01001	PATIENT FOOD SERVICE	0	60,260	0	1,448,016	4,025	10.01
11.00	01100	CAFETERIA	0	100,498	143	1,637,847	1,143	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,075	0	793,934	4,440	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	373,875	0	1,853,254	0	14.00
15.00	01500	PHARMACY	5	40,432	19	870,268	5,979	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	461,821	2,669	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	19	206,091	4,371	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	65,344	2,113	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	185,722	131	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	319	122,292	1,202	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	73	0	217	253,977	1,531	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	111,238	207	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	488,204	2	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	111	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	153	15,027	790	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	49,553	483	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	156,919	2,566	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	368	2,564,610	3,309	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	340,984	6,542	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,747	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,343	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	38	78,538	864	1,757,149	4,263	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	92,449	1,423	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	67	13,311	109	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.02	02302	PARAMED DIETARY	0	0	0	10,578	195	23.02
23.03	02303	PARAMED SPEECH	0	0	277	88,695	701	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	41,181	442	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	33,967	114	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	107,313	301	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	41	24,314	442	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	7,727	152	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	10,097	331	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	29,276	347	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	16,774	492	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,818,975	0	11,231,315	30,014	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	552,631	0	2,178,749	7,626	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	568,735	0	2,293,815	9,161	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	424,045	2,673	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	682,883	0	2,819,740	6,901	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,109,243	4,136	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	710,499	3,309	41.00
43.00	04300	NURSERY	0	0	0	548,694	1,178	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	64	1,610,874	0	8,087,807	10,188	50.00
51.00	05100	RECOVERY ROOM	0	471,617	0	1,859,351	2,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	326,489	0	1,320,262	2,967	52.00
53.00	05300	ANESTHESIOLOGY	70	117,571	0	856,251	442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	943	850,142	2,884	4,685,385	7,672	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,836	0	1,233,455	1,770	55.00
56.00	05600	RADIOISOTOPE	0	105,557	0	416,160	508	56.00
60.00	06000	LABORATORY	143	116,064	2,890	3,569,225	13,886	60.00
60.01	06002	LABORATORY - HLA	0	0	0	55,016	315	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	347,175	1,155	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	86,569	0	498,612	2,819	65.00
66.00	06600	PHYSICAL THERAPY	0	37,870	0	665,643	2,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,621	0	470,067	1,636	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	333,359	1,029	68.00
69.00	06900	ELECTROCARDIOLOGY	13	304,379	0	1,469,081	2,229	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,536	0	187,412	505	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	71,588	408	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	51	123,908	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	27,557	0	392,721	2,136	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,622	0	10,059	3,918,667	10,345	90.00
91.00	09100	EMERGENCY	0	699,116	0	3,069,657	6,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	103	0	0	46,618	1,053	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	32	0	0	14,743	524	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	122	68	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,068	9,982,457	21,292	96,584,334	292,992	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	513	1,178,702	777	190.00
190.01	19001	FUND RAISING	0	0	0	269,324	2,701	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	146,064	917	190.02
191.00	19100	RESEARCH	14	0	385	7,861,129	13,937	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	144	0	885	486,569	6,841	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	42	0	84	897,746	1,950	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,721	1,959	24,731	7,486,891	83,651	192.00
194.00	07950	MEDICAL COLLEGE	85	0	118	804,082	11,547	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
194.01	07951	AFFIL CORP ARC VENTURES	128	0	1,136	164,109	3,465	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	6,053	972,360	580	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	6,299	194.03
194.04	07954	CON - GNE	0	0	0	0	586	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,202	9,984,416	55,197	116,851,310	426,243	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT	0					5.01
5.02	00540	PARKING GARAGE	0	5,227,417				5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	263,933			5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	158,057		5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	329,696	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	19,236	2,745	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	5,076	8	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	4,973	40	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,346	384	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	5,222	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,764	1	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,312	0	41.00
43.00	04300	NURSERY	0	0	0	534	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	23,797	29,532	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,284	3,087	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,518	656	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,683	7,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,912	36,073	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	475	17,118	55.00
56.00	05600	RADIOISOTOPE	0	0	0	411	4,988	56.00
60.00	06000	LABORATORY	0	0	0	16,957	56,685	60.00
60.01	06002	LABORATORY - HLA	0	0	0	34	350	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,891	3,319	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,661	188	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,570	318	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,666	1,877	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,317	657	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	374	775	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,187	11,359	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,166	671	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31	5	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,240	10,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,078	79,330	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	729	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	1,026	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	2	2,140	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	70	34,213	90.00
91.00	09100	EMERGENCY	0	0	0	3,561	24,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	520	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	127	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	36	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	158,057	329,696	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	122,052	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	54,219	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	87,662	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	5,227,417	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118-201)	0	5,227,417	263,933	158,057	329,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	79,443					5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	4,277,502				5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	272,459			5.08
5.09	00597	RESEARCH FACULTY	0	0	0	43,274		5.09
5.10	00598	RESEARCH SPA	0	0	0	0	272,734	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	7,490	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	578	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	13,765	0	0	9.00
10.00	01000	DIETARY	0	0	504	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	5,311	0	0	10.01
11.00	01100	CAFETERIA	0	0	1,649	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,782	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	4,432	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,073	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,463	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	571	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	54	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	556	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	762	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	213	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	2	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	28	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	396	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	384	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	1,743	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	5,032	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	4,773	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	678	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	25,652	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,832	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	919	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	52	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	104	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	443	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	341	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	100	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	283	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	311	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	88	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	368	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	180	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	309	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	317,614	24,168	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	79,931	5,801	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	78,475	6,040	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	23,269	2,095	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	82,186	4,419	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	43,498	3,318	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	36,380	2,724	0	0	41.00
43.00	04300	NURSERY	0	8,399	821	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	534,343	8,291	0	0	50.00
51.00	05100	RECOVERY ROOM	0	36,956	1,971	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,449	1,864	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	113,561	512	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	383,218	5,851	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	100,368	1,311	0	0	55.00
56.00	05600	RADIOISOTOPE	0	33,536	271	0	0	56.00
60.00	06000	LABORATORY	0	574,469	11,929	0	0	60.00
60.01	06002	LABORATORY - HLA	0	2,434	237	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	79,252	1,166	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	42,903	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	42,167	2,189	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	36,397	1,944	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,290	1,525	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,092	867	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	127,537	1,434	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,000	530	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	524	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	280,121	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	716,364	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,957	218	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	16,140	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	11,639	1,494	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	186,766	12,003	0	0	90.00
91.00	09100	EMERGENCY	0	190,513	4,863	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	8,184	731	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,999	313	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	571	36	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,277,502	203,157	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	478	0	0	190.00
190.01	19001	FUND RAISING	0	0	1,958	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	910	0	0	190.02
191.00	19100	RESEARCH	0	0	11,862	0	188,856	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	6,398	0	83,878	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	74,180	0	1,595	43,274	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	33,386	0	0	192.00
194.00	07950	MEDICAL COLLEGE	5,263	0	5,352	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,879	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	999	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	3,190	0	0	194.03
194.04	07954	CON - GNE	0	0	295	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	476,627	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
		5.06	5.07	5.08	5.09	5.10	
202.00	TOTAL (sum lines 118-201)	556,070	4,277,502	272,459	43,274	272,734	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	4,833,454					5.11
6.00	00600	MAINTENANCE & REPAIRS	257,689	9,140,900				6.00
6.01	00601	RENTED SPACE COSTS	737	0	737			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	16,677	50,579	0	617,797		8.00
9.00	00900	HOUSEKEEPING	88,163	138,721	0	0	1,811,715	9.00
10.00	01000	DIETARY	2,455	23,720	0	0	4,801	10.00
10.01	01001	PATIENT FOOD SERVICE	40,478	123,208	0	0	24,936	10.01
11.00	01100	CAFETERIA	8,015	197,506	0	0	39,973	11.00
13.00	01300	NURSING ADMINISTRATION	39,776	86,092	0	0	17,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,904	132,382	0	0	26,793	14.00
15.00	01500	PHARMACY	290,113	77,415	0	0	15,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,065	62,416	0	0	12,632	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	34,667	31,894	0	0	6,455	16.01
18.00	01850	CLINICAL LAB ADMIN MED	14,206	7,533	0	0	1,525	18.00
18.01	01080	CLINICAL LAB ADMIN PED	1,297	21,581	0	0	4,368	18.01
18.02	01851	CLINICAL LAB ADMIN OB	8,122	15,391	0	0	3,115	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	9,810	29,733	0	0	6,018	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	2,660	823	0	0	167	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	2,900	62,234	0	0	12,596	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	3,141	2,354	0	0	476	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	5,803	6,317	0	0	1,278	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	18,613	0	0	3,767	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	39,030	415,074	0	0	84,007	18.14
18.16	01861	NURSING SCHOOL SPLIT	52,434	59,990	0	0	12,141	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,007	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	156,142	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	37,100	164,220	0	0	33,237	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	3,205	15,806	0	0	3,199	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	2,216	0	0	449	23.01
23.02	02302	PARAMED DIETARY	0	1,348	0	0	273	23.02
23.03	02303	PARAMED SPEECH	0	14,413	0	0	2,917	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	7,245	0	0	1,466	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	927	3,012	0	0	610	23.05
23.06	02306	PARAMED PASTORAL CARE	2,472	13,932	0	0	2,820	23.06
23.07	02307	PARAMED TECHNOLOGY	0	4,200	0	0	850	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	1,360	0	0	275	23.08
23.09	02309	PARAMED PHARMACY	2,200	895	0	0	181	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	5,151	0	0	1,042	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	2,951	0	0	597	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	285,958	835,708	0	186,276	169,139	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	70,372	141,860	0	37,208	28,711	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	79,767	154,787	0	43,841	31,327	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	24,050	37,613	0	657	7,613	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	66,184	189,990	0	19,099	38,452	35.02
40.00	04000	SUBPROVIDER - IPF	35,450	129,630	0	23,081	26,236	40.00
41.00	04100	SUBPROVIDER - IRF	28,221	111,724	0	26,247	22,612	41.00
43.00	04300	NURSERY	11,107	49,247	0	5,696	9,967	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	228,679	603,816	0	119,955	122,206	50.00
51.00	05100	RECOVERY ROOM	27,219	121,064	0	30,391	24,502	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,103	87,623	0	4,705	17,734	52.00
53.00	05300	ANESTHESIOLOGY	19,680	79,455	0	0	16,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,809	402,944	0	28,828	81,552	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,230	109,734	0	5,971	22,209	55.00
56.00	05600	RADIOISOTOPE	10,892	27,096	0	4,741	5,484	56.00
60.00	06000	LABORATORY	226,510	386,336	0	18,783	78,191	60.00
60.01	06002	LABORATORY - HLA	3,806	7,013	0	0	1,419	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,378	44,256	0	0	8,957	62.00
64.00	06400	INTRAVENOUS THERAPY	2,331	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,002	38,105	0	0	7,712	65.00
66.00	06600	PHYSICAL THERAPY	20,917	74,006	0	2,079	14,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,647	56,387	0	0	11,412	67.00
68.00	06800	SPEECH PATHOLOGY	9,333	45,146	0	0	9,137	68.00
69.00	06900	ELECTROCARDIOLOGY	41,460	104,274	0	290	21,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,796	12,203	0	0	2,470	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,650	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	239,354	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,076	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,855	6,350	0	0	1,285	74.00
76.00	03020	RENAL DIALYSIS I/P	12,316	11,329	0	0	2,293	76.00
76.01	03550	PSYCH DAY HOSPITAL	18,792	23,775	0	0	4,812	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	148,686	589,049	0	11,059	119,218	90.00
91.00	09100	EMERGENCY	73,324	207,261	0	44,719	41,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	27,070	8,599	0	0	1,740	105.00
106.00	10600	HEART ACQUISITION	274	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,636	2,719	0	0	550	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,437	22	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,310,566	6,499,446	0	613,626	1,277,111	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,413	128,934	0	4,171	26,095	190.00
190.01	19001	FUND RAISING	23,173	45,572	0	0	9,223	190.01
190.02	19002	RUSH DAY SCHOOL	8,079	0	0	0	0	190.02
191.00	19100	RESEARCH	209,768	675,251	737	0	136,664	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	83,041	62,400	0	0	12,629	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	85,359	119,301	0	0	24,145	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	695,689	1,324,607	0	0	268,088	192.00
194.00	07950	MEDICAL COLLEGE	100,043	127,005	0	0	25,705	194.00
194.01	07951	AFFIL CORP ARC VENTURES	206,387	27,063	0	0	5,477	194.01
194.02	07952	AFFIL CORP ROOM 500	10,693	131,321	0	0	26,578	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	79,396	0	0	0	0	194.03
194.04	07954	CON - GNE	4,847	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	4,833,454	9,140,900	737	617,797	1,811,715	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	171,909					10.00
10.01	01001	PATIENT FOOD SERVICE	123,534	1,769,508				10.01
11.00	01100	CAFETERIA	48,375	0	1,934,508			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	55,069	1,003,517		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,019,333	14.00
15.00	01500	PHARMACY	0	0	35,991	0	2,078	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,838	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	28,119	0	5	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	4,634	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	437	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	4,517	0	6	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	6,188	0	6	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	1,732	0	80	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	19	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	227	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	3,219	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	3,118	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	14,150	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	40,864	0	995	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	38,759	0	226	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	5,505	13,738	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	208,306	0	68	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	14,876	0	332	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	7,460	0	24	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	421	0	3	23.01
23.02	02302	PARAMED DIETARY	0	0	845	0	2	23.02
23.03	02303	PARAMED SPEECH	0	0	3,594	0	1	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	2,772	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	810	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	2,296	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	2,522	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	712	0	1	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,989	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	1,464	0	160	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	2,509	0	7	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,188,362	196,254	483,127	322,802	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	110,600	47,107	57,173	65,854	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	117,838	49,046	116,931	66,461	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	27,037	17,016	42,061	20,296	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	35,881	88,939	47,735	35.02
40.00	04000	SUBPROVIDER - IPF	0	177,090	26,940	55,799	4,667	40.00
41.00	04100	SUBPROVIDER - IRF	0	148,581	22,119	54,393	10,323	41.00
43.00	04300	NURSERY	0	0	6,664	16,631	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	67,325	18,425	493,850	50.00
51.00	05100	RECOVERY ROOM	0	0	16,006	0	8,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,138	37,778	32,790	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,161	0	98,643	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	47,515	0	122,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,643	0	5,021	55.00
56.00	05600	RADIOISOTOPE	0	0	2,202	0	4,562	56.00
60.00	06000	LABORATORY	0	0	96,869	0	67,389	60.00
60.01	06002	LABORATORY - HLA	0	0	1,927	0	2	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	9,471	0	1,004	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,774	0	49,646	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,785	0	6,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,385	0	3,508	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,043	0	1,377	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	11,641	0	235,257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,307	0	6,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	29,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,771	0	19,637	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	12,130	0	4,700	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	97,471	0	70,215	90.00
91.00	09100	EMERGENCY	0	0	39,488	81	108,562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	5,935	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,545	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	295	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	171,909	1,769,508	1,411,816	985,076	1,911,640	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,886	0	0	190.00
190.01	19001	FUND RAISING	0	0	15,899	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	7,389	18,441	37	190.02
191.00	19100	RESEARCH	0	0	96,328	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	51,954	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	12,955	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	271,114	0	89,705	192.00
194.00	07950	MEDICAL COLLEGE	0	0	43,461	0	490	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	9,196	0	17,436	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	8,111	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	2,399	0	25	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	171,909	1,769,508	1,934,508	1,003,517	2,019,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,301,944					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	589,514				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	354,887	669,952			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	95,926		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	213,590	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	83	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	86	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,094	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	45	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	81,511	0	82,432	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	21,511	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	344	0	21,071	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	5,705	0	106,785	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	22,129	0	718	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	11,711	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,796	0	0	41.00
43.00	04300	NURSERY	0	0	2,261	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28	0	101,033	0	0	50.00
51.00	05100	RECOVERY ROOM	7	0	5,440	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,432	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	19,842	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,599	0	50,476	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	227	0	2,013	0	0	55.00
56.00	05600	RADIOISOTOPE	11	0	1,742	0	0	56.00
60.00	06000	LABORATORY	30,520	0	71,853	14,670	12,433	60.00
60.01	06002	LABORATORY - HLA	0	0	144	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36	0	16,490	8,026	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	11,277	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	71	0	10,889	19,151	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,058	8,830	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,580	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,585	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	17,742	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,943	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	133	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	60,341	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,218,615	0	76,607	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,222	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	4,346	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	7	3,026	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	75	0	296	1,443	0	90.00
91.00	09100	EMERGENCY	574	234,627	15,092	40,780	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,204	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	538	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	154	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,273,415	589,514	669,952	95,926	213,590	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	12	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,733	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,566	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	5	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.01	07951	AFFIL CORP ARC VENTURES	10,213	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,301,944	589,514	669,952	95,926	213,590	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	155,201					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	308,025				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	117,120			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	565,957		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	366	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,192	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	89,303	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	131,459	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	32,211	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,796	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,471	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,379	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,947	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,936	0	0	0	56.00
60.00	06000	LABORATORY	2,910	18,026	0	565,957	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	68,778	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,940	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	37,811	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	10,531	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	16,001	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	6,861	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	794	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,201	308,025	117,120	565,957	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	366	201.00
202.00		TOTAL (sum lines 118-201)	155,201	308,025	117,120	565,957	366	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	25,403				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	66,936			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	197,758		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	3,153,004	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	1,533,481	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	46,086	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	46,939	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	28,099	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	130,057	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	176,022	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	124,779	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	28,586	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	103,461	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	184,711	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	54,200	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	2,429	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,307	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,403	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,403	66,936	0	2,402,221	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	100,375	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	650,408	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	197,758	0	201.00
202.00		TOTAL (sum lines 118-201)	0	25,403	66,936	197,758	3,153,004	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	2,049,416					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	24,769				19.00
20.00	02000	NURSING SCHOOL	1,794,648		318,192			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			412,511		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				2,013,009	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
60.01	06002	LABORATORY - HLA	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS I/P	0					76.00
76.01	03550	PSYCH DAY HOSPITAL	0					76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0					98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,794,648	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	226,483					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01
194.02	07952	AFFIL CORP ROOM 500	0					194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03
194.04	07954	CON - GNE	28,285					194.04
200.00		Cross Foot Adjustments		24,769	318,192	412,511	2,013,009	200.00
201.00		Negative Cost Centers	0	0	1,476,456	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,049,416	24,769	1,794,648	412,511	2,013,009	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	170,571					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		63,500				23.01
23.02	02302	PARAMED DIETARY			41,444			23.02
23.03	02303	PARAMED SPEECH				37,637		23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					229,469	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
200.00	Cross Foot Adjustments	170,571	0	0	37,637	0	200.00
201.00	Negative Cost Centers	0	63,500	41,444	203,184	229,469	201.00
202.00	TOTAL (sum lines 118-201)	170,571	63,500	41,444	240,821	229,469	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	39,540					23.05
23.06	02306	PARAMED PASTORAL CARE		129,417				23.06
23.07	02307	PARAMED TECHNOLOGY			15,030			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				38,901		23.08
23.09	02309	PARAMED PHARMACY					17,061	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
200.00	Cross Foot Adjustments	39,540	129,417	15,030	0	17,061	200.00
201.00	Negative Cost Centers	0	0	142,388	38,901	0	201.00
202.00	TOTAL (sum lines 118-201)	39,540	129,417	157,418	38,901	17,061	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	17,933					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		208,350				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			15,481,853	0	15,481,853	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			2,857,587	0	2,857,587	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			3,073,917	0	3,073,917	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			742,645	0	742,645	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			3,516,898	0	3,516,898	35.02
40.00	04000	SUBPROVIDER - IPF			1,653,564	0	1,653,564	40.00
41.00	04100	SUBPROVIDER - IRF			1,189,240	0	1,189,240	41.00
43.00	04300	NURSERY			661,199	0	661,199	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			10,580,734	0	10,580,734	50.00
51.00	05100	RECOVERY ROOM			2,170,610	0	2,170,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,623,815	0	1,623,815	52.00
53.00	05300	ANESTHESIOLOGY			1,230,129	0	1,230,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			6,061,110	0	6,061,110	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,576,492	0	1,576,492	55.00
56.00	05600	RADIOISOTOPE			518,540	0	518,540	56.00
60.00	06000	LABORATORY			5,887,798	0	5,887,798	60.00
60.01	06002	LABORATORY - HLA			75,126	0	75,126	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			578,883	0	578,883	62.00
64.00	06400	INTRAVENOUS THERAPY			59,360	0	59,360	64.00
65.00	06500	RESPIRATORY THERAPY			726,025	0	726,025	65.00
66.00	06600	PHYSICAL THERAPY			859,989	0	859,989	66.00
67.00	06700	OCCUPATIONAL THERAPY			672,189	0	672,189	67.00
68.00	06800	SPEECH PATHOLOGY			427,057	0	427,057	68.00
69.00	06900	ELECTROCARDIOLOGY			2,047,595	0	2,047,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			273,689	0	273,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			31,494	0	31,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			604,379	0	604,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,243,070	0	2,243,070	73.00
74.00	07400	RENAL DIALYSIS			121,020	0	121,020	74.00
76.00	03020	RENAL DIALYSIS I/P			171,358	0	171,358	76.00
76.01	03550	PSYCH DAY HOSPITAL			515,185	0	515,185	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			5,199,576	0	5,199,576	90.00
91.00	09100	EMERGENCY			4,116,765	0	4,116,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			118,655	0	118,655	105.00
106.00	10600	HEART ACQUISITION			274	0	274	106.00
107.00	10700	LIVER ACQUISITION			38,555	0	38,555	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			4,539	0	4,539	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	77,710,914	0	77,710,914	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,686,314	0	1,686,314	190.00
190.01	19001	FUND RAISING			367,850	0	367,850	190.01
190.02	19002	RUSH DAY SCHOOL			181,849	0	181,849	190.02
191.00	19100	RESEARCH			9,316,584	0	9,316,584	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			847,929	0	847,929	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			1,351,900	0	1,351,900	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			10,267,697	0	10,267,697	192.00
194.00	07950	MEDICAL COLLEGE			1,773,361	0	1,773,361	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.01	07951	AFFIL CORP ARC VENTURES			446,225	0	446,225	194.01
194.02	07952	AFFIL CORP ROOM 500			1,150,642	0	1,150,642	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			88,885	0	88,885	194.03
194.04	07954	CON - GNE			36,437	0	36,437	194.04
200.00		Cross Foot Adjustments	17,933	0	3,195,670	0	3,195,670	200.00
201.00		Negative Cost Centers	123,193	208,350	8,429,053	0	8,429,053	201.00
202.00		TOTAL (sum lines 118-201)	141,126	208,350	116,851,310	0	116,851,310	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	88,620				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	7,897,255			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	102,315		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	183,565	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	4,554,321	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	1,022	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	237	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	4,526	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	1,184	0	5,371	907	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	84	0	0	441	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	223	468,083	660	3,293	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	13,471	0	10,146	49,104	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,035	0	219	168	8.00
9.00	00900	HOUSEKEEPING	0	4,313	0	6,703	484	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	99	0	656	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,747	0	5,113	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	2,734	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	360	0	310	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,363	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	3,815	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	1,899	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	2,715	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,143	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	2,377	0	0	991	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	6,657	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,610	0	7,135	2,268	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	228	0	778	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	11,202	0	6,892	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	134	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	2,659	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,489	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	464	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,647	0	0	2,077	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	690	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,571	0	1,986	8,837	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,205	0	3,002	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	1,879	0	6,718	26,481	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,269	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,008	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,515	0	749	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,110	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,077	0	1,090	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,101	0	1,938	243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	789	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	157	0	1,115	0	90.00
91.00	09100	EMERGENCY	0	0	0	5,030	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	76,056	5,022,404	91,501	133,491	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	79,854	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	145	2,794,997	206	29,325	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	83	0	0	930	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	64	0	0	6,713	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,820	0	10,608	10,899	192.00
194.00	07950	MEDICAL COLLEGE	0	2,452	0	0	2,207	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,046,233	7,897,255	3,832,084	3,396,424	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	23.089968	1.000000	37.453785	18.502569	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	207,088					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	153,475				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	63,227			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	21,525		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	205,229	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,015	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	923	0	0	475	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	1,006	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	2,381	136	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	411	5.06
5.07	00595	ADMIN & GEN PT SERVICE	6,584	1,146	1,615	431	2,581	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00597	RESEARCH FACULTY	0	321	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	4,502	512	5.10
5.11	00560	CORPORATE ADMINISTRATION	2,014	187	66	7,158	19,868	5.11
6.00	00600	MAINTENANCE & REPAIRS	43,183	5,412	2,267	1,959	16,806	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	747	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,835	0	0	39	425	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	18,625	0	0	0	0	10.01
11.00	01100	CAFETERIA	4,415	398	0	0	22,805	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,435	0	0	0	0	14.00
15.00	01500	PHARMACY	9,194	53	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,109	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	835	53	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	90	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	886	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,111	602	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	426	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	98	0	65,363	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	10,855	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,593	2,403	1,045	160	1,554	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	1,099	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	0	0	216	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	771	0	0	1,476	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,311	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	205	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	114	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	246	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	932	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	534	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,635	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	1,457	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8,447	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,537	0	0	0	10,363	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,281	0	0	0	561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,018	1,014	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,683	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	5,828	8,035	9,477	0	1,834	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	610	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	551	0	2,708	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,290	0	63	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	176	68.00
69.00	06900	ELECTROCARDIOLOGY	1,283	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,119	142	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,968	14,146	0	1,117	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	4	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	205,859	59,201	33,726	14,249	176,082	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,229	1,426	1,609	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	1,070	22	0	10,302	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	2,462	989	0	1,583	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	233	0	0	2,296	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	68,769	19,948	7,116	2,144	192.00
194.00	07950	MEDICAL COLLEGE	0	327	0	160	12,822	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	6,933	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,560,132	1,930,184	1,612,697	342,788	1,346,645	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.849127	12.576537	25.506461	15.925110	6.561670	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	155,172					1.10
1.11	00111	DEPRECIATION JRB	0	97,714				1.11
1.12	00112	DEPRECIATION TOB	0	0	153,997			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	2,106,567		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	61,775	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	15,475	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	2,118	7,368	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	323	4,415	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	213	0	0	4,815	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	13,827	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	273	568	47,498	89,448	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	98	8,605	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	1,156	0	5.09
5.10	00598	RESEARCH SPA	0	0	8	6,731	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,587	6,311	39,699	116,486	18,128	5.11
6.00	00600	MAINTENANCE & REPAIRS	5,108	7,144	14,438	186,371	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	9,152	3,731	8.00
9.00	00900	HOUSEKEEPING	49	1,837	0	25,101	467	9.00
10.00	01000	DIETARY	0	0	4,292	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	115	0	22,294	0	10.01
11.00	01100	CAFETERIA	0	0	1,759	35,738	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,146	0	15,578	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,153	0	23,954	0	14.00
15.00	01500	PHARMACY	69	80	0	14,008	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,294	10,185	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	314	0	5,771	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	3,905	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	2,785	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	927	0	0	6,132	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	149	4,911	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	11,261	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	426	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	1,143	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	3,368	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	427	75,106	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	10,855	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	488	403	1,395	36,601	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,696	2,860	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	401	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	244	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	2,608	361	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,311	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,521	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	760	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	246	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	932	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	534	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	154,014	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	25,669	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	28,008	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	34,378	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	12,967	0	23,456	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,216	0	20,216	0	41.00
43.00	04300	NURSERY	0	0	0	8,911	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	811	0	0	109,258	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,855	0	52.00
53.00	05300	ANESTHESIOLOGY	892	0	0	14,377	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,997	0	0	75,002	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,856	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,903	0	56.00
60.00	06000	LABORATORY	1,815	0	802	74,235	694	60.00
60.01	06002	LABORATORY - HLA	0	0	0	1,269	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,008	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,895	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,263	0	13,391	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,329	0	10,203	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,071	0	8,169	6,922	68.00
69.00	06900	ELECTROCARDIOLOGY	165	0	0	18,868	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,208	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,050	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	2,786	236	12,291	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	46,064	4,301	300	106,586	11,418	90.00
91.00	09100	EMERGENCY	0	0	0	37,503	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,307	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	409	0	0	492	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,178	70,004	115,238	1,660,351	51,906	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,348	718	32,989	0	190.00
190.01	19001	FUND RAISING	0	0	8,246	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	19100	RESEARCH	183	232	8,381	135,895	70	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,828	426	518	15,566	52	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	534	1,196	235	24,109	959	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,746	6,205	20,257	171,161	8,788	192.00
194.00	07950	MEDICAL COLLEGE	1,078	1,303	404	23,052	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,625	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	23,762	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,263,472	1,251,522	938,042	47,055,085	1,054,621	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.142397	12.808011	6.091300	22.337331	17.071971	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON	27,475					1.15
1.16	00116	DEPRECIATION COHN	0	109,292				1.16
1.17	00117	DEPRECIATION TOWER	0	0	463,763			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	00201	INTEREST GENERAL				0	776,991	2.01
2.02	00202	INTEREST DIRECT BLDG				0	0	2.02
2.03	00203	INTEREST ATRUM PAV				0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	00205	INTEREST TOB				0	0	2.05
2.06	00206	INTEREST PRO BLDG III				0	0	2.06
2.07	00207	INTEREST TOWER				0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	2,286	0	0	3,783	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,086	0	0	0	3,086	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,848	0	237	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	8,890	0	0	13,827	5.06
5.07	00595	ADMIN & GEN PT SERVICE	2,975	503	17,812	0	13,952	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00597	RESEARCH FACULTY	0	365	0	0	365	5.09
5.10	00598	RESEARCH SPA	0	1,184	0	0	6,723	5.10
5.11	00560	CORPORATE ADMINISTRATION	5,530	3,723	3,039	0	58,583	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,717	8,797	6,819	0	102,000	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,252	0	5,153	8.00
9.00	00900	HOUSEKEEPING	181	557	7,211	0	13,169	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,799	0	755	10.01
11.00	01100	CAFETERIA	0	0	4,668	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	886	0	13,546	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,366	0	0	14.00
15.00	01500	PHARMACY	0	0	1,878	0	2,734	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	11,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	3,899	0	0	0	4,569	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	1,363	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	3,905	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	1,899	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	25	0	0	0	2,740	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,143	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	3,368	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	1,539	0	0	0	73,559	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	10,855	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13	3,648	0	17,740	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	65	0	0	1,164	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	216	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,837	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,311	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,310	0	0	0	2,316	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	246	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	932	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	534	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	84,489	0	18,094	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	25,669	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	26,417	0	1,591	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	6,806	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	31,719	0	2,659	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	10,489	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	464	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	74,823	0	14,087	50.00
51.00	05100	RECOVERY ROOM	0	0	21,906	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,165	0	690	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,461	0	6,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	39,488	0	12,394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	184	782	0	4,391	55.00
56.00	05600	RADIOISOTOPE	0	0	4,903	0	0	56.00
60.00	06000	LABORATORY	952	0	5,391	0	38,558	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,269	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,008	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,021	0	2,264	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,759	0	3,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	354	0	4,230	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,098	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	14,138	0	3,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,208	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,149	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	789	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,280	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	13,807	90.00
91.00	09100	EMERGENCY	0	0	32,473	0	5,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	249	0	0	0	249	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	79	0	0	0	83	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,542	26,567	463,672	0	568,589	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	39	72,209	0	0	112,296	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,309	111	0	0	5,068	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	329	9,028	0	0	19,389	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,291	0	91	0	51,666	192.00
194.00	07950	MEDICAL COLLEGE	851	1,377	0	0	19,869	194.00
194.01	07951	AFFIL CORP ARC VENTURES	114	0	0	0	114	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	54,098	1,544,214	19,019,919	0	1,953,036	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.968990	14.129250	41.012153	0.000000	2.513589	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	899,673					2.02
2.03	00203	INTEREST ATRUM PAV	0	207,088				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	63,227			2.04
2.05	00205	INTEREST TOB	0	0	0	153,997		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	155,172	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,015	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	673,096	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	2,118	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	1,006	0	323	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	2,381	0	0	213	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	6,584	1,615	47,498	273	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	98	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	8	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	64,033	2,014	66	39,699	6,587	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	43,183	2,267	14,438	5,108	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	747	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,835	0	0	49	9.00
10.00	01000	DIETARY	0	0	0	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	18,625	0	0	0	10.01
11.00	01100	CAFETERIA	162,544	4,415	0	1,759	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,435	0	0	0	14.00
15.00	01500	PHARMACY	0	9,194	0	0	69	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	835	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,111	0	0	927	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	149	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	98	427	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,593	1,045	1,395	488	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	1,696	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	205	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	48,635	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	8,447	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	19,537	0	0	811	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,281	0	0	892	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,014	0	11,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,683	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	5,828	9,477	802	1,815	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	610	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	551	2,708	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,290	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,283	0	0	165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	1,119	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	236	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	14,146	300	46,064	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,307	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	409	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	899,673	205,859	33,726	115,238	77,178	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,229	1,609	718	0	190.00
190.01	19001	FUND RAISING	0	0	0	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	22	8,381	183	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	989	518	1,828	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	235	534	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	19,948	20,257	72,746	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	404	1,078	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,625	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	6,933	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	899,673	2,720,581	428,995	651,795	12,202	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000000	13.137318	6.784997	4.232518	0.078635	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	463,763					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	153,475				2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	651,791,664			4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	10,000		5.01
5.02	00540	PARKING GARAGE	0	0	0	0	1,213,279,509	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	923	2,618,126	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	3,127,216	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	1,848	136	2,721,790	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	624,411	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	17,812	1,146	27,889,126	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	3,105,523	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	321	11,048,350	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	5,374,974	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	3,039	187	36,688,270	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	6,819	5,412	13,133,821	0	64,110,183	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,252	0	642,872	0	4,842,474	8.00
9.00	00900	HOUSEKEEPING	7,211	0	14,974,983	0	22,401,166	9.00
10.00	01000	DIETARY	0	0	377,694	0	723,746	10.00
10.01	01001	PATIENT FOOD SERVICE	2,799	0	6,154,734	0	11,571,643	10.01
11.00	01100	CAFETERIA	4,668	398	1,748,034	0	5,735,815	11.00
13.00	01300	NURSING ADMINISTRATION	886	0	6,789,465	0	11,373,281	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,366	0	0	0	2,720,314	14.00
15.00	01500	PHARMACY	1,878	53	9,142,512	0	102,623,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,081,149	0	9,027,817	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	53	6,683,722	0	9,861,349	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	3,231,275	0	4,099,432	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	200,777	0	487,146	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	886	1,838,541	0	2,365,767	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	602	2,340,555	0	3,317,241	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	316,087	0	633,121	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	3,439	0	1,576,177	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	169,063	0	823	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	426	1,207,646	0	921,284	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	738,036	0	1,746,010	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	3,924,215	0	11,204,226	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	5,059,090	0	12,400,918	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	10,002,636	0	19,671,705	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	2,672,008	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	34,163,513	0	50,879,898	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,648	2,403	6,517,901	0	10,335,111	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,176,312	0	9,540,048	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	167,091	0	294,350	23.01
23.02	02302	PARAMED DIETARY	0	0	297,692	0	385,420	23.02
23.03	02303	PARAMED SPEECH	0	771	1,071,226	0	1,671,131	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	676,194	0	1,027,437	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	174,893	0	27,981	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	460,505	0	172,505	23.06
23.07	02307	PARAMED TECHNOLOGY	0	114	675,771	0	998,931	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	232,025	0	360,594	23.08
23.09	02309	PARAMED PHARMACY	0	0	505,668	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	530,693	0	771,837	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	751,732	0	1,195,943	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,489	0	45,893,161	0	77,824,648	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,669	0	11,660,136	0	18,612,656	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	26,417	0	14,006,980	0	21,481,261	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,087,141	0	6,420,601	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	31,719	0	10,552,560	0	17,807,377	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,324,572	0	9,936,218	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,059,351	0	8,181,005	41.00
43.00	04300	NURSERY	0	0	1,800,501	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,823	0	15,578,131	0	109,445,540	50.00
51.00	05100	RECOVERY ROOM	21,906	0	3,915,326	0	7,263,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,165	0	4,536,397	0	7,866,646	52.00
53.00	05300	ANESTHESIOLOGY	5,461	0	675,649	0	7,440,406	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,488	8,018	11,731,210	0	31,390,610	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	782	0	2,706,793	0	9,927,852	55.00
56.00	05600	RADIOISOTOPE	4,903	0	776,788	0	2,571,672	56.00
60.00	06000	LABORATORY	5,391	8,035	21,232,851	0	56,884,024	60.00
60.01	06002	LABORATORY - HLA	0	0	482,139	0	1,060,829	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,765,874	0	11,277,522	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	22,586	64.00
65.00	06500	RESPIRATORY THERAPY	4,021	0	4,311,130	0	8,884,034	65.00
66.00	06600	PHYSICAL THERAPY	1,759	0	3,600,225	0	5,643,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	354	0	2,501,921	0	3,945,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,573,024	0	2,895,875	68.00
69.00	06900	ELECTROCARDIOLOGY	14,138	0	3,407,882	0	16,951,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,208	0	772,602	0	1,360,205	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	624,435	0	3,932,673	74.00
76.00	03020	RENAL DIALYSIS I/P	0	142	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	1,280	0	3,266,732	0	5,024,450	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,968	15,818,306	0	151,823	90.00
91.00	09100	EMERGENCY	32,473	0	9,794,870	0	18,057,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,609,736	0	7,433,721	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	74,524	106.00
107.00	10700	LIVER ACQUISITION	0	0	801,003	0	2,122,858	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	104,280	0	664,197	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	463,672	59,201	448,003,062	0	863,634,117	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,426	1,187,819	0	4,340,565	190.00
190.01	19001	FUND RAISING	0	0	4,129,494	0	6,506,297	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,402,210	0	2,074,674	190.02
191.00	19100	RESEARCH	0	1,070	21,309,912	0	36,094,419	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	2,462	10,460,461	0	16,031,713	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	233	2,982,144	0	25,920,197	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91	68,769	127,947,048	10,000	211,384,117	192.00
194.00	07950	MEDICAL COLLEGE	0	327	17,656,629	0	34,185,785	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	5,297,878	0	8,754,686	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	886,695	0	3,029,371	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	9,632,251	0	0	194.03
194.04	07954	CON - GNE	0	0	896,061	0	1,323,568	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,984,416	55,197	128,579,019	165,178	-49,317	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.529134	0.359648	0.197270	16.517800	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			426,243	0	5,227,417	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000654	0.000000	0.004309	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION	78,046,329					5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	1,975,347,702				5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,422,188,806			5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	964,068		5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	3,397,536,508	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	240,444,057	11,830,926	0	252,274,983	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	63,453,312	34,679	0	63,487,991	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	62,157,217	173,762	0	62,330,979	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	16,827,823	1,654,591	0	18,482,414	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	65,278,723	0	0	65,278,723	35.02
40.00	04000	SUBPROVIDER - IPF	0	34,545,416	4,331	0	34,549,747	40.00
41.00	04100	SUBPROVIDER - IRF	0	28,895,830	0	0	28,895,830	41.00
43.00	04300	NURSERY	0	6,670,778	0	0	6,670,778	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	297,124,098	127,294,415	0	424,418,513	50.00
51.00	05100	RECOVERY ROOM	0	16,047,057	13,306,685	0	29,353,742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,973,944	2,827,896	0	21,801,840	52.00
53.00	05300	ANESTHESIOLOGY	0	58,531,291	31,667,713	0	90,199,004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,896,746	155,486,410	0	304,383,156	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,937,294	73,782,804	0	79,720,098	55.00
56.00	05600	RADIOISOTOPE	0	5,137,253	21,499,880	0	26,637,133	56.00
60.00	06000	LABORATORY	0	211,956,303	244,333,939	0	456,290,242	60.00
60.01	06002	LABORATORY - HLA	0	425,707	1,507,798	0	1,933,505	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	48,642,949	14,305,153	0	62,948,102	62.00
64.00	06400	INTRAVENOUS THERAPY	0	33,266,028	810,804	0	34,076,832	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,119,921	1,372,466	0	33,492,387	65.00
66.00	06600	PHYSICAL THERAPY	0	20,819,296	8,089,820	0	28,909,116	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,461,458	2,831,863	0	19,293,321	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,675,537	3,340,548	0	8,016,085	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,337,479	48,962,765	0	101,300,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,581,058	2,892,908	0	17,473,966	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	393,502	22,719	0	416,221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	177,996,957	44,497,840	0	222,494,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	225,979,300	343,014,311	0	568,993,611	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,142,951	0	3,142,951	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,819,527	0	0	12,819,527	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	20,028	9,224,368	0	9,244,396	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	872,829	147,471,594	0	148,344,423	90.00
91.00	09100	EMERGENCY	0	44,517,783	106,802,867	0	151,320,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,500,001	0	0	6,500,001	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,587,600	0	0	1,587,600	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	453,600	0	0	453,600	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,975,347,702	1,422,188,806	0	3,397,536,508	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	36,094,419	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,031,713	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	25,920,197	0	0	900,202	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	63,866	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,629,469	4,878,730	3,756,569	96,983	52,673,615	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.084943	0.002470	0.002641	0.100598	0.015503	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	263,933	158,057	329,696	556,070	4,277,502	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003382	0.000080	0.000232	0.082404	0.001259	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT	683,285					5.08
5.09	00597	RESEARCH FACULTY	0	10,000				5.09
5.10	00598	RESEARCH SPA	0	0	52,126,132			5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	-108,467,045	1,316,844,423	5.11
6.00	00600	MAINTENANCE & REPAIRS	18,783	0	0	0	70,215,119	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	200,727	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,450	0	0	0	4,544,141	8.00
9.00	00900	HOUSEKEEPING	34,520	0	0	0	24,022,686	9.00
10.00	01000	DIETARY	1,264	0	0	0	668,959	10.00
10.01	01001	PATIENT FOOD SERVICE	13,319	0	0	0	11,029,392	10.01
11.00	01100	CAFETERIA	4,135	0	0	0	2,183,865	11.00
13.00	01300	NURSING ADMINISTRATION	17,007	0	0	0	10,838,243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,881,283	14.00
15.00	01500	PHARMACY	11,115	0	0	0	79,049,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,200	0	0	0	8,464,686	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	8,684	0	0	0	9,445,913	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,431	0	0	0	3,870,798	18.00
18.01	01080	CLINICAL LAB ADMIN PED	135	0	0	0	353,315	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,395	0	0	0	2,212,992	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,911	0	0	0	2,672,978	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	535	0	0	0	724,755	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	6	0	0	0	790,275	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	70	0	0	9,858	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	994	0	0	0	855,799	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	963	0	0	0	1,581,313	18.09
18.12	01859	DISCRETIONARY OPERATIONS	4,370	0	0	1,525,392	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	12,620	0	0	0	10,634,871	18.14
18.16	01861	NURSING SCHOOL SPLIT	11,970	0	0	0	14,287,108	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,700	0	0	0	546,957	19.00
20.00	02000	NURSING SCHOOL	0	0	0	17,428,259	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	64,331	0	0	0	42,545,478	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,594	0	0	0	10,108,939	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,304	0	0	0	873,359	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	130	0	0	566,920	0	23.01
23.02	02302	PARAMED DIETARY	261	0	0	347,486	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	1,110	0	0	665,107	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	856	0	0	1,064,326	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	250	0	0	0	252,545	23.05
23.06	02306	PARAMED PASTORAL CARE	709	0	0	0	673,596	23.06
23.07	02307	PARAMED TECHNOLOGY	779	0	0	617,553	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	220	0	0	283,783	0	23.08
23.09	02309	PARAMED PHARMACY	923	0	0	0	599,589	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	452	0	0	507,189	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	775	0	0	1,264,018	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,609	0	0	0	77,917,629	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,548	0	0	0	19,174,986	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	15,147	0	0	0	21,734,967	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,255	0	0	0	6,553,047	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	11,081	0	0	0	18,033,845	35.02
40.00	04000	SUBPROVIDER - IPF	8,320	0	0	0	9,659,455	40.00
41.00	04100	SUBPROVIDER - IRF	6,831	0	0	0	7,689,782	41.00
43.00	04300	NURSERY	2,058	0	0	0	3,026,468	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,792	0	0	0	62,310,430	50.00
51.00	05100	RECOVERY ROOM	4,943	0	0	0	7,416,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,675	0	0	0	7,929,946	52.00
53.00	05300	ANESTHESIOLOGY	1,285	0	0	0	5,362,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,674	0	0	0	33,190,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,287	0	0	0	10,689,328	55.00
56.00	05600	RADIOISOTOPE	680	0	0	0	2,967,900	56.00
60.00	06000	LABORATORY	29,916	0	0	0	61,719,429	60.00
60.01	06002	LABORATORY - HLA	595	0	0	0	1,037,043	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,925	0	0	0	12,092,181	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	635,039	64.00
65.00	06500	RESPIRATORY THERAPY	5,489	0	0	0	9,264,808	65.00
66.00	06600	PHYSICAL THERAPY	4,875	0	0	0	5,699,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,825	0	0	0	3,991,125	67.00
68.00	06800	SPEECH PATHOLOGY	2,175	0	0	0	2,543,031	68.00
69.00	06900	ELECTROCARDIOLOGY	3,595	0	0	0	11,296,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,330	0	0	0	1,579,212	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	449,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	65,218,962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	36,532,853	73.00
74.00	07400	RENAL DIALYSIS	547	0	0	0	1,050,487	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	3,355,729	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,746	0	0	0	5,120,526	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,102	0	0	0	40,513,945	90.00
91.00	09100	EMERGENCY	12,195	0	0	0	19,979,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,833	0	0	0	7,375,893	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	74,770	106.00
107.00	10700	LIVER ACQUISITION	786	0	0	0	2,080,790	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	91	0	0	0	663,909	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	509,481	0	0	-84,187,154	902,061,541	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,200	0	0	0	4,472,161	190.00
190.01	19001	FUND RAISING	4,910	0	0	0	6,314,238	190.01
190.02	19002	RUSH DAY SCHOOL	2,282	0	0	0	2,201,490	190.02
191.00	19100	RESEARCH	29,749	0	36,094,419	0	57,157,397	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,045	0	16,031,713	0	22,626,851	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	4,001	10,000	0	0	23,258,471	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	83,729	0	0	0	189,388,237	192.00
194.00	07950	MEDICAL COLLEGE	13,422	0	0	0	27,259,729	194.00
194.01	07951	AFFIL CORP ARC VENTURES	7,220	0	0	0	56,236,268	194.01
194.02	07952	AFFIL CORP ROOM 500	2,505	0	0	0	2,913,521	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
194.03	07953	AFFIL CORP JOINT VENTURES	8,000	0	0	0	21,633,705	194.03
194.04	07954	CON - GNE	741	0	0	0	1,320,814	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,978,486	17,547,256	8,121,550		108,467,045	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.676659	1,754.725600	0.155806		0.082369	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	272,459	43,274	272,734		4,833,454	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.398749	4.327400	0.005232		0.003670	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS	1,654,009					6.00
6.01	00601	RENTED SPACE COSTS	0	10,000				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	9,152	0	4,509,186			8.00
9.00	00900	HOUSEKEEPING	25,101	0	0	1,619,756		9.00
10.00	01000	DIETARY	4,292	0	0	4,292	10,000	10.00
10.01	01001	PATIENT FOOD SERVICE	22,294	0	0	22,294	7,186	10.01
11.00	01100	CAFETERIA	35,738	0	0	35,738	2,814	11.00
13.00	01300	NURSING ADMINISTRATION	15,578	0	0	15,578	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,954	0	0	23,954	0	14.00
15.00	01500	PHARMACY	14,008	0	0	14,008	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,294	0	0	11,294	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,771	0	0	5,771	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,363	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	3,905	0	0	3,905	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,785	0	0	2,785	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	5,380	0	0	5,380	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	149	0	0	149	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	11,261	0	0	11,261	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	426	0	0	426	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,143	0	0	1,143	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	3,368	0	0	3,368	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	75,106	0	0	75,106	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	10,855	0	0	10,855	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	29,715	0	0	29,715	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,860	0	0	2,860	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	401	0	0	401	0	23.01
23.02	02302	PARAMED DIETARY	244	0	0	244	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	2,608	0	0	2,608	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,311	0	0	1,311	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,521	0	0	2,521	0	23.06
23.07	02307	PARAMED TECHNOLOGY	760	0	0	760	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	246	0	0	246	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	932	0	0	932	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	534	0	0	534	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	151,218	0	1,359,593	151,218	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,669	0	271,576	25,669	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	28,008	0	319,983	28,008	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,806	0	4,796	6,806	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	34,378	0	139,398	34,378	0	35.02
40.00	04000	SUBPROVIDER - IPF	23,456	0	168,466	23,456	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,216	0	191,568	20,216	0	41.00
43.00	04300	NURSERY	8,911	0	41,576	8,911	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,258	0	875,526	109,258	0	50.00
51.00	05100	RECOVERY ROOM	21,906	0	221,821	21,906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,855	0	34,338	15,855	0	52.00
53.00	05300	ANESTHESIOLOGY	14,377	0	0	14,377	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,911	0	210,413	72,911	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,856	0	43,583	19,856	0	55.00
56.00	05600	RADIOISOTOPE	4,903	0	34,607	4,903	0	56.00
60.00	06000	LABORATORY	69,906	0	137,095	69,906	0	60.00
60.01	06002	LABORATORY - HLA	1,269	0	0	1,269	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,008	0	0	8,008	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,895	0	0	6,895	0	65.00
66.00	06600	PHYSICAL THERAPY	13,391	0	15,174	13,391	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,203	0	0	10,203	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,169	0	0	8,169	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,868	0	2,120	18,868	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,208	0	0	2,208	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,149	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,050	0	0	2,050	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	4,302	0	0	4,302	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	106,586	0	80,717	106,586	0	90.00
91.00	09100	EMERGENCY	37,503	0	326,396	37,503	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,556	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	492	0	0	492	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,176,049	0	4,478,746	1,141,796	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,330	0	30,440	23,330	0	190.00
190.01	19001	FUND RAISING	8,246	0	0	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	122,184	10,000	0	122,184	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	11,291	0	0	11,291	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	21,587	0	0	21,587	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	239,682	0	0	239,682	0	192.00
194.00	07950	MEDICAL COLLEGE	22,981	0	0	22,981	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,897	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	23,762	0	0	23,762	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	75,998,668	217,261	5,338,955	27,154,756	993,223	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	45.948159	21.726100	1.184017	16.764720	99.322300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,140,900	737	617,797	1,811,715	171,909	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.526512	0.073700	0.137009	1.118511	17.190900	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE	445,959					10.01
11.00	01100	CAFETERIA	0	597,434				11.00
13.00	01300	NURSING ADMINISTRATION	0	17,007	124,183			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	30,626,519		14.00
15.00	01500	PHARMACY	0	11,115	0	31,509	28,119,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,200	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	8,684	0	83	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,431	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	135	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	1,395	0	95	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,911	0	93	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	535	0	1,210	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	6	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	70	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	994	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	963	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	4,370	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	12,620	0	15,084	1,800	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	11,970	0	3,434	1,867	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,700	1,700	0	23,629	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	64,331	0	1,037	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,594	0	5,034	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,304	0	363	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	130	0	39	0	23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	261	0	30	0	23.02
23.03	02303	PARAMED SPEECH	0	1,110	0	9	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	856	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	250	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	709	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	779	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	220	0	8	0	23.08
23.09	02309	PARAMED PHARMACY	0	923	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	452	0	2,434	967	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	775	0	111	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	299,496	60,609	59,786	4,895,829	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	27,874	14,548	7,075	998,792	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	29,698	15,147	14,470	1,007,990	7,428	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,814	5,255	5,205	307,824	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	11,081	11,006	723,975	0	35.02
40.00	04000	SUBPROVIDER - IPF	44,631	8,320	6,905	70,783	0	40.00
41.00	04100	SUBPROVIDER - IRF	37,446	6,831	6,731	156,573	0	41.00
43.00	04300	NURSERY	0	2,058	2,058	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,792	2,280	7,490,029	606	50.00
51.00	05100	RECOVERY ROOM	0	4,943	0	129,829	156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,675	4,675	497,320	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,285	0	1,496,092	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,674	0	1,863,934	466,482	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,287	0	76,145	4,897	55.00
56.00	05600	RADIOISOTOPE	0	680	0	69,193	233	56.00
60.00	06000	LABORATORY	0	29,916	0	1,022,062	659,155	60.00
60.01	06002	LABORATORY - HLA	0	595	0	35	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,925	0	15,220	773	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,489	0	752,968	1,541	65.00
66.00	06600	PHYSICAL THERAPY	0	4,875	0	97,884	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,825	0	53,201	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,175	0	20,882	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,595	0	3,568,064	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,330	0	95,296	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	442,121	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	26,319,319	73.00
74.00	07400	RENAL DIALYSIS	0	547	0	297,822	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	3,746	0	71,287	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	30,102	0	1,064,930	1,624	90.00
91.00	09100	EMERGENCY	0	12,195	10	1,646,521	12,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,833	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	786	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	91	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	445,959	436,010	121,901	28,993,174	27,502,872	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,200	0	0	0	190.00
190.01	19001	FUND RAISING	0	4,910	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,282	2,282	565	268	190.02
191.00	19100	RESEARCH	0	29,749	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	16,045	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	4,001	0	0	80,617	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	83,729	0	1,360,534	314,597	192.00
194.00	07950	MEDICAL COLLEGE	0	13,422	0	7,425	117	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
194.01	07951	AFFIL CORP ARC VENTURES	0	2,840	0	264,442	220,573	194.01
194.02	07952	AFFIL CORP ROOM 500	0	2,505	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	741	0	379	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,049,723	4,884,474	12,846,964	3,538,466	86,534,118	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.504517	8.175755	103.451873	0.115536	3.077420	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,769,508	1,934,508	1,003,517	2,019,333	1,301,944	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.967871	3.238028	8.080953	0.065934	0.046301	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,020	1,975,347,702				16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	26,593			18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	10,411		18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	19,197	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	240,444,057	0	4,018	3,116	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	63,453,312	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	62,157,217	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	16,827,823	0	5,205	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	65,278,723	0	35	11,046	35.02
40.00	04000	SUBPROVIDER - IPF	0	34,545,416	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	28,895,830	0	0	0	41.00
43.00	04300	NURSERY	0	6,670,778	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	297,124,098	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	16,047,057	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,973,944	0	0	4,675	52.00
53.00	05300	ANESTHESIOLOGY	0	58,531,291	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,896,746	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,937,294	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,137,253	0	0	0	56.00
60.00	06000	LABORATORY	0	211,956,303	4,067	606	360	60.00
60.01	06002	LABORATORY - HLA	0	425,707	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	48,642,949	2,225	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	33,266,028	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,119,921	5,309	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,819,296	2,448	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,461,458	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,675,537	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,337,479	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,581,058	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	393,502	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	177,996,957	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	225,979,300	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	547	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,819,527	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	20,028	839	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	872,829	400	0	0	90.00
91.00	09100	EMERGENCY	3,980	44,517,783	11,305	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,500,001	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,587,600	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	453,600	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,975,347,702	26,593	10,411	19,197	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,912,708	16,624,337	4,286,809	628,415	2,581,346	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	991.270800	0.008416	161.200654	60.360676	134.466114	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	589,514	669,952	95,926	213,590	155,201	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	58.951400	0.000339	3.607190	20.515801	8.084649	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG	35,287					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	3,559				18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	2,188			18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	2,660		18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	3,935	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,060	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,690	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,085	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,115	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,087	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	680	0	0	0	0	56.00
60.00	06000	LABORATORY	2,065	0	2,188	850	1,410	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,525	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,090	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	795	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,810	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	1,149	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	320	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,833	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	786	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	91	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,287	3,559	2,188	2,660	3,935	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,246,179	798,310	1,561,628	-9,286	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	91.993624	224.307390	713.723949	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	308,025	117,120	565,957	366	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.729135	32.908120	258.664077	0.137594	0.000000	205.00

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	1,330					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	16,398				18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	543,618			18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	12,620	77,651		18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	11,970	37,766	9,999	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,700	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,756	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	64,331	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,594	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,304	1,135	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	130	1,156	0	23.01
23.02	02302	PARAMED DIETARY	0	0	261	692	0	23.02
23.03	02303	PARAMED SPEECH	0	0	1,110	3,203	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	856	4,335	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	250	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	709	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	779	3,073	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	220	704	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	923	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	452	2,548	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	775	4,549	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	60,609	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	14,548	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	15,147	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	5,255	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	11,081	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	8,320	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,831	0	0	41.00
43.00	04300	NURSERY	0	0	2,058	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	20,792	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,943	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,675	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,285	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,674	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,287	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	680	0	0	56.00
60.00	06000	LABORATORY	0	13,278	29,916	0	0	60.00
60.01	06002	LABORATORY - HLA	0	595	595	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,525	2,925	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,489	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,875	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,825	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,175	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,595	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,330	0	1,330	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	547	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	3,746	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	30,102	0	0	90.00
91.00	09100	EMERGENCY	0	0	12,195	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,833	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	786	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	91	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,330	16,398	382,194	59,161	8,756	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,200	2,472	1,105	190.00
190.01	19001	FUND RAISING	0	0	4,910	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,282	0	0	190.02
191.00	19100	RESEARCH	0	0	29,749	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	16,045	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	4,001	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	83,729	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	13,422	16,018	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,840	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,505	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	741	0	138	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	961,133	1,791,118	-1,278,447	16,331,428	24,191,560	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	722.656391	109.227833	0.000000	210.318322	2,419.397940	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,403	66,936	197,758	3,153,004	2,049,416	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.100000	4.081961	0.363781	40.604809	204.962096	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		22,086				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			43,376			21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				43,376		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					482,557,674	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	17,337	9,083	9,083	77,824,648	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	39	1,307	1,307	18,612,656	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	2,239	2,239	21,481,261	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	636	636	6,420,601	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	405	687	687	17,807,377	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,458	560	560	9,936,218	40.00
41.00	04100	SUBPROVIDER - IRF	0	823	359	359	8,181,005	41.00
43.00	04300	NURSERY	0	0	92	92	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	2,776	2,776	109,445,540	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	7,263,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	304	304	7,866,646	52.00
53.00	05300	ANESTHESIOLOGY	10,000	2,024	3,218	3,218	7,440,406	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,322	3,322	31,390,610	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	736	736	9,927,852	55.00
56.00	05600	RADIOISOTOPE	0	0	365	365	2,571,672	56.00
60.00	06000	LABORATORY	0	0	1,677	1,677	56,884,024	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,060,829	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	220	220	11,277,522	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	22,586	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	8,884,034	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,643,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,945,745	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,895,875	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	707	707	16,951,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,360,205	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	549	549	3,932,673	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	2,028	2,028	5,024,450	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	6,119	6,119	151,823	90.00
91.00	09100	EMERGENCY	0	0	1,370	1,370	18,057,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	100	100	7,433,721	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	74,524	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,122,858	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	664,197	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	22,086	38,454	38,454	482,557,674	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	1,989	1,989	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,921	2,921	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	12	12	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	854,492	3,755,989	46,575,980	12,843,257	1,382,246	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	85.449200	170.061985	1,073.773054	296.091318	0.002864	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,769	1,794,648	412,511	2,013,009	170,571	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.476900	14.406955	9.510121	46.408359	0.000353	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000					23.01
23.02	02302	PARAMED DIETARY		445,959				23.02
23.03	02303	PARAMED SPEECH			10,000			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY				10,000		23.04
23.05	02305	PARAMED MEDICAL PHYSICS					10,000	23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	299,496	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	27,874	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	29,698	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	6,814	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	44,631	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	37,446	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	445,959	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-297,576	-184,507	181,174	-63,381	309,570	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	18.117400	0.000000	30.957000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	63,500	41,444	240,821	229,469	39,540	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.350000	0.092932	3.763700	22.946900	3.954000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	482,557,674					23.06
23.07	02307	PARAMED TECHNOLOGY		10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			10,000			23.08
23.09	02309	PARAMED PHARMACY				10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,824,648	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,612,656	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	21,481,261	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,420,601	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	17,807,377	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	9,936,218	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,181,005	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,445,540	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	7,263,910	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,866,646	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,440,406	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,390,610	0	5,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,927,852	0	5,000	0	0	55.00
56.00	05600	RADIOISOTOPE	2,571,672	0	0	0	0	56.00
60.00	06000	LABORATORY	56,884,024	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,060,829	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,277,522	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	22,586	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,884,034	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	5,643,840	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,945,745	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,895,875	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,951,301	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,360,205	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	3,932,673	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	5,024,450	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	151,823	0	0	0	0	90.00
91.00	09100	EMERGENCY	18,057,065	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,433,721	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	74,524	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,122,858	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	664,197	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	482,557,674	10,000	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	892,975	82,786	-118,492	666,683	94,103	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001851	8.278600	0.000000	66.668300	9.410300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	129,417	157,418	38,901	17,061	141,126	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000268	1.503000	3.890100	1.706100	1.793300	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
	GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	DEPRECIATION OLD HOSPITAL			1.01
1.02	00102	DEPRECIATION DIRECT BLDG			1.02
1.03	00103	DEPRECIATION KELLOGG PAV			1.03
1.04	00104	DEPRECIATION JELKE SOUTH			1.04
1.05	00105	DEPRECIATION ATRIUM PAV			1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH			1.07
1.08	00108	DEPRECIATION WOOD ST			1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY			1.09
1.10	00110	DEPRECIATION PRO BLDG III			1.10
1.11	00111	DEPRECIATION JRB			1.11
1.12	00112	DEPRECIATION TOB			1.12
1.13	00113	DEPRECIATION EQUIPMENT			1.13
1.14	00114	DEPRECIATION ORTHOPEDICS			1.14
1.15	00115	DEPRECIATION KIDSTON			1.15
1.16	00116	DEPRECIATION COHN			1.16
1.17	00117	DEPRECIATION TOWER			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	INTEREST GENERAL			2.01
2.02	00202	INTEREST DIRECT BLDG			2.02
2.03	00203	INTEREST ATRUM PAV			2.03
2.04	00204	INTEREST PRO BLDG SOUTH			2.04
2.05	00205	INTEREST TOB			2.05
2.06	00206	INTEREST PRO BLDG III			2.06
2.07	00207	INTEREST TOWER			2.07
2.08	00208	INTEREST PRO BLDG NORTH			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	TRANSITION RECRUITMENT			5.01
5.02	00540	PARKING GARAGE			5.02
5.03	00591	RESEARCH ADMINISTRATION			5.03
5.04	00592	ADMIN & GEN INPT SERVICE			5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE			5.05
5.06	00594	ADMIN & GEN ANIMAL LAB			5.06
5.07	00595	ADMIN & GEN PT SERVICE			5.07
5.08	00596	PERSONNEL DEPARTMENT			5.08
5.09	00597	RESEARCH FACULTY			5.09
5.10	00598	RESEARCH SPA			5.10
5.11	00560	CORPORATE ADMINISTRATION			5.11
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	RENTED SPACE COSTS			6.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
10.01	01001	PATIENT FOOD SERVICE			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY			16.01
18.00	01850	CLINICAL LAB ADMIN MED			18.00
18.01	01080	CLINICAL LAB ADMIN PED			18.01
18.02	01851	CLINICAL LAB ADMIN OB			18.02
18.03	01852	CLINICAL LAB ADMIN SURG			18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH			18.04
18.05	01854	CLINICAL LAB ADMIN PATH			18.05
18.06	01855	CLINICAL LAB ADMIN CARD			18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT			18.07
18.08	01857	CLINICAL LAB ADMIN NEUR			18.08
18.09	01858	CLINICAL LAB ADMIN OCLS			18.09
18.12	01859	DISCRETIONARY OPERATIONS			18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT			18.14
18.16	01861	NURSING SCHOOL SPLIT			18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT			23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
23.01	02301	PARAMED MEDICAL PERFUSION TECH			23.01
23.02	02302	PARAMED DIETARY			23.02
23.03	02303	PARAMED SPEECH			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY			23.04
23.05	02305	PARAMED MEDICAL PHYSICS			23.05
23.06	02306	PARAMED PASTORAL CARE			23.06
23.07	02307	PARAMED TECHNOLOGY			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			23.08
23.09	02309	PARAMED PHARMACY			23.09
23.10	02310	PARAMED RESPIRATORY THERAPY			23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	482,557,674		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	77,824,648		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,612,656		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	21,481,261		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,420,601		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	17,807,377		35.02
40.00	04000	SUBPROVIDER - IPF	9,936,218		40.00
41.00	04100	SUBPROVIDER - IRF	8,181,005		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	109,445,540		50.00
51.00	05100	RECOVERY ROOM	7,263,910		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,866,646		52.00
53.00	05300	ANESTHESIOLOGY	7,440,406		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,390,610		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,927,852		55.00
56.00	05600	RADIOISOTOPE	2,571,672		56.00
60.00	06000	LABORATORY	56,884,024		60.00
60.01	06002	LABORATORY - HLA	1,060,829		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,277,522		62.00
64.00	06400	INTRAVENOUS THERAPY	22,586		64.00
65.00	06500	RESPIRATORY THERAPY	8,884,034		65.00
66.00	06600	PHYSICAL THERAPY	5,643,840		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,945,745		67.00
68.00	06800	SPEECH PATHOLOGY	2,895,875		68.00
69.00	06900	ELECTROCARDIOLOGY	16,951,301		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,360,205		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	3,932,673		74.00
76.00	03020	RENAL DIALYSIS I/P	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	5,024,450		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	151,823		90.00
91.00	09100	EMERGENCY	18,057,065		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04040	BEHAVIORAL HEALTH	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	7,433,721		105.00
106.00	10600	HEART ACQUISITION	74,524		106.00
107.00	10700	LIVER ACQUISITION	2,122,858		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	664,197		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	482,557,674		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
190.01	19001	FUND RAISING	0		190.01
190.02	19002	RUSH DAY SCHOOL	0		190.02
191.00	19100	RESEARCH	0		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0		191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/19/2015 11:39 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)	
			23.11	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	MEDICAL COLLEGE	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	194.03
194.04	07954	CON - GNE	0	194.04
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-267,443	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	208,350	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000432	205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-2 | Date/Time Prepared: 11/19/2015 11:39 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	-194,150	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/19/2015 11:39 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	118,110,753		118,110,753	8,922	118,119,675	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,158,568		25,158,568	0	25,158,568	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	28,980,706		28,980,706	133,997	29,114,703	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8,843,060		8,843,060	0	8,843,060	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	25,342,749		25,342,749	74,441	25,417,190	35.02
40.00	04000	SUBPROVIDER - IPF	14,907,701		14,907,701	0	14,907,701	40.00
41.00	04100	SUBPROVIDER - IRF	12,189,519		12,189,519	0	12,189,519	41.00
43.00	04300	NURSERY	4,169,687		4,169,687	0	4,169,687	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,006,327		81,006,327	0	81,006,327	50.00
51.00	05100	RECOVERY ROOM	10,228,455		10,228,455	0	10,228,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,022,821		11,022,821	0	11,022,821	52.00
53.00	05300	ANESTHESIOLOGY	8,715,171		8,715,171	0	8,715,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,635,216		44,635,216	125,557	44,760,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,452,914		13,452,914	0	13,452,914	55.00
56.00	05600	RADIOISOTOPE	3,693,006		3,693,006	0	3,693,006	56.00
60.00	06000	LABORATORY	79,818,025		79,818,025	23,433	79,841,458	60.00
60.01	06002	LABORATORY - HLA	1,280,490		1,280,490	0	1,280,490	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,715,482		14,715,482	3,710	14,719,192	62.00
64.00	06400	INTRAVENOUS THERAPY	967,421		967,421	0	967,421	64.00
65.00	06500	RESPIRATORY THERAPY	11,859,087	0	11,859,087	0	11,859,087	65.00
66.00	06600	PHYSICAL THERAPY	7,674,289	0	7,674,289	0	7,674,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,623,096	0	5,623,096	0	5,623,096	67.00
68.00	06800	SPEECH PATHOLOGY	3,592,307	0	3,592,307	0	3,592,307	68.00
69.00	06900	ELECTROCARDIOLOGY	14,375,285		14,375,285	10,303	14,385,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,959,906		2,959,906	0	2,959,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	541,033		541,033	0	541,033	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,089,005		72,089,005	0	72,089,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,106,161		123,106,161	0	123,106,161	73.00
74.00	07400	RENAL DIALYSIS	1,105,362		1,105,362	0	1,105,362	74.00
76.00	03020	RENAL DIALYSIS I/P	3,868,588		3,868,588	0	3,868,588	76.00
76.01	03550	PSYCH DAY HOSPITAL	6,267,787		6,267,787	0	6,267,787	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	51,077,607		51,077,607	0	51,077,607	90.00
91.00	09100	EMERGENCY	30,991,594		30,991,594	17,895	31,009,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,900,649		6,900,649		6,900,649	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,354,383		8,354,383		8,354,383	105.00
106.00	10600	HEART ACQUISITION	81,280		81,280		81,280	106.00
107.00	10700	LIVER ACQUISITION	2,385,140		2,385,140		2,385,140	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	734,909		734,909		734,909	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	860,825,539	0	860,825,539	398,258	861,223,797	200.00
201.00		Less Observation Beds	6,900,649		6,900,649		6,900,649	201.00
202.00		Total (see instructions)	853,924,890	0	853,924,890	398,258	854,323,148	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	240,444,057		240,444,057			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	63,453,312		63,453,312			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	62,157,217		62,157,217			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,827,823		16,827,823			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	65,278,723		65,278,723			35.02
40.00	04000	SUBPROVIDER - IPF	34,545,416		34,545,416			40.00
41.00	04100	SUBPROVIDER - IRF	28,895,830		28,895,830			41.00
43.00	04300	NURSERY	6,670,778		6,670,778			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	297,124,098	127,294,415	424,418,513	0.190864	0.000000	50.00
51.00	05100	RECOVERY ROOM	16,047,057	13,306,685	29,353,742	0.348455	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,973,944	2,827,896	21,801,840	0.505591	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	58,531,291	31,667,713	90,199,004	0.096622	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,896,746	155,486,410	304,383,156	0.146642	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,937,294	73,782,804	79,720,098	0.168752	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,137,253	21,499,880	26,637,133	0.138641	0.000000	56.00
60.00	06000	LABORATORY	211,956,303	244,333,939	456,290,242	0.174928	0.000000	60.00
60.01	06002	LABORATORY - HLA	425,707	1,507,798	1,933,505	0.662264	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,642,949	14,305,153	62,948,102	0.233772	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	33,266,028	810,804	34,076,832	0.028389	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	32,119,921	1,372,466	33,492,387	0.354083	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,819,296	8,089,820	28,909,116	0.265463	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,461,458	2,831,863	19,293,321	0.291453	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,675,537	3,340,548	8,016,085	0.448137	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	52,337,479	48,962,765	101,300,244	0.141908	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,581,058	2,892,908	17,473,966	0.169389	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	393,502	22,719	416,221	1.299870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	177,996,957	44,497,840	222,494,797	0.324003	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,979,300	343,014,311	568,993,611	0.216358	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,142,951	3,142,951	0.351696	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	12,819,527	0	12,819,527	0.301773	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	20,028	9,224,368	9,244,396	0.678009	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	872,829	147,471,594	148,344,423	0.344318	0.000000	90.00
91.00	09100	EMERGENCY	44,517,783	106,802,867	151,320,650	0.204807	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,698,289	13,698,289	0.503760	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,500,001	0	6,500,001			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	1,587,600	0	1,587,600			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	453,600	0	453,600			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,975,347,702	1,422,188,806	3,397,536,508			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,975,347,702	1,422,188,806	3,397,536,508			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		35.02
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.190864	50.00
51.00	05100	RECOVERY ROOM	0.348455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.505591	52.00
53.00	05300	ANESTHESIOLOGY	0.096622	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168752	55.00
56.00	05600	RADIOISOTOPE	0.138641	56.00
60.00	06000	LABORATORY	0.174980	60.00
60.01	06002	LABORATORY - HLA	0.662264	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233831	62.00
64.00	06400	INTRAVENOUS THERAPY	0.028389	64.00
65.00	06500	RESPIRATORY THERAPY	0.354083	65.00
66.00	06600	PHYSICAL THERAPY	0.265463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291453	67.00
68.00	06800	SPEECH PATHOLOGY	0.448137	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.299870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216358	73.00
74.00	07400	RENAL DIALYSIS	0.351696	74.00
76.00	03020	RENAL DIALYSIS I/P	0.301773	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.678009	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.344318	90.00
91.00	09100	EMERGENCY	0.204926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503760	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
		SPECIAL PURPOSE COST CENTERS		
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)		112.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/19/2015 11:39 am

Title XIX | Hospital

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,553,233		130,553,233	8,922	130,562,155	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,948,980		26,948,980	0	26,948,980	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	32,047,832		32,047,832	133,997	32,181,829	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,714,294		9,714,294	0	9,714,294	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	26,283,846		26,283,846	74,441	26,358,287	35.02
40.00	04000	SUBPROVIDER - IPF	15,674,825		15,674,825	0	15,674,825	40.00
41.00	04100	SUBPROVIDER - IRF	12,681,301		12,681,301	0	12,681,301	41.00
43.00	04300	NURSERY	4,295,714		4,295,714	0	4,295,714	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,809,070		84,809,070	0	84,809,070	50.00
51.00	05100	RECOVERY ROOM	10,228,455		10,228,455	0	10,228,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,439,260		11,439,260	0	11,439,260	52.00
53.00	05300	ANESTHESIOLOGY	13,123,395		13,123,395	0	13,123,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,185,905		49,185,905	125,557	49,311,462	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,461,134		14,461,134	0	14,461,134	55.00
56.00	05600	RADIOISOTOPE	4,193,006		4,193,006	0	4,193,006	56.00
60.00	06000	LABORATORY	82,115,287		82,115,287	23,433	82,138,720	60.00
60.01	06002	LABORATORY - HLA	1,280,490		1,280,490	0	1,280,490	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,016,852		15,016,852	3,710	15,020,562	62.00
64.00	06400	INTRAVENOUS THERAPY	967,421		967,421	0	967,421	64.00
65.00	06500	RESPIRATORY THERAPY	11,859,087	0	11,859,087	0	11,859,087	65.00
66.00	06600	PHYSICAL THERAPY	7,674,289	0	7,674,289	0	7,674,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,623,096	0	5,623,096	0	5,623,096	67.00
68.00	06800	SPEECH PATHOLOGY	3,592,307	0	3,592,307	0	3,592,307	68.00
69.00	06900	ELECTROCARDIOLOGY	15,343,780		15,343,780	10,303	15,354,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,959,906		2,959,906	0	2,959,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	541,033		541,033	0	541,033	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,089,005		72,089,005	0	72,089,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,106,161		123,106,161	0	123,106,161	73.00
74.00	07400	RENAL DIALYSIS	1,857,417		1,857,417	0	1,857,417	74.00
76.00	03020	RENAL DIALYSIS I/P	3,868,588		3,868,588	0	3,868,588	76.00
76.01	03550	PSYCH DAY HOSPITAL	9,045,872		9,045,872	0	9,045,872	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	59,459,807		59,459,807	0	59,459,807	90.00
91.00	09100	EMERGENCY	32,868,308		32,868,308	17,895	32,886,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,900,649		6,900,649		6,900,649	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,491,369		8,491,369		8,491,369	105.00
106.00	10600	HEART ACQUISITION	81,280		81,280		81,280	106.00
107.00	10700	LIVER ACQUISITION	2,385,140		2,385,140		2,385,140	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	734,909		734,909		734,909	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	913,502,303	0	913,502,303	398,258	913,900,561	200.00
201.00		Less Observation Beds	6,900,649		6,900,649		6,900,649	201.00
202.00		Total (see instructions)	906,601,654	0	906,601,654	398,258	906,999,912	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/19/2015 11:39 am

Title XIX | Hospital

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	240,444,057		240,444,057			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	63,453,312		63,453,312			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	62,157,217		62,157,217			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	16,827,823		16,827,823			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	65,278,723		65,278,723			35.02
40.00	04000	SUBPROVIDER - IPF	34,545,416		34,545,416			40.00
41.00	04100	SUBPROVIDER - IRF	28,895,830		28,895,830			41.00
43.00	04300	NURSERY	6,670,778		6,670,778			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	297,124,098	127,294,415	424,418,513	0.199824	0.000000	50.00
51.00	05100	RECOVERY ROOM	16,047,057	13,306,685	29,353,742	0.348455	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,973,944	2,827,896	21,801,840	0.524692	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	58,531,291	31,667,713	90,199,004	0.145494	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,896,746	155,486,410	304,383,156	0.161592	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,937,294	73,782,804	79,720,098	0.181399	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,137,253	21,499,880	26,637,133	0.157412	0.000000	56.00
60.00	06000	LABORATORY	211,956,303	244,333,939	456,290,242	0.179963	0.000000	60.00
60.01	06002	LABORATORY - HLA	425,707	1,507,798	1,933,505	0.662264	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,642,949	14,305,153	62,948,102	0.238559	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	33,266,028	810,804	34,076,832	0.028389	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	32,119,921	1,372,466	33,492,387	0.354083	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,819,296	8,089,820	28,909,116	0.265463	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,461,458	2,831,863	19,293,321	0.291453	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,675,537	3,340,548	8,016,085	0.448137	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	52,337,479	48,962,765	101,300,244	0.151468	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,581,058	2,892,908	17,473,966	0.169389	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	393,502	22,719	416,221	1.299870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	177,996,957	44,497,840	222,494,797	0.324003	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,979,300	343,014,311	568,993,611	0.216358	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,142,951	3,142,951	0.590979	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	12,819,527	0	12,819,527	0.301773	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	20,028	9,224,368	9,244,396	0.978525	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	872,829	147,471,594	148,344,423	0.400823	0.000000	90.00
91.00	09100	EMERGENCY	44,517,783	106,802,867	151,320,650	0.217210	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,698,289	13,698,289	0.503760	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,500,001	0	6,500,001			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	1,587,600	0	1,587,600			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	453,600	0	453,600			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,975,347,702	1,422,188,806	3,397,536,508			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,975,347,702	1,422,188,806	3,397,536,508			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/19/2015 11:39 am

Title XIX | Hospital

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		35.02
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06002	LABORATORY - HLA	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
		SPECIAL PURPOSE COST CENTERS		
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)		112.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part I Date/Time Prepared: 11/19/2015 11:39 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	15,481,853	0	15,481,853	109,909	140.86	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,857,587		2,857,587	13,937	205.04	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	3,073,917		3,073,917	14,849	207.01	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	742,645		742,645	3,407	217.98	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	3,516,898		3,516,898	14,580	241.21	35.02
40.00	SUBPROVIDER - IPF	1,653,564	0	1,653,564	14,877	111.15	40.00
41.00	SUBPROVIDER - IRF	1,189,240	0	1,189,240	12,482	95.28	41.00
43.00	NURSERY	661,199		661,199	4,102	161.19	43.00
200.00	Total (lines 30-199)	29,176,903		29,176,903	188,143		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	36,530	5,145,616		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,765	977,016		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	6,705	1,388,002		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	25	5,450		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	SUBPROVIDER - IPF	5,603	622,773		40.00
41.00	SUBPROVIDER - IRF	5,995	571,204		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	59,623	8,710,061		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part II Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,580,734	424,418,513	0.024930	83,468,032	2,080,858	50.00
51.00	05100	RECOVERY ROOM	2,170,610	29,353,742	0.073947	6,440,228	476,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,815	21,801,840	0.074481	139,385	10,382	52.00
53.00	05300	ANESTHESIOLOGY	1,230,129	90,199,004	0.013638	19,398,232	264,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,061,110	304,383,156	0.019913	55,800,118	1,111,148	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,576,492	79,720,098	0.019775	2,487,973	49,200	55.00
56.00	05600	RADIOISOTOPE	518,540	26,637,133	0.019467	2,266,870	44,129	56.00
60.00	06000	LABORATORY	5,887,798	456,290,242	0.012904	87,159,408	1,124,705	60.00
60.01	06002	LABORATORY - HLA	75,126	1,933,505	0.038855	201,546	7,831	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	578,883	62,948,102	0.009196	15,831,540	145,587	62.00
64.00	06400	INTRAVENOUS THERAPY	59,360	34,076,832	0.001742	11,573,852	20,162	64.00
65.00	06500	RESPIRATORY THERAPY	726,025	33,492,387	0.021677	8,649,973	187,505	65.00
66.00	06600	PHYSICAL THERAPY	859,989	28,909,116	0.029748	5,574,252	165,823	66.00
67.00	06700	OCCUPATIONAL THERAPY	672,189	19,293,321	0.034841	3,686,395	128,438	67.00
68.00	06800	SPEECH PATHOLOGY	427,057	8,016,085	0.053275	1,112,966	59,293	68.00
69.00	06900	ELECTROCARDIOLOGY	2,047,595	101,300,244	0.020213	5,828,026	117,802	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	273,689	17,473,966	0.015663	3,644,637	57,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,494	416,221	0.075667	123,133	9,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	604,379	222,494,797	0.002716	68,132,297	185,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,243,070	568,993,611	0.003942	68,021,555	268,141	73.00
74.00	07400	RENAL DIALYSIS	121,020	3,142,951	0.038505	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	171,358	12,819,527	0.013367	6,325,603	84,554	76.00
76.01	03550	PSYCH DAY HOSPITAL	515,185	9,244,396	0.055729	1,869	104	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,199,576	148,344,423	0.035051	530,857	18,607	90.00
91.00	09100	EMERGENCY	4,116,765	151,320,650	0.027206	15,967,349	434,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	904,461	13,698,289	0.066027	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	49,276,449	2,870,722,151		472,366,096	7,050,916	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part III Date/Time Prepared: 11/19/2015 11:39 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	2,948,366	366,943	0	0	3,315,309	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,632	87,759	0		94,391	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	101,284	0		101,284	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	30,274	0		30,274	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	68,875	83,961	0		152,836	35.02
40.00	04000	SUBPROVIDER - IPF	247,950	46,849	0	0	294,799	40.00
41.00	04100	SUBPROVIDER - IRF	139,961	38,573	0	0	178,534	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	3,411,784	755,643	0		4,167,427	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,909	30.16	36,530	1,101,745	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,937	6.77	4,765	32,259	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	14,849	6.82	6,705	45,728	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,407	8.89	25	222	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	14,580	10.48	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	14,877	19.82	5,603	111,051	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,482	14.30	5,995	85,729	0	41.00
43.00	04300	NURSERY	4,102	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	188,143		59,623	1,376,734	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	515,999	0	515,999	50.00
51.00	05100	RECOVERY ROOM	0	0	34,249	0	34,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	37,091	0	37,091	52.00
53.00	05300	ANESTHESIOLOGY	0	344,205	35,081	0	379,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	302,792	0	302,792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	201,594	0	201,594	55.00
56.00	05600	RADIOISOTOPE	0	0	12,125	0	12,125	56.00
60.00	06000	LABORATORY	0	0	350,994	0	350,994	60.00
60.01	06002	LABORATORY - HLA	0	0	5,002	0	5,002	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	53,174	0	53,174	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	107	0	107	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	135,991	0	135,991	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,611	0	26,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,605	0	18,605	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	194,828	0	194,828	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	79,926	0	79,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,414	0	6,414	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	666,683	0	666,683	73.00
74.00	07400	RENAL DIALYSIS	0	0	18,542	0	18,542	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	23,690	0	23,690	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	716	0	716	90.00
91.00	09100	EMERGENCY	0	0	85,139	0	85,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	172,247	21,440	0	193,687	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	516,452	2,826,793	0	3,343,245	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/19/2015 11:39 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	515,999	424,418,513	0.001216	0.001216	83,468,032	50.00
51.00	05100	RECOVERY ROOM	34,249	29,353,742	0.001167	0.001167	6,440,228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,091	21,801,840	0.001701	0.001701	139,385	52.00
53.00	05300	ANESTHESIOLOGY	379,286	90,199,004	0.004205	0.004205	19,398,232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	302,792	304,383,156	0.000995	0.000995	55,800,118	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,594	79,720,098	0.002529	0.002529	2,487,973	55.00
56.00	05600	RADIOISOTOPE	12,125	26,637,133	0.000455	0.000455	2,266,870	56.00
60.00	06000	LABORATORY	350,994	456,290,242	0.000769	0.000769	87,159,408	60.00
60.01	06002	LABORATORY - HLA	5,002	1,933,505	0.002587	0.002587	201,546	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	53,174	62,948,102	0.000845	0.000845	15,831,540	62.00
64.00	06400	INTRAVENOUS THERAPY	107	34,076,832	0.000003	0.000003	11,573,852	64.00
65.00	06500	RESPIRATORY THERAPY	135,991	33,492,387	0.004060	0.004060	8,649,973	65.00
66.00	06600	PHYSICAL THERAPY	26,611	28,909,116	0.000921	0.000921	5,574,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,605	19,293,321	0.000964	0.000964	3,686,395	67.00
68.00	06800	SPEECH PATHOLOGY	194,828	8,016,085	0.024305	0.024305	1,112,966	68.00
69.00	06900	ELECTROCARDIOLOGY	79,926	101,300,244	0.000789	0.000789	5,828,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,414	17,473,966	0.000367	0.000367	3,644,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	416,221	0.000000	0.000000	123,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	222,494,797	0.000000	0.000000	68,132,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	666,683	568,993,611	0.001172	0.001172	68,021,555	73.00
74.00	07400	RENAL DIALYSIS	18,542	3,142,951	0.005900	0.005900	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,819,527	0.000000	0.000000	6,325,603	76.00
76.01	03550	PSYCH DAY HOSPITAL	23,690	9,244,396	0.002563	0.002563	1,869	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	716	148,344,423	0.000005	0.000005	530,857	90.00
91.00	09100	EMERGENCY	85,139	151,320,650	0.000563	0.000563	15,967,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	193,687	13,698,289	0.014140	0.014140	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,343,245	2,870,722,151			472,366,096	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,497	24,644,173	29,967	0	0	50.00
51.00	05100	RECOVERY ROOM	7,516	6,313,667	7,368	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	237	30,499	52	0	0	52.00
53.00	05300	ANESTHESIOLOGY	81,570	7,212,324	30,328	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,521	50,334,427	50,083	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,292	26,681,494	67,477	0	0	55.00
56.00	05600	RADIOISOTOPE	1,031	7,442,743	3,386	0	0	56.00
60.00	06000	LABORATORY	67,026	79,652,941	61,253	0	0	60.00
60.01	06002	LABORATORY - HLA	521	531,578	1,375	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,378	4,556,071	3,850	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	35	351,536	1	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,119	242,649	985	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,134	2,074,967	1,911	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,554	775,533	748	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,051	839,130	20,395	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,598	8,339,985	6,580	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,338	426,736	157	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,338	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,686,402	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,721	119,243,664	139,754	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,256,242	7,412	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	5	499,037	1,279	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	47,889,831	239	0	0	90.00
91.00	09100	EMERGENCY	8,990	15,440,432	8,693	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,452,929	34,684	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	500,137	425,929,328	477,977	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part V Date/Time Prepared: 11/19/2015 11:39 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	0.190864	24,644,173	0	0	4,703,685	50.00
51.00	05100	RECOVERY ROOM	0.348455	6,313,667	0	0	2,200,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.505591	30,499	0	0	15,420	52.00
53.00	05300	ANESTHESIOLOGY	0.096622	7,212,324	0	0	696,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146642	50,334,427	0	0	7,381,141	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168752	26,681,494	0	0	4,502,555	55.00
56.00	05600	RADIOISOTOPE	0.138641	7,442,743	0	0	1,031,869	56.00
60.00	06000	LABORATORY	0.174928	79,652,941	22,883	0	13,933,530	60.00
60.01	06002	LABORATORY - HLA	0.662264	531,578	0	0	352,045	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233772	4,556,071	0	0	1,065,082	62.00
64.00	06400	INTRAVENOUS THERAPY	0.028389	351,536	0	0	9,980	64.00
65.00	06500	RESPIRATORY THERAPY	0.354083	242,649	0	0	85,918	65.00
66.00	06600	PHYSICAL THERAPY	0.265463	2,074,967	0	0	550,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291453	775,533	0	0	226,031	67.00
68.00	06800	SPEECH PATHOLOGY	0.448137	839,130	0	0	376,045	68.00
69.00	06900	ELECTROCARDIOLOGY	0.141908	8,339,985	0	0	1,183,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169389	426,736	0	0	72,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.299870	10,338	0	0	13,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324003	18,686,402	455,680	0	6,054,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216358	119,243,664	645,402	0	25,799,321	73.00
74.00	07400	RENAL DIALYSIS	0.351696	1,256,242	0	0	441,815	74.00
76.00	03020	RENAL DIALYSIS I/P	0.301773	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.678009	499,037	0	0	338,352	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.344318	47,889,831	0	0	16,489,331	90.00
91.00	09100	EMERGENCY	0.204807	15,440,432	0	0	3,162,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503760	2,452,929	0	0	1,235,688	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		425,929,328	1,123,965	0	91,921,525	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		425,929,328	1,123,965	0	91,921,525	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	4,003	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,642	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,638	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	291,283	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	291,283	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part II
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,580,734	424,418,513	0.024930	20,792	518	50.00
51.00	05100	RECOVERY ROOM	2,170,610	29,353,742	0.073947	709,845	52,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,815	21,801,840	0.074481	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,230,129	90,199,004	0.013638	2,873	39	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,061,110	304,383,156	0.019913	351,639	7,002	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,576,492	79,720,098	0.019775	0	0	55.00
56.00	05600	RADIOISOTOPE	518,540	26,637,133	0.019467	12,332	240	56.00
60.00	06000	LABORATORY	5,887,798	456,290,242	0.012904	1,390,034	17,937	60.00
60.01	06002	LABORATORY - HLA	75,126	1,933,505	0.038855	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	578,883	62,948,102	0.009196	2,879	26	62.00
64.00	06400	INTRAVENOUS THERAPY	59,360	34,076,832	0.001742	145,813	254	64.00
65.00	06500	RESPIRATORY THERAPY	726,025	33,492,387	0.021677	127,762	2,769	65.00
66.00	06600	PHYSICAL THERAPY	859,989	28,909,116	0.029748	51,392	1,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	672,189	19,293,321	0.034841	489,338	17,049	67.00
68.00	06800	SPEECH PATHOLOGY	427,057	8,016,085	0.053275	23,063	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	2,047,595	101,300,244	0.020213	181,581	3,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	273,689	17,473,966	0.015663	17,202	269	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,494	416,221	0.075667	1,103	83	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	604,379	222,494,797	0.002716	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,243,070	568,993,611	0.003942	1,369,099	5,397	73.00
74.00	07400	RENAL DIALYSIS	121,020	3,142,951	0.038505	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	171,358	12,819,527	0.013367	37,845	506	76.00
76.01	03550	PSYCH DAY HOSPITAL	515,185	9,244,396	0.055729	3,371	188	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,199,576	148,344,423	0.035051	4,539	159	90.00
91.00	09100	EMERGENCY	4,116,765	151,320,650	0.027206	660,136	17,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,698,289	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	48,371,988	2,870,722,151		5,602,638	129,315	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 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	515,999	0	515,999	50.00
51.00	05100	RECOVERY ROOM	0	0	34,249	0	34,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	37,091	0	37,091	52.00
53.00	05300	ANESTHESIOLOGY	0	344,205	35,081	0	379,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	302,792	0	302,792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	201,594	0	201,594	55.00
56.00	05600	RADIOISOTOPE	0	0	12,125	0	12,125	56.00
60.00	06000	LABORATORY	0	0	350,994	0	350,994	60.00
60.01	06002	LABORATORY - HLA	0	0	5,002	0	5,002	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	53,174	0	53,174	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	107	0	107	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	135,991	0	135,991	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,611	0	26,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,605	0	18,605	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	194,828	0	194,828	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	79,926	0	79,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,414	0	6,414	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	666,683	0	666,683	73.00
74.00	07400	RENAL DIALYSIS	0	0	18,542	0	18,542	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	23,690	0	23,690	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	716	0	716	90.00
91.00	09100	EMERGENCY	0	0	85,139	0	85,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	344,205	2,805,353	0	3,149,558	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 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	515,999	424,418,513	0.001216	0.001216	20,792	50.00
51.00	05100	RECOVERY ROOM	34,249	29,353,742	0.001167	0.001167	709,845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,091	21,801,840	0.001701	0.001701	0	52.00
53.00	05300	ANESTHESIOLOGY	379,286	90,199,004	0.004205	0.004205	2,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	302,792	304,383,156	0.000995	0.000995	351,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,594	79,720,098	0.002529	0.002529	0	55.00
56.00	05600	RADIOISOTOPE	12,125	26,637,133	0.000455	0.000455	12,332	56.00
60.00	06000	LABORATORY	350,994	456,290,242	0.000769	0.000769	1,390,034	60.00
60.01	06002	LABORATORY - HLA	5,002	1,933,505	0.002587	0.002587	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	53,174	62,948,102	0.000845	0.000845	2,879	62.00
64.00	06400	INTRAVENOUS THERAPY	107	34,076,832	0.000003	0.000003	145,813	64.00
65.00	06500	RESPIRATORY THERAPY	135,991	33,492,387	0.004060	0.004060	127,762	65.00
66.00	06600	PHYSICAL THERAPY	26,611	28,909,116	0.000921	0.000921	51,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,605	19,293,321	0.000964	0.000964	489,338	67.00
68.00	06800	SPEECH PATHOLOGY	194,828	8,016,085	0.024305	0.024305	23,063	68.00
69.00	06900	ELECTROCARDIOLOGY	79,926	101,300,244	0.000789	0.000789	181,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,414	17,473,966	0.000367	0.000367	17,202	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	416,221	0.000000	0.000000	1,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	222,494,797	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	666,683	568,993,611	0.001172	0.001172	1,369,099	73.00
74.00	07400	RENAL DIALYSIS	18,542	3,142,951	0.005900	0.005900	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,819,527	0.000000	0.000000	37,845	76.00
76.01	03550	PSYCH DAY HOSPITAL	23,690	9,244,396	0.002563	0.002563	3,371	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	716	148,344,423	0.000005	0.000005	4,539	90.00
91.00	09100	EMERGENCY	85,139	151,320,650	0.000563	0.000563	660,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,698,289	0.000000	0.000000	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,149,558	2,870,722,151			5,602,638	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	828	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	350	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6	0	0	0	0	56.00
60.00	06000	LABORATORY	1,069	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	519	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	47	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	472	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	561	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	143	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	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	1,605	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	9	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	372	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	6,026	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part II
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,580,734	424,418,513	0.024930	190,984	4,761	50.00
51.00	05100	RECOVERY ROOM	2,170,610	29,353,742	0.073947	26,674	1,972	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,623,815	21,801,840	0.074481	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,230,129	90,199,004	0.013638	25,787	352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,061,110	304,383,156	0.019913	596,158	11,871	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,576,492	79,720,098	0.019775	177,953	3,519	55.00
56.00	05600	RADIOISOTOPE	518,540	26,637,133	0.019467	13,688	266	56.00
60.00	06000	LABORATORY	5,887,798	456,290,242	0.012904	1,585,668	20,461	60.00
60.01	06002	LABORATORY - HLA	75,126	1,933,505	0.038855	656	25	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	578,883	62,948,102	0.009196	83,370	767	62.00
64.00	06400	INTRAVENOUS THERAPY	59,360	34,076,832	0.001742	349,797	609	64.00
65.00	06500	RESPIRATORY THERAPY	726,025	33,492,387	0.021677	191,397	4,149	65.00
66.00	06600	PHYSICAL THERAPY	859,989	28,909,116	0.029748	3,615,256	107,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	672,189	19,293,321	0.034841	3,231,733	112,597	67.00
68.00	06800	SPEECH PATHOLOGY	427,057	8,016,085	0.053275	703,298	37,468	68.00
69.00	06900	ELECTROCARDIOLOGY	2,047,595	101,300,244	0.020213	43,385	877	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	273,689	17,473,966	0.015663	9,877	155	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,494	416,221	0.075667	4,978	377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	604,379	222,494,797	0.002716	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,243,070	568,993,611	0.003942	2,055,565	8,103	73.00
74.00	07400	RENAL DIALYSIS	121,020	3,142,951	0.038505	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	171,358	12,819,527	0.013367	314,114	4,199	76.00
76.01	03550	PSYCH DAY HOSPITAL	515,185	9,244,396	0.055729	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,199,576	148,344,423	0.035051	5,281	185	90.00
91.00	09100	EMERGENCY	4,116,765	151,320,650	0.027206	307	8	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,698,289	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	48,371,988	2,870,722,151		13,225,926	320,268	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	515,999	0	515,999	50.00
51.00	05100	RECOVERY ROOM	0	0	34,249	0	34,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	37,091	0	37,091	52.00
53.00	05300	ANESTHESIOLOGY	0	344,205	35,081	0	379,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	302,792	0	302,792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	201,594	0	201,594	55.00
56.00	05600	RADIOISOTOPE	0	0	12,125	0	12,125	56.00
60.00	06000	LABORATORY	0	0	350,994	0	350,994	60.00
60.01	06002	LABORATORY - HLA	0	0	5,002	0	5,002	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	53,174	0	53,174	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	107	0	107	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	135,991	0	135,991	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,611	0	26,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,605	0	18,605	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	194,828	0	194,828	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	79,926	0	79,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,414	0	6,414	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	666,683	0	666,683	73.00
74.00	07400	RENAL DIALYSIS	0	0	18,542	0	18,542	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	23,690	0	23,690	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	716	0	716	90.00
91.00	09100	EMERGENCY	0	0	85,139	0	85,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	344,205	2,805,353	0	3,149,558	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	515,999	424,418,513	0.001216	0.001216	190,984	50.00
51.00	05100	RECOVERY ROOM	34,249	29,353,742	0.001167	0.001167	26,674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,091	21,801,840	0.001701	0.001701	0	52.00
53.00	05300	ANESTHESIOLOGY	379,286	90,199,004	0.004205	0.004205	25,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	302,792	304,383,156	0.000995	0.000995	596,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,594	79,720,098	0.002529	0.002529	177,953	55.00
56.00	05600	RADIOISOTOPE	12,125	26,637,133	0.000455	0.000455	13,688	56.00
60.00	06000	LABORATORY	350,994	456,290,242	0.000769	0.000769	1,585,668	60.00
60.01	06002	LABORATORY - HLA	5,002	1,933,505	0.002587	0.002587	656	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	53,174	62,948,102	0.000845	0.000845	83,370	62.00
64.00	06400	INTRAVENOUS THERAPY	107	34,076,832	0.000003	0.000003	349,797	64.00
65.00	06500	RESPIRATORY THERAPY	135,991	33,492,387	0.004060	0.004060	191,397	65.00
66.00	06600	PHYSICAL THERAPY	26,611	28,909,116	0.000921	0.000921	3,615,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,605	19,293,321	0.000964	0.000964	3,231,733	67.00
68.00	06800	SPEECH PATHOLOGY	194,828	8,016,085	0.024305	0.024305	703,298	68.00
69.00	06900	ELECTROCARDIOLOGY	79,926	101,300,244	0.000789	0.000789	43,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,414	17,473,966	0.000367	0.000367	9,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	416,221	0.000000	0.000000	4,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	222,494,797	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	666,683	568,993,611	0.001172	0.001172	2,055,565	73.00
74.00	07400	RENAL DIALYSIS	18,542	3,142,951	0.005900	0.005900	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,819,527	0.000000	0.000000	314,114	76.00
76.01	03550	PSYCH DAY HOSPITAL	23,690	9,244,396	0.002563	0.002563	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	716	148,344,423	0.000005	0.000005	5,281	90.00
91.00	09100	EMERGENCY	85,139	151,320,650	0.000563	0.000563	307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,698,289	0.000000	0.000000	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,149,558	2,870,722,151			13,225,926	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2014 To 06/30/2015

Worksheet D Part IV
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	232	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	31	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	108	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	593	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	450	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6	0	0	0	0	56.00
60.00	06000	LABORATORY	1,219	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	2	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	70	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	777	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,330	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,115	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,094	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	34	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,409	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	29,475	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 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)	109,909	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	109,909	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.	97,602	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,886	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	36,530	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)	36,838	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)	118,119,675	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)	118,119,675	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	247,114,835	28.00
29.00	Private room charges (excluding swing-bed charges)	225,904,731	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	21,210,104	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.477995	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,314.55	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	3,603.48	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)	118,119,675	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,074.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	39,258,791	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)	39,258,791	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 | Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	25,158,568	13,937	1,805.16	4,765	8,601,587	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	29,114,703	14,849	1,960.72	6,705	13,146,628	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	8,843,060	3,407	2,595.56	25	64,889	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	25,417,190	14,580	1,743.29	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	98,352,744	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	159,424,639	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)	8,696,038	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,551,053	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	16,247,091	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	143,177,548	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/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	6,421	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,074.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,900,649	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 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	15,481,853	118,119,675	0.131069	6,900,649	904,461	90.00
91.00	Nursing School cost	2,948,366	118,119,675	0.024961	6,900,649	172,247	91.00
92.00	Allied health cost	366,943	118,119,675	0.003107	6,900,649	21,440	92.00
93.00	All other Medical Education	0	118,119,675	0.000000	6,900,649	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 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)	14,877	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,877	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.	13,767	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,110	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)	5,603	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)	5,567	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)	14,907,701	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)	14,907,701	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	34,545,416	28.00
29.00	Private room charges (excluding swing-bed charges)	31,950,211	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	2,595,205	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.431539	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,320.78	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,338.02	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,907,701	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,002.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,614,542	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)	5,614,542	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119 Component CCN: 14S119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IPF | PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,241,789	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,856,331	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)	733,824	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	135,341	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	869,165	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,987,166	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/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 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	1,653,564	14,907,701	0.110920	0	0	90.00
91.00	Nursing School cost	247,950	14,907,701	0.016632	0	0	91.00
92.00	Allied health cost	46,849	14,907,701	0.003143	0	0	92.00
93.00	All other Medical Education	0	14,907,701	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,482	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,482	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.	9,273	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,209	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)	5,995	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	4,714	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)	12,189,519	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)	12,189,519	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	28,895,830	28.00
29.00	Private room charges (excluding swing-bed charges)	21,466,995	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	7,428,835	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.421844	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,315.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,315.00	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)	12,189,519	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)	976.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,854,537	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)	5,854,537	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119 Component CCN: 14T119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,315,426	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	9,169,963	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)	656,933	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	349,743	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,006,676	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	8,163,287	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/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,189,240	12,189,519	0.097563	0	0	90.00
91.00	Nursing School cost	139,961	12,189,519	0.011482	0	0	91.00
92.00	Allied health cost	38,573	12,189,519	0.003164	0	0	92.00
93.00	All other Medical Education	0	12,189,519	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-3 | Date/Time Prepared: 11/19/2015 11:39 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		85,004,200		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		21,505,129		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		24,519,584		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		121,675		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.190864	83,468,032	15,931,042	50.00
51.00	05100	RECOVERY ROOM	0.348455	6,440,228	2,244,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.505591	139,385	70,472	52.00
53.00	05300	ANESTHESIOLOGY	0.096622	19,398,232	1,874,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147054	55,800,118	8,205,631	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168752	2,487,973	419,850	55.00
56.00	05600	RADIOISOTOPE	0.138641	2,266,870	314,281	56.00
60.00	06000	LABORATORY	0.174980	87,159,408	15,251,153	60.00
60.01	06002	LABORATORY - HLA	0.662264	201,546	133,477	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233831	15,831,540	3,701,905	62.00
64.00	06400	INTRAVENOUS THERAPY	0.028389	11,573,852	328,570	64.00
65.00	06500	RESPIRATORY THERAPY	0.354083	8,649,973	3,062,808	65.00
66.00	06600	PHYSICAL THERAPY	0.265463	5,574,252	1,479,758	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291453	3,686,395	1,074,411	67.00
68.00	06800	SPEECH PATHOLOGY	0.448137	1,112,966	498,761	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142009	5,828,026	827,632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169389	3,644,637	617,361	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.299870	123,133	160,057	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324003	68,132,297	22,075,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216358	68,021,555	14,717,008	73.00
74.00	07400	RENAL DIALYSIS	0.351696	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.301773	6,325,603	1,908,896	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.678009	1,869	1,267	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.344318	530,857	182,784	90.00
91.00	09100	EMERGENCY	0.204926	15,967,349	3,272,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503760	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		472,366,096	98,352,744	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		472,366,096		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2014 To 06/30/2015

Worksheet D-3
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		12,965,193		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.190864	20,792	3,968	50.00
51.00	05100	RECOVERY ROOM	0.348455	709,845	247,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.505591	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.096622	2,873	278	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147054	351,639	51,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168752	0	0	55.00
56.00	05600	RADIOISOTOPE	0.138641	12,332	1,710	56.00
60.00	06000	LABORATORY	0.174980	1,390,034	243,228	60.00
60.01	06002	LABORATORY - HLA	0.662264	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233831	2,879	673	62.00
64.00	06400	INTRAVENOUS THERAPY	0.028389	145,813	4,139	64.00
65.00	06500	RESPIRATORY THERAPY	0.354083	127,762	45,238	65.00
66.00	06600	PHYSICAL THERAPY	0.265463	51,392	13,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291453	489,338	142,619	67.00
68.00	06800	SPEECH PATHOLOGY	0.448137	23,063	10,335	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142009	181,581	25,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169389	17,202	2,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.299870	1,103	1,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324003	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216358	1,369,099	296,216	73.00
74.00	07400	RENAL DIALYSIS	0.351696	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.301773	37,845	11,421	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.678009	3,371	2,286	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.344318	4,539	1,563	90.00
91.00	09100	EMERGENCY	0.204926	660,136	135,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503760	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		5,602,638	1,241,789	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)		5,602,638		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2014 To 06/30/2015

Worksheet D-3
Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		13,879,489		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.190864	190,984	36,452	50.00
51.00	05100	RECOVERY ROOM	0.348455	26,674	9,295	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.505591	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.096622	25,787	2,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147054	596,158	87,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168752	177,953	30,030	55.00
56.00	05600	RADIOISOTOPE	0.138641	13,688	1,898	56.00
60.00	06000	LABORATORY	0.174980	1,585,668	277,460	60.00
60.01	06002	LABORATORY - HLA	0.662264	656	434	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233831	83,370	19,494	62.00
64.00	06400	INTRAVENOUS THERAPY	0.028389	349,797	9,930	64.00
65.00	06500	RESPIRATORY THERAPY	0.354083	191,397	67,770	65.00
66.00	06600	PHYSICAL THERAPY	0.265463	3,615,256	959,717	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.291453	3,231,733	941,898	67.00
68.00	06800	SPEECH PATHOLOGY	0.448137	703,298	315,174	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142009	43,385	6,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169389	9,877	1,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.299870	4,978	6,471	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324003	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.216358	2,055,565	444,738	73.00
74.00	07400	RENAL DIALYSIS	0.351696	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.301773	314,114	94,791	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.678009	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.344318	5,281	1,818	90.00
91.00	09100	EMERGENCY	0.204926	307	63	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503760	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		13,225,926	3,315,426	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)		13,225,926		202.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	94,915	1,074.70	41	44,063	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	22,331	1,805.16	5	9,026	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,960.72	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.56	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,743.29	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		117,246		46	53,089	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	0.190864	899,584	171,698	8.00
9.00	RECOVERY ROOM	51.00	0.348455	25,519	8,892	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.505591	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.096622	148,264	14,326	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146642	22,195	3,255	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.168752	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.138641	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.174928	163,261	28,559	18.00
18.01	LABORATORY - HLA	60.01	0.662264	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.233772	14,618	3,417	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.028389	5,511	156	22.00
23.00	RESPIRATORY THERAPY	65.00	0.354083	15,527	5,498	23.00
24.00	PHYSICAL THERAPY	66.00	0.265463	624	166	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.291453	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.448137	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.141908	1,275	181	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.169389	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.299870	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.324003	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.216358	97,311	21,054	31.00
32.00	RENAL DIALYSIS	74.00	0.351696	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.301773	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.678009	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.344318	0	0	37.00
38.00	EMERGENCY	91.00	0.204807	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.503760	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,393,689	257,202	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	Kidney		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	41	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	5	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			46	0	48.00

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

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	310,291		1,510,935		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)	8,354,383		6,500,001		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)	8,664,674		8,010,936		61.00
62.00	Total Usable Organs (see instructions)		129			62.00
63.00	Medicare Usable Organs (see instructions)		90			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.697674			64.00
65.00	Medicare Cost/Charges (see instructions)	6,045,118		5,589,022		65.00
66.00	Revenue for Organs Sold	52,941		52,941		66.00
67.00	Subtotal (line 65 minus line 66)	5,992,177		5,536,081		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,992,177	0	5,536,081	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)	17	30		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	82		73.00
74.00	Total (sum of lines 70 thru 73)	17	112		74.00
75.00	Organs Transplanted	17	82	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	30	52,941	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)	17	112		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

Liver — Hospital — PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,074.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	11,165	1,805.16	2	3,610	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,960.72	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.56	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,743.29	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		11,165		2	3,610	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	0.190864	71,105	13,571	8.00
9.00	RECOVERY ROOM	51.00	0.348455	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.505591	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.096622	16,837	1,627	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146642	9,829	1,441	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.168752	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.138641	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.174928	63,516	11,111	18.00
18.01	LABORATORY - HLA	60.01	0.662264	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.233772	1,219	285	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.028389	2,734	78	22.00
23.00	RESPIRATORY THERAPY	65.00	0.354083	7,763	2,749	23.00
24.00	PHYSICAL THERAPY	66.00	0.265463	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.291453	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.448137	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.141908	454	64	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.169389	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.299870	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.324003	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.216358	14,975	3,240	31.00
32.00	RENAL DIALYSIS	74.00	0.351696	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.301773	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.678009	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.344318	0	0	37.00
38.00	EMERGENCY	91.00	0.204807	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.503760	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			188,432	34,166	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

Liver | Hospital | PPS

	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
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	2	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00

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

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	37,776		199,597		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)	2,385,140		1,587,600		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)	2,422,916		1,787,197		61.00
62.00	Total Usable Organs (see instructions)		39			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)		0.589744			64.00
65.00	Medicare Cost/Charges (see instructions)	1,428,900		1,053,989		65.00
66.00	Revenue for Organs Sold	26,471		26,471		66.00
67.00	Subtotal (line 65 minus line 66)	1,402,429		1,027,518		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,402,429	0	1,027,518	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	15		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	24		73.00
74.00	Total (sum of lines 70 thru 73)	0	39		74.00
75.00	Organs Transplanted	0	24	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	15	26,471	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	39		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,074.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,955	1,805.16	1	1,805	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,960.72	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.56	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,743.29	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		5,955		1	1,805	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	0.190864	37,923	7,238	8.00
9.00	RECOVERY ROOM	51.00	0.348455	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.505591	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.096622	8,980	868	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146642	5,242	769	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.168752	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.138641	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.174928	33,875	5,926	18.00
18.01	LABORATORY - HLA	60.01	0.662264	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.233772	650	152	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.028389	1,458	41	22.00
23.00	RESPIRATORY THERAPY	65.00	0.354083	4,140	1,466	23.00
24.00	PHYSICAL THERAPY	66.00	0.265463	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.291453	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.448137	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.141908	242	34	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.169389	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.299870	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.324003	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.216358	7,987	1,728	31.00
32.00	RENAL DIALYSIS	74.00	0.351696	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.301773	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.678009	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.344318	0	0	37.00
38.00	EMERGENCY	91.00	0.204807	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.503760	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			100,497	18,222	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

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

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

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	20,027		106,452		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)	81,280		1		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)	101,307		106,453		61.00
62.00	Total Usable Organs (see instructions)		8			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	101,307		106,453		65.00
66.00	Revenue for Organs Sold	14,118		14,118		66.00
67.00	Subtotal (line 65 minus line 66)	87,189		92,335		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	87,189	0	92,335	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	8		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	0		73.00
74.00	Total (sum of lines 70 thru 73)	0	8		74.00
75.00	Organs Transplanted	0	0	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	8	14,118	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	8		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,074.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	4,466	1,805.16	1	1,805	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,960.72	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.56	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,743.29	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		4,466		1	1,805	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	0.190864	28,442	5,429	8.00
9.00	RECOVERY ROOM	51.00	0.348455	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.505591	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.096622	6,735	651	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.146642	3,932	577	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.168752	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.138641	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.174928	25,406	4,444	18.00
18.01	LABORATORY - HLA	60.01	0.662264	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.233772	488	114	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.028389	1,094	31	22.00
23.00	RESPIRATORY THERAPY	65.00	0.354083	3,105	1,099	23.00
24.00	PHYSICAL THERAPY	66.00	0.265463	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.291453	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.448137	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.141908	181	26	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.169389	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.299870	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.324003	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.216358	5,990	1,296	31.00
32.00	RENAL DIALYSIS	74.00	0.351696	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.301773	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.678009	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.344318	0	0	37.00
38.00	EMERGENCY	91.00	0.204807	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.503760	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			75,373	13,667	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2014 To 06/30/2015

Worksheet D-4
Date/Time Prepared: 11/19/2015 11:39 am

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

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

	Cost Center Description	Cost: 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	15,472		79,839		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)	734,909		453,600		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)	750,381		533,439		61.00
62.00	Total Usable Organs (see instructions)		15			62.00
63.00	Medicare Usable Organs (see instructions)		11			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.733333			64.00
65.00	Medicare Cost/Charges (see instructions)	550,279		391,188		65.00
66.00	Revenue for Organs Sold	10,588		10,588		66.00
67.00	Subtotal (line 65 minus line 66)	539,691		380,600		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	539,691	0	380,600	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	9		73.00
74.00	Total (sum of lines 70 thru 73)	0	15		74.00
75.00	Organs Transplanted	0	9	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	10,588	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	15		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E Part A Date/Time Prepared: 11/19/2015 11:39 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 IPPS					
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 (see instructions)		24,606,922			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		73,820,764			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0			1.04
2.00	Outlier payments for discharges. (see instructions)		4,547,265			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		13,455,140			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		535.17			4.00
	Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		391.99			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		17.61			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		85.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		459.38			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		524.06			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		459.38			12.00
13.00	Total allowable FTE count for the prior year.		459.38			13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		459.38			14.00
15.00	Sum of lines 12 through 14 divided by 3.		459.38			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		459.38			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.858381			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.850893			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.850893			21.00
22.00	IME payment adjustment (see instructions)		42,772,804			22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		64.68			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0			28.01
29.00	Total IME payment (sum of lines 22 and 28)		42,772,804			29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E Part A Date/Time Prepared: 11/19/2015 11:39 am

		Title XVIII	Hospital	PPS	
		before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0			29.01
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.28			30.00
31.00	Percentage of Medicaid patient days (see instructions)		37.00			31.00
32.00	Sum of lines 30 and 31		46.28			32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.93			33.00
34.00	Disproportionate share adjustment (see instructions)		5,642,367			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)		0		0	35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		12,986,848		11,364,369	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,273,400		8,499,923	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		11,773,323			36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		9,167			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		815	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)		8.89			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		6,458			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)		447.81	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)		163,163,445			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 (see instructions)		163,163,445			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		12,531,745			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		10,446,765			52.00
53.00	Nursing and Allied Health Managed Care payment		223,553			53.00
54.00	Special add-on payments for new technologies		10,489			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		8,021,486			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, Pt. III, column 9, lines 30 through 35).		1,179,954			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		500,137			58.00
59.00	Total (sum of amounts on lines 49 through 58)		196,077,574			59.00
60.00	Primary payer payments		89,006			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		195,988,568			61.00
62.00	Deductibles billed to program beneficiaries		7,358,936			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
63.00	Coinsurance billed to program beneficiaries		731,732			63.00
64.00	Allowable bad debts (see instructions)		3,264,833			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,122,141			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,728,773			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		190,020,041			67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0			70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0			70.91
70.92	Bundled Model 1 discount amount (see instructions)		0			70.92
70.93	HVBP payment adjustment amount (see instructions)		456,092			70.93
70.94	HRR adjustment amount (see instructions)		-887,640			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
70.99	HAC adjustment amount (see instructions)		1,407,137			70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		188,181,356			71.00
71.01	Sequestration adjustment (see instructions)		3,763,627			71.01
72.00	Interim payments		195,841,696			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)		-11,423,967			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		9,302,520			75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0			90.00
91.00	Capital outlier from Wkst. L, Pt. 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: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

		Prior to 10/1		On/After 10/1	
		1.00	1.01	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)	0		0	100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0		0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0	102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet DSH | Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	9.28	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	37.00	0.00			37.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	46.28	0.00			37.00	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	535.17	0.00			535.17	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	22.93	0.00			19.74	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	9.28	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	6.41	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	33,642	0			33,642	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,099	0			2,099	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	295	0			295	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	15,918	0			15,918	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	5,159	0			5,159	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	57,113	0			57,113	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	154,363	0			154,363	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	154,363	0			154,363	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	37.00	0.00			37.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	27.40		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		27.40		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		27.40		0.00		31.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	19.74		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	19.74		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	19.74		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	291,283	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	91,443,548	2.00
3.00	PPS payments	81,736,020	3.00
4.00	Outlier payment (see instructions)	314,196	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.818	5.00
6.00	Line 2 times line 5	74,800,822	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 Wkst. D, Pt. IV, col. 13, line 200	477,977	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	291,283	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,123,965	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,123,965	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)	1,123,965	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	832,682	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)	291,283	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)	82,528,193	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	97,007	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	15,146,874	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	67,575,595	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,250,523	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	7,412	29.00
30.00	Subtotal (sum of lines 27 through 29)	72,833,530	30.00
31.00	Primary payer payments	44,641	31.00
32.00	Subtotal (line 30 minus line 31)	72,788,889	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	18,524	33.00
34.00	Allowable bad debts (see instructions)	2,578,493	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,676,020	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,080,449	36.00
37.00	Subtotal (see instructions)	74,483,433	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
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)	74,483,433	40.00
40.01	Sequestration adjustment (see instructions)	1,489,669	40.01
41.00	Interim payments	72,528,862	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	464,902	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E-1 Part I Date/Time Prepared: 11/19/2015 11:39 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		193,401,067		73,724,839	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/18/2015	2,440,629		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	06/18/2015	1,195,977	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)		2,440,629		-1,195,977	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)		195,841,696		72,528,862	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		464,902	6.01
6.02	SETTLEMENT TO PROGRAM		11,423,967		0	6.02
7.00	Total Medicare program liability (see instructions)		184,417,729		72,993,764	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/19/2015 11:39 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		5,051,015		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/19/2015	20,609		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)		20,609		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)		5,071,624		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		71,462		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,143,086		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/19/2015 11:39 am
Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,213,518		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	02/19/2015	204,592		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)		-204,592		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,008,926		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		340,008		0	6.02
7.00	Total Medicare program liability (see instructions)		9,668,918		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part II Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	29,695	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	48,025	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	7,261	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	150,261	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	3,397,536,508	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	79,970,394	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,200,146	8.00
9.00	Sequestration adjustment amount (see instructions)	24,003	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,176,143	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	568,823	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)	607,320	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/19/2015 11:39 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)	5,002,318	1.00
2.00	Net IPF PPS Outlier Payments	59,156	2.00
3.00	Net IPF PPS ECT Payments	188,669	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	11.57	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §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 instuctions)	3.93	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 instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	3.93	8.00
9.00	Average Daily Census (see instructions)	40.758904	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.048548	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	242,853	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	5,492,996	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)	5,492,996	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	5,492,996	18.00
19.00	Deductibles	297,951	19.00
20.00	Subtotal (line 18 minus line 19)	5,195,045	20.00
21.00	Coinsurance	64,075	21.00
22.00	Subtotal (line 20 minus line 21)	5,130,970	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)	5,130,970	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	117,077	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	5,248,047	31.00
31.01	Sequestration adjustment (see instructions)	104,961	31.01
32.00	Interim payments	5,071,624	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)	71,462	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	59,156	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	9,037,685	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0641	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	626,312	3.00
4.00	Outlier Payments	99,662	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5.11	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.54	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.54	9.00
10.00	Average Daily Census (see instructions)	34.197260	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.016050	11.00
12.00	Teaching Adjustment (see instructions)	145,055	12.00
13.00	Total PPS Payment (see instructions)	9,908,714	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	9,908,714	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	9,908,714	19.00
20.00	Deductibles	59,643	20.00
21.00	Subtotal (line 19 minus line 20)	9,849,071	21.00
22.00	Coinsurance	98,032	22.00
23.00	Subtotal (line 21 minus line 22)	9,751,039	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	9,751,039	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	115,204	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	9,866,243	32.00
32.01	Sequestration adjustment (see instructions)	197,325	32.01
33.00	Interim payments	10,008,926	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	-340,008	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	99,662	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E-4 | Date/Time Prepared: 11/19/2015 11:39 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			440.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			543.09	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	181.37	304.84	486.21	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.	165.49	278.16	443.65	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	165.49	278.16		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	157.42	287.79		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	163.71	278.57		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	162.21	281.51		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	162.21	281.51		17.00
18.00	Per resident amount	95,411.25	95,411.25		18.00
19.00	Approved amount for resident costs	15,476,659	26,859,221	42,335,880	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			47.54	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			42,335,880	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	59,623	7,261		26.00
27.00	Total Inpatient Days (see instructions)	177,620	177,620		27.00
28.00	Ratio of inpatient days to total inpatient days	0.335677	0.040879		28.00
29.00	Program direct GME amount	14,211,181	1,730,648		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		244,541		30.00
31.00	Net Program direct GME amount			15,697,288	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/19/2015 11:39 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)	18,542	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	3,142,951	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.005900	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	1,256,242	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	7,412	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	175,450,933	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	8,021,486	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	89,006	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	183,383,413	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	92,212,808	42.00
43.00	Primary payer payments (see instructions)	44,641	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	92,168,167	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	275,551,580	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.665514	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.334486	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	15,697,288	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	10,446,765	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,250,523	50.00

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

Provider CCN: 140119

Period: From 07/01/2014 To 06/30/2015

Worksheet G

Date/Time Prepared: 11/19/2015 11:39 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	125,881,962	0	0	0	1.00
2.00	Temporary investments	750,220,404	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	219,559,617	0	0	0	4.00
5.00	Other receivable	52,831,583	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-44,490,535	0	0	0	6.00
7.00	Inventory	21,988,764	0	0	0	7.00
8.00	Prepaid expenses	13,896,804	0	0	0	8.00
9.00	Other current assets	31,211,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,171,099,599	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,567,508	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,760,344,259	0	0	0	15.00
16.00	Accumulated depreciation	-1,079,118,849	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	34,902,746	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	443,793,256	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	10,531,824	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,188,020,744	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	106,761,164	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	37,679,608	488,629,671	5,985,981	34.00
35.00	Total other assets (sum of lines 31-34)	106,761,164	37,679,608	488,629,671	5,985,981	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,465,881,507	37,679,608	488,629,671	5,985,981	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	108,292,296	0	0	0	37.00
38.00	Salaries, wages, and fees payable	149,346,494	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,445,000	0	0	0	40.00
41.00	Deferred income	22,396,810	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	163,583,286	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	445,063,886	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	178,767,684	0	0	0	46.00
47.00	Notes payable	544,806,993	0	0	0	47.00
48.00	Unsecured loans	116,295,864	0	0	0	48.00
49.00	Other long term liabilities	103,922,708	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	943,793,249	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,388,857,135	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,077,024,372				52.00
53.00	Specific purpose fund		37,679,608			53.00
54.00	Donor created - endowment fund balance - restricted			488,629,671		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				5,985,981	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)	1,077,024,372	37,679,608	488,629,671	5,985,981	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,465,881,507	37,679,608	488,629,671	5,985,981	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-1 | Date/Time Prepared: 11/19/2015 11:39 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		1,093,043,688		37,405,925		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-22,720,636				2.00
3.00	Total (sum of line 1 and line 2)		1,070,323,052		37,405,925		3.00
4.00	ADDITIONS	6,701,320		273,683		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		6,701,320		273,683		10.00
11.00	Subtotal (line 3 plus line 10)		1,077,024,372		37,679,608		11.00
12.00	DEDUCTIONS	0		0		6,761,777	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,077,024,372		37,679,608		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	495,391,448		47,103,476		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)	495,391,448		47,103,476		3.00
4.00	ADDITIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	495,391,448		47,103,476		11.00
12.00	DEDUCTIONS		41,117,495			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	6,761,777		41,117,495		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	488,629,671		5,985,981		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/19/2015 11:39 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	247,114,835		247,114,835	1.00
2.00	SUBPROVIDER - IPF	34,545,416		34,545,416	2.00
3.00	SUBPROVIDER - IRF	28,895,830		28,895,830	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)	310,556,081		310,556,081	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	63,453,312		63,453,312	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	62,157,217		62,157,217	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	16,827,823		16,827,823	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	65,278,723		65,278,723	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	207,717,075		207,717,075	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	518,273,156		518,273,156	17.00
18.00	Ancillary services	1,457,074,546	13,698,289	1,470,772,835	18.00
19.00	Outpatient services	0	1,408,490,517	1,408,490,517	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	148,849,112	827,593,442	976,442,554	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,124,196,814	2,249,782,248	4,373,979,062	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,613,872,062		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OAK PARK	117,641,080			31.00
32.00	UNLOCATED	22,226			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)		117,663,306		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CONSOLIDATION ENTRY	51,570,141			38.00
39.00	PHILANTHROPHY	6,506,297			39.00
40.00	ROOM 500	3,028,650			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		61,105,088		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,670,430,280		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-3 | Date/Time Prepared: 11/19/2015 11:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,373,979,062	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,965,239,638	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,408,739,424	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,670,430,280	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-261,690,856	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,771,815	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	66,757,146	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-397,107	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH AND OTHER	98,517,584	24.00
24.01	OTHER REVENUES	93,595,917	24.01
24.02	MEDICAID TAX REVENUE	73,050,917	24.02
24.03	PHILANTHROPHY AND SPECIAL ITEMS	-95,326,052	24.03
25.00	Total other income (sum of lines 6-24)	238,970,220	25.00
26.00	Total (line 5 plus line 25)	-22,720,636	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-22,720,636	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2014 To 06/30/2015

Worksheet I-1
Date/Time Prepared: 11/19/2015 11:39 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	330,552	Hours of Service	4,846.00	2.33	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	54,116	Hours of Service	1,436.00	0.69	4.00
5.00	SOCIAL WORKERS	9,519	Hours of Service	249.00	0.12	5.00
6.00	DIETICIANS	29,631	Hours of Service	0.00	0.00	6.00
7.00	PHYSICIANS	156,589	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	65,528	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	645,935				9.00
10.00	EMPLOYEE BENEFITS	0	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	3,842	Percentage of Time			13.00
14.00	SUPPLIES	113,370	Requisitions			14.00
15.00	DRUGS	4,134	Requisitions			15.00
16.00	OTHER	25,023	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	792,304				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	68,700	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	2,888	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	123,182	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	149,941	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	72,057	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	18,542				23.00
24.00	CENTRAL SERVICE & SUPPLIES	34,409	Requisitions			24.00
25.00	PHARMACY	-194,150	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	37,489	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,105,362				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	Charges	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	Charges	0		29.00
30.00	RENAL DIALYSIS I/P	0	Charges	0		30.00
30.01	PSYCH DAY HOSPITAL	0	CHARGES	0		30.01
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,105,362				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2014 To 06/30/2015

Worksheet I-2
Date/Time Prepared: 11/19/2015 11:39 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	140,757	6,730	330,552	93,266	123,182	-190,016	1.00
	MAINTENANCE							
2.00	Hemodialysis	140,757	6,528	173,643	48,994	64,709	-2,081	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	-186,054	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	67	135,821	38,322	50,615	-1,628	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	135	21,088	5,950	7,858	-253	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						194,150	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)	140,757	6,730	330,552	93,266	123,182	-190,016	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	147,779	0	652,250	434,570	1,086,820		1.00
	MAINTENANCE							
2.00	Hemodialysis	77,630	0	510,180	339,914	850,094		2.00
3.00	Intermittent Peritoneal	0	0	-186,054	-123,961	-310,015		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	60,721	0	283,918	189,164	473,082		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	9,428	0	44,206	29,453	73,659		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)	147,779	0	652,250	434,570	1,086,820		17.00
18.00	Medical Educational Program Costs					18,542		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,105,362		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2014 To 06/30/2015

Worksheet I-3
Date/Time Prepared: 11/19/2015 11:39 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		140,757	6,730	330,552	93,266	123,182	1.00
	MAINTENANCE							
2.00	Hemodialysis		1,088	97.00	150,695.00	145,843.00	215,637	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	1.00	117,871.00	114,076.00	168,668	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	304	0	2.00	18,301.00	17,711.00	26,187	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		1,088	100.00	286,867.00	277,630.00	410,492	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		129.372243	67.300000	1.152283	0.335936	0.300084	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	-190,016	147,779	0	652,250	434,570		1.00
	MAINTENANCE							
2.00	Hemodialysis	2,172	66,506	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	1,699	52,020	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	264	8,077	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	194,150						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	198,285	126,603	0		652,250		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-0.958297	1.167263	0.000000		0.666263		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2014 To 06/30/2015

Worksheet I-4
Date/Time Prepared: 11/19/2015 11:39 am

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	2,224	850,094	382.24	1,005	384,151	1.00
2.00	Maintenance - Peritoneal Dialysis	0	-310,015	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	5	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	712	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
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	473,082	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) (see instruction)	2,941	1,013,161		1,005	384,151	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,941					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	232,354	231.20	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	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) (see instruction)	232,354		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 140119 | Period: From 07/01/2014 To 06/30/2015 | Worksheet I-5 | Date/Time Prepared: 11/19/2015 11:39 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)	384,151		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	232,354	194,989	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	232,354	194,989	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	24,374	24,374	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)	24,374	24,374	5.05
6.00	Allowable bad debts (see instructions)	18,524		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	-24,374	8.00
9.00	Program payment (see instructions)	185,883	155,991	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)	18,524		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	1,207,311		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,013,161		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.839188		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140119	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/19/2015 11:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	7,868,365	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	978,625	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)	411.67	3.00
4.00	Number of interns & residents (see instructions)	459.38	4.00
5.00	Indirect medical education percentage (see instructions)	37.01	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,912,082	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	9.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	37.00	8.00
9.00	Sum of lines 7 and 8	46.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.82	10.00
11.00	Disproportionate share adjustment (see instructions)	772,673	11.00
12.00	Total prospective capital payments (see instructions)	12,531,745	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