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: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/24/2015 7:37 am

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 11/24/2015 Time: 7:37 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF WI HOSPITALS & CLINICS (520098) 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.

Encryption Information
ECR: Date: 11/24/2015 Time: 7:37 am
PDDaVGJgCTvE.DYw.ScvODgimHSOaO
UksbyO6FJtONhj7:mnjD2Ff:96RgnB
1Y522LV.fcOms14B
PI: Date: 11/24/2015 Time: 7:37 am
DQ7nbD9BmQf6Mw:Ji1CvV2L2s7O6ZO
FLVFCOks3neksjWDFPIdAemoIrr24G
quCyOaVrX.OUP2gL

(Signed) [signature]
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

11/24/15
Date

		Title V 1.00	Title XVIII Part A 2.00	Title XVIII Part B 3.00	HIT 4.00	Title XIX 5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,990,442	1,667,616	680,777	18,969,629	1.00
2.00	Subprovider - IPF	0	57,175	0		0	2.00
3.00	Subprovider - IRF	0	48,213	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	2,095,830	1,667,616	680,777	18,969,629	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.

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: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/24/2015 7:37 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/24/2015 Time: 7:37 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
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6. Date Received:
7. Contractor No.
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11. Contractor's Vendor Code: 4
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(Signed)_____
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
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	1,990,442	1,667,616	680,777	18,969,629	1.00
2.00	Subprovider - IPF	0	57,175	0		0	2.00
3.00	Subprovider - IRF	0	48,213	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	2,095,830	1,667,616	680,777	18,969,629	200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 520098

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

Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 7:34 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 600 HIGHLAND AVE	PO Box:			1.00
2.00	City: MADISON	State: WI	Zip Code: 53792	County: DANE	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	UNIVERSITY OF WI HOSPITALS & CLINICS	520098	31540	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	UWHC - PSYCHIATRIC UNIT	52S098	31540	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	UWHC - REHABILITATION UNIT	52T098	31540	5	07/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	UWHC - HHA	527220	31540		03/13/1992	N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 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)	10		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
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.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	13,673	3,187	1,066	169	8,401	0	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.	426	669	0	0	507		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 7:34 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: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 7:34 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)	3.22	268.80	0.011837	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.67	86.77	0.018883	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 7:34 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)	1.61	315.10	0.005084	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)	PEDIATRICS	2000	1.60	111.26	0.014177	67.00
67.01		INTERNAL MEDICINE	1400	0.46	111.26	0.004117	67.01
67.02		DERMATOLOGY	1455	1.64	111.26	0.014526	67.02
67.03		OBSTETRICS/GYNECOLOGY	1750	0.00	111.26	0.000000	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: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 7:34 am

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	149,707	121,150	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.	09/24/1991		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/08/1990		128.00

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		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.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1966		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.	52P001		134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	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

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 7:34 am

			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)		0.25	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)	07/01/2014	06/30/2015	170.00
			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: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 7:34 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.	N			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?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for 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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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)		Y	10/22/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 7:34 am

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

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

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ADAM	KLUG	41.00
42.00	Enter the employer/company name of the cost report preparer.	UW HOSPITAL AND CLINICS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-890-7259	AKLUG@UWHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 7:34 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/22/2015			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.		PROGRAM MANAGER- GOVT REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 7:34 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	420	153,300	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)		420	153,300	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	TRAUMA INTENSIVE CARE UNIT	31.01	24	8,760	0.00	0	8.01
8.02	CARDIOTHORACIC SURGERY ICU	31.02	7	2,555	0.00	0	8.02
8.03	CARDIAC INTENSIVE CARE UNIT	31.03	7	2,555	0.00	0	8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	31.04	21	7,665	0.00	0	8.04
8.05	NEURO INTENSIVE CARE UNIT	31.05	16	5,840	0.00	0	8.05
8.06	NEONATAL INTENSIVE CARE UNIT	31.06	14	5,110	0.00	0	8.06
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	7	2,555	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		516	188,340	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	18	6,570		0	16.00
17.00	SUBPROVIDER - IRF	41.00	21	7,665		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		555				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: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 7:34 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)	43,678	18,095	120,614			1.00
2.00	HMO and other (see instructions)	11,878	8,401				2.00
3.00	HMO IPF Subprovider	122	810				3.00
4.00	HMO IRF Subprovider	428	507				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)	43,678	18,095	120,614			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	TRAUMA INTENSIVE CARE UNIT	2,932	0	7,979			8.01
8.02	CARDIOTHORACIC SURGERY ICU	844	0	2,297			8.02
8.03	CARDIAC INTENSIVE CARE UNIT	722	0	1,964			8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	8	0	4,760			8.04
8.05	NEURO INTENSIVE CARE UNIT	1,985	0	5,403			8.05
8.06	NEONATAL INTENSIVE CARE UNIT	0	0	2,559			8.06
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	241	0	2,195			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	50,410	18,095	147,771	401.54	6,959.39	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,766	622	5,661	3.35	27.04	16.00
17.00	SUBPROVIDER - IRF	2,185	1,095	5,841	1.47	38.02	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	14,231	0	102,093	0.00	49.54	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				406.36	7,073.99	27.00
28.00	Observation Bed Days		314	4,680			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: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2015 7:34 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	9,060	2,357	28,999	1.00
2.00	HMO and other (see instructions)			2,008	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
8.01	TRAUMA INTENSIVE CARE UNIT						8.01
8.02	CARDIOTHORACIC SURGERY ICU						8.02
8.03	CARDIAC INTENSIVE CARE UNIT						8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT						8.04
8.05	NEURO INTENSIVE CARE UNIT						8.05
8.06	NEONATAL INTENSIVE CARE UNIT						8.06
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,060	2,357	28,999	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	281	131	1,190	16.00
17.00	SUBPROVIDER - IRF	0.00	0	187	5	491	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 11/24/2015 7:34 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	489,018,187	-516,158	488,502,029	14,713,895.00	33.20	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	25,283,039	0	25,283,039	879,381.00	28.75	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)		30,481,853	1,151,464	31,633,317	850,523.00	37.19	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,668,953	0	4,668,953	83,905.00	55.65	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		17,363,791	0	17,363,791	121,449.00	142.97	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		2,565,623	0	2,565,623	42,816.00	59.92	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		179,902,326	0	179,902,326			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		13,509,154	0	13,509,154			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			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)		10,947,052	0	10,947,052			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	5,007,635	0	5,007,635	155,635.00	32.18	26.00
27.00	Administrative & General	5.00	61,114,878	-1,029,606	60,085,272	1,574,701.00	38.16	27.00
28.00	Administrative & General under contract (see inst.)		680,931	0	680,931	2,840.00	239.76	28.00
29.00	Maintenance & Repairs	6.00	9,129,818	126	9,129,944	291,227.00	31.35	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	57,700	0	57,700	3,698.00	15.60	31.00
32.00	Housekeeping	9.00	9,385,524	27	9,385,551	549,645.00	17.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	7,986,242	-1,928,397	6,057,845	418,653.00	14.47	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	17,374,887	0	17,374,887	412,536.00	42.12	38.00
39.00	Central Services and Supply	14.00	7,552,995	-3,011,205	4,541,790	407,524.00	11.14	39.00
40.00	Pharmacy	15.00	21,749,951	27	21,749,978	547,672.00	39.71	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part II Date/Time Prepared: 11/24/2015 7:34 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	10,580,521	0	10,580,521	420,911.00	25.14	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	814,316	190,001	1,004,317	25,931.00	38.73	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part III Date/Time Prepared: 11/24/2015 7:34 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)		464,416,079	-516,158	463,899,921	13,837,354.00	33.53	1.00
2.00	Excluded area salaries (see instructions)		30,481,853	1,151,464	31,633,317	850,523.00	37.19	2.00
3.00	Subtotal salaries (line 1 minus line 2)		433,934,226	-1,667,622	432,266,604	12,986,831.00	33.28	3.00
4.00	Subtotal other wages & related costs (see inst.)		22,032,744	0	22,032,744	205,354.00	107.29	4.00
5.00	Subtotal wage-related costs (see inst.)		179,902,326	0	179,902,326	0.00	41.62	5.00
6.00	Total (sum of lines 3 thru 5)		635,869,296	-1,667,622	634,201,674	13,192,185.00	48.07	6.00
7.00	Total overhead cost (see instructions)		151,435,398	-5,779,027	145,656,371	4,810,973.00	30.28	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part IV Date/Time Prepared: 11/24/2015 7:34 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	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	67,561,065	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)	87,972,108	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	365,936	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)	443,021	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	6,889,318	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	4,160,148	16.00
	TAXES		
17.00	FICA-Employers Portion Only	33,769,364	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	310,994	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	1,080,529	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,806,049	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	204,358,532	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet S-3 Part V Date/Time Prepared: 11/24/2015 7:34 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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 520098 Component CCN: 527220	Period: From 07/01/2014 To 06/30/2015	Worksheet S-4 Date/Time Prepared: 11/24/2015 7:34 am

		Home Health Agency I	
		1.00	
0.00	County	DANE	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,070	0	67	1,137	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	639.00	0.00	848.00	1,487.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		5.01	0.00	5.01	5.00
6.00	Direct Nursing Service		29.40	0.00	29.40	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		9.15	0.00	9.15	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		2.45	0.00	2.45	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.98	0.00	0.98	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		2.52	0.00	2.52	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		31540			20.00
20.01			50184			20.01

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	5,693	2,060	130	93	7,976	21.00
22.00	Skilled Nursing Visit Charges	1,602,734	577,335	40,697	27,128	2,247,894	22.00
23.00	Physical Therapy Visits	3,487	216	133	49	3,885	23.00
24.00	Physical Therapy Visit Charges	975,295	59,728	40,988	14,196	1,090,207	24.00
25.00	Occupational Therapy Visits	954	64	0	6	1,024	25.00
26.00	Occupational Therapy Visit Charges	258,036	17,254	0	1,596	276,886	26.00
27.00	Speech Pathology Visits	15	0	0	0	15	27.00
28.00	Speech Pathology Visit Charges	3,227	0	0	0	3,227	28.00
29.00	Medical Social Service Visits	227	28	6	0	261	29.00
30.00	Medical Social Service Visit Charges	70,209	7,608	1,585	0	79,402	30.00
31.00	Home Health Aide Visits	873	190	0	7	1,070	31.00
32.00	Home Health Aide Visit Charges	119,914	26,213	0	966	147,093	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,249	2,558	269	155	14,231	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,029,415	688,138	83,270	43,886	3,844,709	35.00
36.00	Total Number of Episodes (standard/non outlier)	693		97	12	802	36.00
37.00	Total Number of Outlier Episodes		53		1	54	37.00
38.00	Total Non-Routine Medical Supply Charges	106,247	47,928	3,254	290	157,719	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/24/2015 7:34 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)	0.349130	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	102,359,992	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	9,500,000	5.00
6.00	Medicaid charges	364,305,795	6.00
7.00	Medicaid cost (line 1 times line 6)	127,190,082	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)	15,330,090	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	15,330,090	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	18,474,383	94,728,594	113,202,977	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,449,961	33,072,594	39,522,555	21.00
22.00	Partial payment by patients approved for charity care	58,480	268,205	326,685	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,391,481	32,804,389	39,195,870	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?		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)	20,324,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	2,316,544	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	18,007,456	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	6,286,943	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	45,482,813	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	60,812,903	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 7:34 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	00109	CAP REL COSTS-RESEARCH PARK		0	0	761,131	761,131	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC		0	0	569,533	569,533	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC		0	0	456,222	456,222	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND		0	0	33,039,409	33,039,409	1.04
1.05	00105	CAP REL COSTS- WAISMAN		0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION		0	0	665,282	665,282	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007		0	0	662,548	662,548	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501		0	0	280,663	280,663	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,007,635	5,365,605	10,373,240	0	10,373,240	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,114,878	260,321,218	321,436,096	-40,038,668	281,397,428	5.00
6.00	00600	MAINTENANCE & REPAIRS	9,129,818	21,777,580	30,907,398	181	30,907,579	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,700	-105,354	-47,654	4,235,053	4,187,399	8.00
9.00	00900	HOUSEKEEPING	9,385,524	7,853,077	17,238,601	-289,300	16,949,301	9.00
10.00	01000	DIETARY	7,986,242	10,644,753	18,630,995	-2,864,400	15,766,595	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	17,374,887	10,653,118	28,028,005	-8,029	28,019,976	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,552,995	8,299,727	15,852,722	-6,902,385	8,950,337	14.00
15.00	01500	PHARMACY	21,749,951	206,365,200	228,115,151	-195,937,887	32,177,264	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,580,521	6,963,660	17,544,181	-3	17,544,178	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	814,316	2,002,819	2,817,135	251,589	3,068,724	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,283,039	6,500,449	31,783,488	2,536,742	34,320,230	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	945,633	330,690	1,276,323	0	1,276,323	23.01
23.02	02302	EMERGENCY MED PROGRAM	596,820	250,162	846,982	-11	846,971	23.02
23.03	02303	DIETARY PROGRAM	56,088	48,318	104,406	0	104,406	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	424,379	163,882	588,261	0	588,261	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	424,078	224,005	648,083	-941	647,142	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	61,224	-10,594	50,630	0	50,630	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,316,551	30,551,609	95,868,160	6,838,429	102,706,589	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	8,406,442	5,774,021	14,180,463	-97,916	14,082,547	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	6,284,904	3,402,455	9,687,359	-4,664,884	5,022,475	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,081,068	1,099,506	3,180,574	-26,249	3,154,325	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,468,897	2,624,389	8,093,286	-25,307	8,067,979	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,079,962	3,676,481	8,756,443	-59,155	8,697,288	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	2,918,536	1,478,659	4,397,195	-12,745	4,384,450	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,369,191	1,294,610	3,663,801	-54,831	3,608,970	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,412,069	881,830	3,293,899	-12,259	3,281,640	40.00
41.00	04100	SUBPROVIDER - IRF	2,733,317	1,153,997	3,887,314	6,386	3,893,700	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,840,283	73,386,285	96,226,568	-25,816,110	70,410,458	50.00
51.00	05100	RECOVERY ROOM	7,467,645	4,511,755	11,979,400	-56,908	11,922,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,753,642	6,443,755	8,197,397	-37,065	8,160,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,253,862	17,310,162	30,564,024	-1,390,163	29,173,861	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,935,388	5,397,920	8,333,308	-4,832	8,328,476	55.00
56.00	05600	RADIOISOTOPE	1,429,284	3,270,177	4,699,461	11,774	4,711,235	56.00
57.00	05700	CT SCAN	2,639,528	4,212,042	6,851,570	25,018	6,876,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,726,259	5,158,283	7,884,542	-6,206	7,878,336	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	585,248	297,440	882,688	-109	882,579	59.01
60.00	06000	LABORATORY	15,735,172	34,973,127	50,708,299	-2,891,165	47,817,134	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 7:34 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	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,280,294	10,105,543	19,385,837	47,355	19,433,192	65.00
65.01	03550	NEUROPSYCH TESTING	263,118	171,485	434,603	195	434,798	65.01
66.00	06600	PHYSICAL THERAPY	14,733,347	7,703,919	22,437,266	-26,535	22,410,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,723,381	24,342,541	31,065,922	-5,158,647	25,907,275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,324,240	862,801	2,187,041	-5,244	2,181,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,719,906	1,719,906	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,987,781	37,987,781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	195,920,176	195,920,176	73.00
74.00	07400	RENAL DIALYSIS	1,774,445	1,230,613	3,005,058	43,053	3,048,111	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	345,852	165,432	511,284	4,248	515,532	75.01
75.02	03540	ORTHOTICS LAB	762,927	1,066,654	1,829,581	-573	1,829,008	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,528,165	2,398,845	6,927,010	614	6,927,624	90.00
90.01	09001	CLINIC CSC	31,354,154	18,407,664	49,761,818	-1,317,850	48,443,968	90.01
90.02	09002	CLINIC UNIVERSITY STATION	6,535,147	4,118,845	10,653,992	-5,374	10,648,618	90.02
90.03	09003	CLINIC WAISMAN	1,458,204	698,437	2,156,641	-171	2,156,470	90.03
90.04	09004	CLINIC WEST	10,510,066	6,213,457	16,723,523	-56,909	16,666,614	90.04
90.05	09005	CLINIC EAST	5,717,535	3,413,596	9,131,131	-82,336	9,048,795	90.05
90.06	09006	CLINIC RESEARCH PARK	1,825,712	1,671,987	3,497,699	-1,644	3,496,055	90.06
90.07	09009	CLINIC DHC	5,900,030	6,225,504	12,125,534	-71,642	12,053,892	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	194,577	74,485	269,062	0	269,062	90.08
91.00	09100	EMERGENCY	9,975,772	5,806,353	15,782,125	6,642	15,788,767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,518,411	1,588,424	4,106,835	-3,325	4,103,510	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,935,532	1,839,029	5,774,561	-8	5,774,553	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,724,172	7,496,625	15,220,797	-7,154,088	8,066,709	105.00
106.00	10600	HEART ACQUISITION	845,396	736,275	1,581,671	78,188	1,659,859	106.00
107.00	10700	LIVER ACQUISITION	0	1,580,401	1,580,401	2,578,304	4,158,705	107.00
108.00	10800	LUNG ACQUISITION	0	1,011,189	1,011,189	914,252	1,925,441	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,297,575	1,297,575	1,006,355	2,303,930	109.00
110.00	11000	INTESTINAL ACQUISITION	0	-50,048	-50,048	0	-50,048	110.00
111.00	11100	ISLET ACQUISITION	0	125	125	0	125	111.00
112.00	08600	POST TRANSPLANT	0	0	0	4,489,913	4,489,913	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	481,213,453	864,724,574	1,345,938,027	55,068	1,345,993,095	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,998	560,926	662,924	0	662,924	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,204,157	2,398,953	4,603,110	-53,279	4,549,831	194.01
194.02	07952	CLINICAL RESEARCH CENTER	94,624	99,910	194,534	-960	193,574	194.02
194.03	07953	FAMILY MEDICINE	5,656	-4,136	1,520	0	1,520	194.03
194.04	07954	COMMUNICATION AIDS	19,615	443,200	462,815	0	462,815	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,309,769	141,926	1,451,695	-829	1,450,866	194.05
194.07	07956	PUBLIC AFFAIRS	1,941,550	6,210,454	8,152,004	0	8,152,004	194.07
194.08	07958	RETAIL PHARMACIES	2,127,365	18,745,949	20,873,314	0	20,873,314	194.08
200.00		TOTAL (SUM OF LINES 118-199)	489,018,187	893,321,756	1,382,339,943	0	1,382,339,943	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 7:34 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	00109	CAP REL COSTS-RESEARCH PARK	0	761,131		1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	569,533		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	456,222		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	-12,085,276	20,954,133		1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0		1.05
1.06	00106	CAP REL COSTS- USTATION	0	665,282		1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	662,548		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	280,663		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-18,772	10,354,468		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-83,157,424	198,240,004		5.00
6.00	00600	MAINTENANCE & REPAIRS	9,024,211	39,931,790		6.00
7.00	00700	OPERATION OF PLANT	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-344,529	3,842,870		8.00
9.00	00900	HOUSEKEEPING	0	16,949,301		9.00
10.00	01000	DIETARY	-8,212,446	7,554,149		10.00
11.00	01100	CAFETERIA	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	28,019,976		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,950,337		14.00
15.00	01500	PHARMACY	0	32,177,264		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,544,178		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	3,068,724		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	34,320,230		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PHARMACY PROGRAM	0	1,276,323		23.01
23.02	02302	EMERGENCY MED PROGRAM	0	846,971		23.02
23.03	02303	DIETARY PROGRAM	-195	104,211		23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	588,261		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	647,142		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	50,630		23.06
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	102,706,589		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	14,082,547		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	5,022,475		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	3,154,325		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	8,067,979		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	8,697,288		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	4,384,450		31.06
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,608,970		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	3,281,640		40.00
41.00	04100	SUBPROVIDER - IRF	0	3,893,700		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	70,410,458		50.00
51.00	05100	RECOVERY ROOM	0	11,922,492		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	8,160,332		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,173,861		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,328,476		55.00
56.00	05600	RADIOISOTOPE	0	4,711,235		56.00
57.00	05700	CT SCAN	0	6,876,588		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,878,336		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	882,579		59.01
60.00	06000	LABORATORY	0	47,817,134		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	19,433,192		65.00
65.01	03550	NEUROPSYCH TESTING	0	434,798		65.01
66.00	06600	PHYSICAL THERAPY	0	22,410,731		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	25,907,275		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,181,797		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,719,906		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,987,781		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	195,920,176		73.00
74.00	07400	RENAL DIALYSIS	0	3,048,111		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	515,532		75.01
75.02	03540	ORTHOTICS LAB	0	1,829,008		75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	6,927,624		90.00
90.01	09001	CLINIC CSC	0	48,443,968		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	10,648,618		90.02
90.03	09003	CLINIC WAISMAN	0	2,156,470		90.03
90.04	09004	CLINIC WEST	0	16,666,614		90.04
90.05	09005	CLINIC EAST	0	9,048,795		90.05
90.06	09006	CLINIC RESEARCH PARK	0	3,496,055		90.06
90.07	09009	CLINIC DHC	0	12,053,892		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	269,062		90.08
91.00	09100	EMERGENCY	0	15,788,767		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	4,103,510		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	5,774,553		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	940,178	9,006,887		105.00
106.00	10600	HEART ACQUISITION	684,186	2,344,045		106.00
107.00	10700	LIVER ACQUISITION	1,305,582	5,464,287		107.00
108.00	10800	LUNG ACQUISITION	194,245	2,119,686		108.00
109.00	10900	PANCREAS ACQUISITION	197,791	2,501,721		109.00
110.00	11000	INTESTINAL ACQUISITION	0	-50,048		110.00
111.00	11100	ISLET ACQUISITION	0	125		111.00
112.00	08600	POST TRANSPLANT	0	4,489,913		112.00
112.01	08601	PRE TRANSPLANT	0	0		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0		112.02
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-91,472,449	1,254,520,646		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	662,924		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	4,549,831		194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	193,574		194.02
194.03	07953	FAMILY MEDICINE	9,508	11,028		194.03
194.04	07954	COMMUNICATION AIDS	0	462,815		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,450,866		194.05
194.07	07956	PUBLIC AFFAIRS	0	8,152,004		194.07
194.08	07958	RETAIL PHARMACIES	0	20,873,314		194.08
200.00		TOTAL (SUM OF LINES 118-199)	-91,462,941	1,290,877,002		200.00

RECLASSIFICATIONS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	1,163,394		1.00
	0		0	1,163,394		
	B - MEDICAL SUPPLIES SOLD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,719,906		1.00
	0		0	1,719,906		
	C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	195,920,176		1.00
	0		0	195,920,176		
	D - REPROCESSING COSTS DEPT 1213					
1.00	TRAUMA INTENSIVE CARE UNIT	31.01	5,465	4,161		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	2,733	2,080		2.00
3.00	CARDIOTHORACIC SURGERY ICU	31.02	5,465	4,161		3.00
4.00	CARDIAC INTENSIVE CARE UNIT	31.03	2,733	2,080		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	32,790	24,966		5.00
6.00	NEURO INTENSIVE CARE UNIT	31.05	5,465	4,161		6.00
7.00	SUBPROVIDER - IRF	41.00	27,325	20,805		7.00
8.00	OPERATING ROOM	50.00	1,830,798	1,393,916		8.00
9.00	RESPIRATORY THERAPY	65.00	27,325	20,805		9.00
10.00	CLINIC CSC	90.01	163,952	124,828		10.00
11.00	CLINIC WEST	90.04	27,325	20,805		11.00
12.00	EMERGENCY	91.00	81,976	62,414		12.00
	0		2,213,352	1,685,182		
	E - PATIENT ESCORT TRIPS					
1.00	ADMINISTRATIVE & GENERAL	5.00	548	302		1.00
2.00	ADULTS & PEDIATRICS	30.00	300,039	165,196		2.00
3.00	TRAUMA INTENSIVE CARE UNIT	31.01	22,941	12,631		3.00
4.00	CARDIOTHORACIC SURGERY ICU	31.02	16,019	8,820		4.00
5.00	CARDIAC INTENSIVE CARE UNIT	31.03	3,164	1,742		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	1,025	564		6.00
7.00	NEURO INTENSIVE CARE UNIT	31.05	6,185	3,405		7.00
8.00	BURN INTENSIVE CARE UNIT	33.00	2,823	1,554		8.00
9.00	SUBPROVIDER - IPF	40.00	1,160	638		9.00
10.00	SUBPROVIDER - IRF	41.00	3,829	2,108		10.00
11.00	OPERATING ROOM	50.00	1,285	708		11.00
12.00	RECOVERY ROOM	51.00	4,333	2,386		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	158,824	87,446		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	15,552	8,562		14.00
15.00	RADIOISOTOPE	56.00	12,378	6,815		15.00
16.00	CT SCAN	57.00	54,332	29,914		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	22,806	12,557		17.00
18.00	ELECTROCARDIOLOGY	69.00	51,581	28,400		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	63	35		19.00
20.00	RENAL DIALYSIS	74.00	35,427	19,506		20.00
21.00	PULMONARY FUNCTION TESTING	75.01	2,877	1,584		21.00
22.00	CLINIC	90.00	396	218		22.00
23.00	CLINIC CSC	90.01	34,321	18,897		23.00
24.00	CLINIC WEST	90.04	18	10		24.00
25.00	EMERGENCY	91.00	44,812	24,673		25.00
26.00	CLINICAL RESEARCH CENTER	194.02	566	312		26.00
27.00	MAINTENANCE & REPAIRS	6.00	126	69		27.00
28.00	HOUSEKEEPING	9.00	27	15		28.00
29.00	PHARMACY	15.00	27	15		29.00
30.00	NEONATAL INTENSIVE CARE UNIT	31.06	9	5		30.00
31.00	LABORATORY	60.00	108	59		31.00
32.00	RESPIRATORY THERAPY	65.00	63	35		32.00
33.00	NEUROPSYCH TESTING	65.01	126	69		33.00
34.00	PHYSICAL THERAPY	66.00	63	35		34.00
	0		797,853	439,285		
	F - BUILDING DEPRECIATION AND INTEREST					
1.00	CAP REL COSTS-RESEARCH PARK	1.01	0	761,131		1.00
2.00	CAP REL COSTS- WEST CLINIC	1.02	0	569,533		2.00
3.00	CAP REL COSTS- EAST CLINIC	1.03	0	456,222		3.00
4.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	31,876,015		4.00
5.00	CAP REL COSTS- USTATION	1.06	0	665,282		5.00
6.00	CAP REL COSTS- EXCELSIOR 8007	1.07	0	662,548		6.00
7.00	CAP REL COSTS- EXCELSIOR 8501	1.08	0	280,663		7.00
	0		0	35,271,394		

RECLASSIFICATIONS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - MEDICAL FACULTY COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,565,623		1.00
	0		0	2,565,623		
	I - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,235,053		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
	0		0	4,235,053		
	J - HOME AND CLINICAL NUTRITION					
1.00	ADULTS & PEDIATRICS	30.00	1,928,397	909,624		1.00
	0		1,928,397	909,624		
	K - OPO COSTS					
1.00	OPO ADMINISTRATIVE COSTS	112.02	3,079,060	2,107,938		1.00
2.00	PRE TRANSPLANT	112.01	4,645,112	2,699,877		2.00
3.00	PRE TRANSPLANT	112.01	845,396	415,493		3.00
4.00	POST TRANSPLANT	112.00	2,194,186	1,275,326		4.00
5.00	POST TRANSPLANT	112.00	628,851	309,066		5.00
6.00	KIDNEY ACQUISITION	105.00	1,684,894	979,311		6.00
7.00	LIVER ACQUISITION	107.00	668,306	388,439		7.00
8.00	PANCREAS ACQUISITION	109.00	97,726	56,801		8.00
9.00	HEART ACQUISITION	106.00	52,695	25,898		9.00
10.00	LUNG ACQUISITION	108.00	163,850	80,529		10.00
11.00	KIDNEY ACQUISITION	105.00	1,308,737	895,967		11.00

RECLASSIFICATIONS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 7:34 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	HEART ACQUISITION	106.00	260,661	178,450	12.00
13.00	LIVER ACQUISITION	107.00	743,970	509,325	13.00
14.00	LUNG ACQUISITION	108.00	347,548	237,933	14.00
15.00	PANCREAS ACQUISITION	109.00	418,144	286,263	15.00
	0		17,139,136	10,446,616	
	L - DEFERRED COMP				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	516,158	1.00
	0		0	516,158	
	N - TRANSPLANT RECLASS - OTHER				
1.00	LUNG ACQUISITION	108.00	0	38,054	1.00
2.00	KIDNEY ACQUISITION	105.00	0	143,296	2.00
3.00	LIVER ACQUISITION	107.00	0	81,459	3.00
4.00	HEART ACQUISITION	106.00	0	28,540	4.00
5.00	PANCREAS ACQUISITION	109.00	0	45,783	5.00
6.00	POST TRANSPLANT	112.00	58,465	24,019	6.00
7.00	HEART ACQUISITION	106.00	540,074	221,876	7.00
	0		598,539	583,027	
	P - TRANSPLANT CLINIC				
1.00	KIDNEY ACQUISITION	105.00	103,842	46,417	1.00
2.00	LIVER ACQUISITION	107.00	59,030	26,386	2.00
3.00	PANCREAS ACQUISITION	109.00	33,178	14,830	3.00
	0		196,050	87,633	
	Q - PATIENT ACCOUNTING TRANS BILLING				
1.00	KIDNEY ACQUISITION	105.00	57,713	28,327	1.00
2.00	HEART ACQUISITION	106.00	3,395	1,666	2.00
3.00	LIVER ACQUISITION	107.00	18,572	9,116	3.00
4.00	LUNG ACQUISITION	108.00	7,988	3,921	4.00
5.00	PANCREAS ACQUISITION	109.00	8,188	4,019	5.00
	0		95,856	47,049	
	R - IMPLANTABLE SUPPLIES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	37,987,781	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
	0		0	37,987,781	
	S - TRANSPLANT FELLOWS				
1.00	KIDNEY ACQUISITION	105.00	96,969	32,679	1.00
2.00	HEART ACQUISITION	106.00	19,313	6,509	2.00
3.00	LIVER ACQUISITION	107.00	55,124	18,577	3.00
4.00	LUNG ACQUISITION	108.00	25,751	8,678	4.00
5.00	PANCREAS ACQUISITION	109.00	30,982	10,441	5.00
	0		228,139	76,884	
	T - CARDIOTHORACIC SURGERY ICU				
1.00	ADULTS & PEDIATRICS	30.00	3,003,498	1,626,002	1.00
	TOTALS		3,003,498	1,626,002	
	U - HLA DIRECTOR				
1.00	HISTOCOMPATIBILITY LAB	18.01	190,001	64,030	1.00
	TOTALS		190,001	64,030	
500.00	Grand Total: Increases		26,390,821	295,344,817	500.00

RECLASSIFICATIONS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,163,394	12		1.00
	0		0	1,163,394			
	B - MEDICAL SUPPLIES SOLD TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,719,906	0		1.00
	0		0	1,719,906			
	C - DRUGS SOLD TO PATIENTS						
1.00	PHARMACY	15.00	0	195,920,176	0		1.00
	0		0	195,920,176			
	D - REPROCESSING COSTS DEPT 1213						
1.00	CENTRAL SERVICES & SUPPLY	14.00	2,213,352	1,685,182	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
	0		2,213,352	1,685,182			
	E - PATIENT ESCORT TRIPS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	797,853	439,285	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
	0		797,853	439,285			
	F - BUILDING DEPRECIATION AND INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,271,394	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
	0		0	35,271,394			
	G - MEDICAL FACULTY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,565,623	0		1.00
	0		0	2,565,623			

RECLASSIFICATIONS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - LAUNDRY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	14	0		2.00
3.00	HOUSEKEEPING	9.00	0	289,342	0		3.00
4.00	DIETARY	10.00	0	26,379	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	8,029	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,807	0		6.00
7.00	PHARMACY	15.00	0	17,753	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0		8.00
9.00	HISTOCOMPATIBILITY LAB	18.01	0	2,442	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	28,881	0		10.00
11.00	EMERGENCY MED PROGRAM	23.02	0	11	0		11.00
12.00	ULTRASOUND TECHNOLOGIST	23.05	0	941	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,094,327	0		13.00
14.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	143,114	0		14.00
15.00	CARDIOTHORACIC SURGERY ICU	31.02	0	69,849	0		15.00
16.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	35,968	0		16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	84,652	0		17.00
18.00	NEURO INTENSIVE CARE UNIT	31.05	0	78,371	0		18.00
19.00	NEONATAL INTENSIVE CARE UNIT	31.06	0	12,759	0		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	64,021	0		20.00
21.00	SUBPROVIDER - IPF	40.00	0	14,057	0		21.00
22.00	SUBPROVIDER - IRF	41.00	0	47,681	0		22.00
23.00	OPERATING ROOM	50.00	0	1,085,814	0		23.00
24.00	RECOVERY ROOM	51.00	0	63,627	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	37,065	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	158,108	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	25,965	0		27.00
28.00	RADIOISOTOPE	56.00	0	7,419	0		28.00
29.00	CT SCAN	57.00	0	59,228	0		29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41,569	0		30.00
31.00	CARDIAC REHABILITATION	59.01	0	109	0		31.00
32.00	LABORATORY	60.00	0	14,536	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	873	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	26,633	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	107,370	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,342	0		36.00
37.00	RENAL DIALYSIS	74.00	0	11,880	0		37.00
38.00	PULMONARY FUNCTION TESTING	75.01	0	213	0		38.00
39.00	ORTHOTICS LAB	75.02	0	573	0		39.00
40.00	CLINIC CSC	90.01	0	135,872	0		40.00
41.00	CLINIC UNIVERSITY STATION	90.02	0	5,374	0		41.00
42.00	CLINIC WAISMAN	90.03	0	171	0		42.00
43.00	CLINIC WEST	90.04	0	30,037	0		43.00
44.00	CLINIC EAST	90.05	0	11,807	0		44.00
45.00	CLINIC RESEARCH PARK	90.06	0	1,644	0		45.00
46.00	CLINIC DHC	90.07	0	71,642	0		46.00
47.00	EMERGENCY	91.00	0	207,233	0		47.00
48.00	AMBULANCE SERVICES	95.00	0	3,325	0		48.00
49.00	HOME HEALTH AGENCY	101.00	0	8	0		49.00
50.00	KIDNEY ACQUISITION	105.00	0	253	0		50.00
51.00	OTHER AUXILIARY SERVICES	194.01	0	53,279	0		51.00
52.00	CLINICAL RESEARCH CENTER	194.02	0	1,838	0		52.00
53.00	INVESTIGATIONAL PHARMACY	194.05	0	829	0		53.00
	0		0	4,235,053			
	J - HOME AND CLINICAL NUTRITION						
1.00	DIETARY	10.00	1,928,397	909,624	0		1.00
	0		1,928,397	909,624			
	K - OPO COSTS						
1.00	KIDNEY ACQUISITION	105.00	3,079,060	2,107,938	0		1.00
2.00	KIDNEY ACQUISITION	105.00	4,645,112	2,699,877	0		2.00
3.00	HEART ACQUISITION	106.00	845,396	415,493	0		3.00
4.00	PRE TRANSPLANT	112.01	2,194,186	1,275,326	0		4.00
5.00	PRE TRANSPLANT	112.01	628,851	309,066	0		5.00
6.00	PRE TRANSPLANT	112.01	2,450,926	1,424,551	0		6.00
7.00	PRE TRANSPLANT	112.01	216,545	106,427	0		7.00
8.00	OPO ADMINISTRATIVE COSTS	112.02	3,079,060	2,107,938	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

RECLASSIFICATIONS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-6 | Date/Time Prepared: 11/24/2015 7:34 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
	0		17,139,136	10,446,616		
	L - DEFERRED COMP					
1.00	ADMINISTRATIVE & GENERAL	5.00	516,158	0	0	1.00
	0		516,158	0		
	N - TRANSPLANT RECLASS - OTHER					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	337,132	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	CLINIC CSC	90.01	598,539	245,895	0	6.00
7.00		0.00	0	0	0	7.00
	0		598,539	583,027		
	P - TRANSPLANT CLINIC					
1.00	CLINIC CSC	90.01	196,050	87,633	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		196,050	87,633		
	Q - PATIENT ACCOUNTING TRANS BILLING					
1.00	ADMINISTRATIVE & GENERAL	5.00	95,856	47,049	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
	0		95,856	47,049		
	R - IMPLANTABLE SUPPLIES					
1.00	OPERATING ROOM	50.00	0	27,957,003	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,478,325	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,981	0	3.00
4.00	LABORATORY	60.00	0	2,876,796	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	5,131,258	0	5.00
6.00	CLINIC CSC	90.01	0	395,859	0	6.00
7.00	CLINIC WEST	90.04	0	75,030	0	7.00
8.00	CLINIC EAST	90.05	0	70,529	0	8.00
	0		0	37,987,781		
	S - TRANSPLANT FELLOWS					
1.00	ADMINISTRATIVE & GENERAL	5.00	228,139	76,884	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
	0		228,139	76,884		
	T - CARDIOTHORACIC SURGERY ICU					
1.00	CARDIOTHORACIC SURGERY ICU	31.02	3,003,498	1,626,002	0	1.00
	TOTALS		3,003,498	1,626,002		
	U - HLA DIRECTOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	190,001	64,030	0	1.00
	TOTALS		190,001	64,030		
500.00	Grand Total: Decreases		26,906,979	294,828,659		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part I Date/Time Prepared: 11/24/2015 7:34 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,905,378	0	0	0	0	1.00
2.00	Land Improvements	3,305,144	281,526	0	281,526	0	2.00
3.00	Buildings and Fixtures	600,281,722	7,055,590	0	7,055,590	61,222	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	319,842,773	47,079,097	0	47,079,097	21,188,603	6.00
7.00	HIT designated Assets	37,554,468	0	0	0	1,175,927	7.00
8.00	Subtotal (sum of lines 1-7)	980,889,485	54,416,213	0	54,416,213	22,425,752	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	980,889,485	54,416,213	0	54,416,213	22,425,752	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	19,905,378	0	1.00
2.00	Land Improvements	3,586,670	0	2.00
3.00	Buildings and Fixtures	607,276,090	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	345,733,267	0	6.00
7.00	HIT designated Assets	36,378,541	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,012,879,946	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,012,879,946	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part II Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-7 Part III Date/Time Prepared: 11/24/2015 7:34 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	1.000000	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	761,131	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	569,533	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	456,222	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	19,790,739	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	665,282	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	662,548	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	280,663	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,186,118	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	761,131	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	569,533	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	456,222	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	1,163,394	0	0	20,954,133	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	665,282	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	662,548	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	280,663	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,163,394	0	0	24,349,512	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-RESEARCH PARK (chapter 2)		0	CAP REL COSTS-RESEARCH PARK	1.01	0	1.01
1.02	Investment income - CAP REL COSTS- WEST CLINIC (chapter 2)		0	CAP REL COSTS- WEST CLINIC	1.02	0	1.02
1.03	Investment income - CAP REL COSTS- EAST CLINIC (chapter 2)		0	CAP REL COSTS- EAST CLINIC	1.03	0	1.03
1.04	Investment income - CAP REL COSTS- 600 HIGHLAND (chapter 2)		0	CAP REL COSTS- 600 HIGHLAND	1.04	0	1.04
1.05	Investment income - CAP REL COSTS- WAISMAN (chapter 2)		0	CAP REL COSTS- WAISMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS- USTATION (chapter 2)		0	CAP REL COSTS- USTATION	1.06	0	1.06
1.07	Investment income - CAP REL COSTS- EXCELSIOR 8007 (chapter 2)		0	CAP REL COSTS- EXCELSIOR 8007	1.07	0	1.07
1.08	Investment income - CAP REL COSTS- EXCELSIOR 8501 (chapter 2)		0	CAP REL COSTS- EXCELSIOR 8501	1.08	0	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-12,135,791	CAP REL COSTS- 600 HIGHLAND	1.04	9	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-3,284,637	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-194,191			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	16,245,313			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8 | Date/Time Prepared: 11/24/2015 7:34 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	
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-RESEARCH PARK		0	CAP REL COSTS-RESEARCH PARK	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WEST CLINIC		0	CAP REL COSTS- WEST CLINIC	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-EAST CLINIC		0	CAP REL COSTS- EAST CLINIC	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-600 HIGHLAND		0	CAP REL COSTS- 600 HIGHLAND	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-WAISMAN		0	CAP REL COSTS- WAISMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-USTATION		0	CAP REL COSTS- USTATION	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-EXCELSIOR 8007		0	CAP REL COSTS- EXCELSIOR 8007	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-EXCELSIOR 8501		0	CAP REL COSTS- EXCELSIOR 8501	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-426,555	CAP REL COSTS- 600 HIGHLAND	1.04	9	33.01
33.02	MISCELLANEOUS INCOME	B	-18,772	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-1,847,994	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-49	DIETARY	10.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-195	DIETARY PROGRAM	23.03	0	33.05
33.06	LOBBYING FEE WHA	A	-10,586	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	GROSS UP KIDNEY	A	1,225,507	KIDNEY ACQUISITION	105.00	0	33.07
33.08	GROSS UP HEART	A	700,650	HEART ACQUISITION	106.00	0	33.08
33.09	GROSS UP LIVER	A	1,314,732	LIVER ACQUISITION	107.00	0	33.09
33.10	GROSS UP LUNG	A	198,520	LUNG ACQUISITION	108.00	0	33.10
33.11	GROSS UP PANCREAS	A	227,800	PANCREAS ACQUISITION	109.00	0	33.11
33.12	NON ALLOWABLE A&G	A	-100,501	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	NON ALLOWABLE UCC	A	-7,025,409	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	CRNA COST OFFSET	A	-10,262,522	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	CLERICAL PSYCH SUPPORT	A	-50,784	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	CAFETERIA REVENUE	B	-8,212,397	DIETARY	10.00	0	33.16
33.17	NKR REGISTRY FEES	A	-113,165	KIDNEY ACQUISITION	105.00	0	33.17
33.18	PROGRAM SUPPORT	A	-35,917,492	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	MA TAX ASSESSMENT	A	-31,746,060	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	OPO MARKETING	A	-16,097	KIDNEY ACQUISITION	105.00	0	33.20
33.21	OPO MARKETING	A	-3,206	HEART ACQUISITION	106.00	0	33.21
33.22	OPO MARKETING	A	-9,150	LIVER ACQUISITION	107.00	0	33.22
33.23	OPO MARKETING	A	-4,275	LUNG ACQUISITION	108.00	0	33.23
33.24	OPO MARKETING	A	-5,143	PANCREAS ACQUISITION	109.00	0	33.24
33.25	FAMILY MEDICINE GROSS UP	A	9,508	FAMILY MEDICINE	194.03	0	33.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-91,462,941				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: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	UW OVERHEAD	7,088,561	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	UW OVERHEAD	9,111,850	0	2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	MUHL	3,750,287	4,094,816	3.00
4.00	1.04	CAP REL COSTS- 600 HIGHLAND	MUHL	370,885	0	4.00
4.01	6.00	MAINTENANCE & REPAIRS	MERI	753,237	840,876	4.01
4.02	1.04	CAP REL COSTS- 600 HIGHLAND	MERI	106,185	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,181,005	4,935,692	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:					
6.00	B	UW SYSTEM	1.00	STATE OF WISCON	1.00	6.00
7.00	C	MUHL	46.06	MADISON UNITED	46.06	7.00
8.00	C	MERI	40.60	MADISON ENVIRON	40.60	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8-1 Date/Time Prepared: 11/24/2015 7:34 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	7,088,561	0		1.00
2.00	9,111,850	0		2.00
3.00	-344,529	0		3.00
4.00	370,885	9		4.00
4.01	-87,639	0		4.01
4.02	106,185	9		4.02
5.00	16,245,313			5.00

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

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

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

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

6.00	OVERHEAD		6.00
7.00	LAUNDRY		7.00
8.00	INCINERATION		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet A-8-2 | Date/Time Prepared: 11/24/2015 7:34 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	106.00	DR. K	78,217	0	78,217	204,100	662	1.00
2.00	105.00	DR. D	258,916	0	258,916	204,100	1,125	2.00
3.00	109.00	DR. O	52,145	0	52,145	204,100	278	3.00
4.00	105.00	DR. M	35,539	0	35,539	136,700	426	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			424,817	0	424,817		2,491	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	106.00	DR. K	64,959	3,248	0	0	0	1.00
2.00	105.00	DR. D	110,391	5,520	0	0	0	2.00
3.00	109.00	DR. O	27,279	1,364	0	0	0	3.00
4.00	105.00	DR. M	27,997	1,400	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			230,626	11,532	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	106.00	DR. K	0	64,959	13,258	13,258		1.00
2.00	105.00	DR. D	0	110,391	148,525	148,525		2.00
3.00	109.00	DR. O	0	27,279	24,866	24,866		3.00
4.00	105.00	DR. M	0	27,997	7,542	7,542		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	230,626	194,191	194,191		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	761,131	0	761,131			1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	569,533	0	0	569,533		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	456,222	0	0	0	456,222	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	20,954,133	0	0	0	0	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	665,282	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	662,548	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	280,663	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,354,468	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	198,240,004	0	0	0	926	5.00
6.00	00600	MAINTENANCE & REPAIRS	39,931,790	0	2,712	1,239	9,120	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,842,870	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	16,949,301	0	3,038	6,664	11,494	9.00
10.00	01000	DIETARY	7,554,149	0	0	2,197	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	28,019,976	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,950,337	0	0	5,940	6,476	14.00
15.00	01500	PHARMACY	32,177,264	0	0	11,397	9,728	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,544,178	0	0	0	3,682	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	3,068,724	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,320,230	0	0	769	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	1,276,323	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	846,971	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	104,211	0	0	515	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	588,261	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	647,142	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	50,630	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,706,589	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	14,082,547	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	5,022,475	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	3,154,325	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	8,067,979	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	8,697,288	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	4,384,450	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,608,970	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,281,640	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,893,700	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70,410,458	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	11,922,492	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,160,332	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,173,861	0	38,571	14,501	11,412	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,328,476	0	0	0	43,289	55.00
56.00	05600	RADIOISOTOPE	4,711,235	0	0	0	0	56.00
57.00	05700	CT SCAN	6,876,588	0	6,943	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,878,336	0	45,628	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	882,579	0	29,468	0	1,737	59.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
60.00	06000	LABORATORY	47,817,134	0	0	9,754	9,424	60.00
60.01	06001	BLOOD LABORATORY	0	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	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,433,192	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	434,798	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	22,410,731	0	133,593	0	9,308	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	25,907,275	0	0	2,041	589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,181,797	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,719,906	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,987,781	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,920,176	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,048,111	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	515,532	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	1,829,008	0	9,605	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,927,624	0	5,826	7,752	4,353	90.00
90.01	09001	CLINIC CSC	48,443,968	0	0	1,591	1,496	90.01
90.02	09002	CLINIC UNIVERSITY STATION	10,648,618	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,156,470	0	0	0	0	90.03
90.04	09004	CLINIC WEST	16,666,614	0	0	483,741	758	90.04
90.05	09005	CLINIC EAST	9,048,795	0	0	0	331,754	90.05
90.06	09006	CLINIC RESEARCH PARK	3,496,055	0	193,736	0	0	90.06
90.07	09009	CLINIC DHC	12,053,892	0	0	21,432	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	269,062	0	0	0	0	90.08
91.00	09100	EMERGENCY	15,788,767	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,103,510	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,774,553	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,006,887	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,344,045	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,464,287	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,119,686	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,501,721	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	-50,048	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	125	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	4,489,913	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,254,520,646	0	469,120	569,533	455,546	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	662,924	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,549,831	0	292,011	0	676	194.01
194.02	07952	CLINICAL RESEARCH CENTER	193,574	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	11,028	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	462,815	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
194.05	07955	INVESTIGATIONAL PHARMACY	1,450,866	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	8,152,004	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	20,873,314	0	0	0	0	194.08
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)	1,290,877,002	0	761,131	569,533	456,222	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	20,954,133					1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	665,282			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	662,548		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	280,663	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	76,455	0	1,150	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,678,561	0	0	587,630	140,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,603,959	0	8,439	37,892	3,932	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56,405	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	237,859	0	8,603	0	0	9.00
10.00	01000	DIETARY	594,126	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	212,247	0	0	0	6,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	580,034	0	657	0	0	14.00
15.00	01500	PHARMACY	333,607	0	18,625	37,026	10,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,414	0	11,650	0	109,501	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	72,540	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187,866	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	13,373	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	2,062	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,884,832	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	201,163	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	103,712	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	34,747	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	282,555	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	221,554	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	166,208	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	84,589	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	139,575	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	172,809	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,358,848	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	404,331	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,184	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	599,820	0	7,886	0	10,171	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	429,999	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	43,164	0	0	0	0	56.00
57.00	05700	CT SCAN	144,361	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,407	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	7,434	0	0	0	0	59.01
60.00	06000	LABORATORY	601,654	0	7,483	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	115,250	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	46,077	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	243,647	0	17,759	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	334,893	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,750	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	59,904	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	54,457	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	66,430	0	19,641	0	0	90.00
90.01	09001	CLINIC CSC	2,667,666	0	1,434	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	5,788	0	553,845	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	26,519	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	381,954	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	366,690	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	426,538	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,362	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	39,665	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,532	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,475	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,216	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,424	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	53,984	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,740,675	0	657,172	662,548	280,663	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,177	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	31,229	0	8,110	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	117,823	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	31,229	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,954,133	0	665,282	662,548	280,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			2.00	4.00	4A	5.00	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,432,073				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,317,533	202,964,749	202,964,749		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	196,702	42,795,785	7,983,768	50,779,553	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,244	3,900,519	727,661	182,356	8.00
9.00	00900	HOUSEKEEPING	0	202,305	17,419,264	3,249,651	768,992	9.00
10.00	01000	DIETARY	0	130,577	8,281,049	1,544,871	1,920,797	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	374,516	28,613,624	5,338,015	686,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	162,805	9,706,249	1,810,749	1,875,239	14.00
15.00	01500	PHARMACY	0	468,820	33,066,546	6,168,729	1,078,545	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	228,063	17,919,488	3,342,970	72,466	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	17,553	3,158,817	589,293	234,519	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	544,620	35,053,485	6,539,403	607,366	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	20,383	1,310,079	244,402	43,235	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	12,864	859,835	160,407	0	23.02
23.03	02303	DIETARY PROGRAM	0	1,209	107,997	20,147	6,666	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	9,147	597,408	111,449	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	9,141	656,283	122,433	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	1,320	51,950	9,692	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,514,052	107,105,473	19,981,062	9,326,594	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	181,201	14,464,911	2,698,501	650,356	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	70,729	5,196,916	969,511	335,299	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	44,857	3,233,929	603,306	112,337	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	117,882	8,468,416	1,579,825	913,495	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	109,499	9,028,341	1,684,282	716,278	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	62,909	4,613,567	860,684	537,346	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	51,068	3,744,627	698,579	273,474	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	51,992	3,473,207	647,944	451,244	40.00
41.00	04100	SUBPROVIDER - IRF	0	58,917	4,125,426	769,619	558,688	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	492,322	72,261,628	13,480,768	4,393,128	50.00
51.00	05100	RECOVERY ROOM	0	160,965	12,487,788	2,329,659	1,307,194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	37,800	8,226,316	1,534,660	91,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	285,687	30,141,909	5,623,124	1,939,204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	63,272	8,865,036	1,653,817	1,390,178	55.00
56.00	05600	RADIOISOTOPE	0	30,808	4,785,207	892,704	139,550	56.00
57.00	05700	CT SCAN	0	56,895	7,084,787	1,321,702	466,715	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58,765	8,123,136	1,515,412	453,934	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	12,615	933,833	174,211	24,033	59.01
60.00	06000	LABORATORY	0	339,172	48,784,621	9,101,015	1,945,136	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			2.00	4.00	4A	5.00	6.00	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	200,037	19,748,479	3,684,177	372,602	65.00
65.01	03550	NEUROPSYCH TESTING	0	5,672	486,547	90,768	148,967	65.01
66.00	06600	PHYSICAL THERAPY	0	317,577	23,132,615	4,315,505	787,704	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	144,922	26,389,720	4,923,134	1,082,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,544	2,314,091	431,705	335,421	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,719,906	320,857	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	37,987,781	7,086,810	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	195,920,176	36,549,834	0	73.00
74.00	07400	RENAL DIALYSIS	0	38,248	3,146,263	586,951	193,670	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	7,455	577,444	107,725	176,058	75.01
75.02	03540	ORTHOTICS LAB	0	16,445	1,855,058	346,070	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	98,125	7,129,751	1,330,091	214,767	90.00
90.01	09001	CLINIC CSC	0	674,527	51,790,682	9,661,811	8,624,508	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	141,068	11,349,319	2,117,272	18,713	90.02
90.03	09003	CLINIC WAISMAN	0	31,432	2,187,902	408,164	0	90.03
90.04	09004	CLINIC WEST	0	226,726	17,404,358	3,246,870	85,736	90.04
90.05	09005	CLINIC EAST	0	123,433	9,503,982	1,773,015	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	39,439	3,729,230	695,707	0	90.06
90.07	09009	CLINIC DHC	0	127,050	12,584,328	2,347,669	1,234,851	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	4,194	273,256	50,977	0	90.08
91.00	09100	EMERGENCY	0	215,028	16,370,485	3,053,996	1,185,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	54,284	4,584,332	855,230	1,378,987	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	84,830	5,860,745	1,093,351	4,403	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	64,528	9,111,080	1,699,718	281,607	105.00
106.00	10600	HEART ACQUISITION	0	6,754	2,352,331	438,839	35,468	106.00
107.00	10700	LIVER ACQUISITION	0	30,442	5,511,204	1,028,143	140,406	107.00
108.00	10800	LUNG ACQUISITION	0	11,023	2,133,925	398,094	51,123	108.00
109.00	10900	PANCREAS ACQUISITION	0	11,120	2,516,265	469,422	60,052	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	-50,048	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	125	23	0	111.00
112.00	08600	POST TRANSPLANT	0	60,851	4,604,748	859,039	174,529	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,263,963	1,253,838,281	196,054,992	50,089,448	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,199	698,300	130,271	107,261	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	47,511	4,929,368	919,598	100,963	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	2,040	313,437	58,473	380,918	194.02
194.03	07953	FAMILY MEDICINE	0	0	11,028	2,057	0	194.03
194.04	07954	COMMUNICATION AIDS	0	423	463,238	86,419	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	28,232	1,510,327	281,759	100,963	194.05
194.07	07956	PUBLIC AFFAIRS	0	41,850	8,193,854	1,528,604	0	194.07
194.08	07958	RETAIL PHARMACIES	0	45,855	20,919,169	3,902,576	0	194.08
200.00		Cross Foot Adjustments			0			200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	4.00	4A	5.00	6.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	10,432,073	1,290,877,002	202,964,749	50,779,553	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,810,536				8.00
9.00	00900	HOUSEKEEPING	0	328,655	21,766,562			9.00
10.00	01000	DIETARY	0	28,973	839,066	12,614,756		10.00
11.00	01100	CAFETERIA	0	0	0	8,838,819	8,838,819	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	9,120	299,750	0	374,601	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	53,243	819,165	0	322,137	14.00
15.00	01500	PHARMACY	0	20,165	471,143	0	443,530	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3	31,655	0	30,498	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	2,774	102,446	0	23,257	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	32,805	265,317	0	1,104,457	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	18,886	0	29,937	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	12	0	0	16,484	23.02
23.03	02303	DIETARY PROGRAM	0	0	2,912	0	1,703	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	10,141	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	1,069	0	0	9,355	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	1,403	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,281,924	4,074,160	2,953,198	1,771,016	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	162,559	284,096	76,011	199,210	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	41,423	146,469	98,811	75,384	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	40,855	49,072	36,064	45,504	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	96,154	399,044	54,855	117,857	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	89,019	312,893	88,934	114,208	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	14,493	234,730	17,215	63,653	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	72,720	119,462	58,222	51,734	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	15,967	197,118	182,393	50,443	40.00
41.00	04100	SUBPROVIDER - IRF	0	54,160	244,053	187,930	70,931	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,233,346	1,919,059	0	547,055	50.00
51.00	05100	RECOVERY ROOM	0	72,272	571,024	185	177,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	42,101	39,803	0	65,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	179,590	847,107	0	311,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,493	607,274	0	62,998	55.00
56.00	05600	RADIOISOTOPE	0	8,427	60,960	0	29,450	56.00
57.00	05700	CT SCAN	0	67,275	203,876	0	61,370	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	47,217	198,293	0	55,832	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	124	10,498	0	19,047	59.01
60.00	06000	LABORATORY	0	16,511	849,698	0	442,745	60.00
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	992	162,764	0	250,757	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	65,074	0	10,908	65.01
66.00	06600	PHYSICAL THERAPY	0	30,252	344,095	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	121,959	472,960	0	164,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,068	146,523	39	37,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,494	84,601	0	34,708	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	242	76,908	0	8,981	75.01
75.02	03540	ORTHOTICS LAB	0	651	0	0	13,677	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	93,817	0	165,007	90.00
90.01	09001	CLINIC CSC	0	154,333	3,767,462	10,743	911,160	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	6,104	8,174	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	194	0	0	0	90.03
90.04	09004	CLINIC WEST	0	34,118	37,452	0	0	90.04
90.05	09005	CLINIC EAST	0	13,411	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	1,867	0	0	0	90.06
90.07	09009	CLINIC DHC	0	81,376	539,422	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	235,405	517,865	4,126	204,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	3,777	602,386	0	49,938	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	9	1,923	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	198	123,015	0	71,006	105.00
106.00	10600	HEART ACQUISITION	0	0	15,494	0	7,428	106.00
107.00	10700	LIVER ACQUISITION	0	78	61,334	0	33,492	107.00
108.00	10800	LUNG ACQUISITION	0	0	22,332	0	12,124	108.00
109.00	10900	PANCREAS ACQUISITION	0	11	26,232	0	12,237	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	76,240	0	66,965	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,746,988	21,465,102	12,607,545	8,755,259	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	46,855	0	6,586	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	60,518	44,104	0	16,465	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	2,088	166,397	7,211	31,714	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	942	44,104	0	28,795	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,810,536	21,766,562	12,614,756	8,838,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	35,321,301				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14,586,782			14.00
15.00	01500	PHARMACY	0	0	186,368	41,435,026		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	84	5	21,397,169	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	815	4,181	33,709	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	15	49,451	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	1,619	973	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	1	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	3	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	21	1,611	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,924,667	1,119,600	2,696,423	2,399,483	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	1,116,360	266,744	400,393	406,586	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	422,449	150,341	100,366	136,950	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	255,000	68,003	104,819	86,373	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	660,463	142,443	183,633	249,170	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	640,017	111,506	195,483	255,823	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	356,707	58,316	29,217	137,146	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	289,916	57,591	120,976	73,544	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	282,681	5,643	24,322	74,638	40.00
41.00	04100	SUBPROVIDER - IRF	0	397,494	26,366	86,450	83,160	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,780,152	3,680,870	1,919,231	3,981,757	50.00
51.00	05100	RECOVERY ROOM	0	992,634	222,543	184,046	407,901	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	328,921	795,724	3,044,670	287,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	453,905	1,778,369	538,873	1,147,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	345,697	69,287	47,341	659,937	55.00
56.00	05600	RADIOISOTOPE	0	0	8,290	72,213	144,852	56.00
57.00	05700	CT SCAN	0	0	183,208	145,305	1,280,932	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	102,634	91,900	875,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	106,739	1,038	187	16,534	59.01
60.00	06000	LABORATORY	0	0	191,815	190,367	2,597,915	60.00
60.01	06001	BLOOD LABORATORY	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,406,276	1,158,239	49,507	527,038	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	31	0	12,912	65.01
66.00	06600	PHYSICAL THERAPY	0	0	95,005	48,641	578,372	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	724,423	2,036,050	330,452	1,252,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,600	14,524	28,700	112,577	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	194,501	97,426	43,208	71,230	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	7,109	3,133	29,821	75.01
75.02	03540	ORTHOTICS LAB	0	0	109,684	1,019	34,291	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	119	0	0	90.00
90.01	09001	CLINIC CSC	0	4,746,967	812,388	693,984	946,218	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	1,205,169	34,312	243,397	151,533	90.02
90.03	09003	CLINIC WAISMAN	0	88,495	5,068	414	17,387	90.03
90.04	09004	CLINIC WEST	0	1,606,648	160,202	160,398	273,305	90.04
90.05	09005	CLINIC EAST	0	882,959	62,095	101,741	147,172	90.05
90.06	09006	CLINIC RESEARCH PARK	0	310,781	59,186	14,258	58,879	90.06
90.07	09009	CLINIC DHC	0	949,645	277,887	150,198	344,318	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	23,277	0	0	0	90.08
91.00	09100	EMERGENCY	0	1,165,116	310,414	627,529	774,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	279,850	16,905	10,275	128,055	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	517,969	6,899	17,682	52,333	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	397,914	58,149	15,689	192,851	105.00
106.00	10600	HEART ACQUISITION	0	41,626	315	13,513	13,524	106.00
107.00	10700	LIVER ACQUISITION	0	187,685	23,064	6,222	55,946	107.00
108.00	10800	LUNG ACQUISITION	0	67,944	980	42,018	24,263	108.00
109.00	10900	PANCREAS ACQUISITION	0	68,573	3,373	909	20,181	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	375,265	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	34,616,485	14,578,681	12,835,323	21,156,566	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	525,414	2,612	107,352	808	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	177,724	4,340	6,159	14,675	194.02
194.03	07953	FAMILY MEDICINE	0	1,678	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	7,443	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	905	1,897	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	54	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	183	28,484,295	217,677	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	35,321,301	14,586,782	41,435,026	21,397,169	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			17.00	18.00	18.01	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	4,149,811			18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PHARMACY PROGRAM	0	0	0			23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0			23.02
23.03	02303	DIETARY PROGRAM	0	0	0			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0			23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0			23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			17.00	18.00	18.01	19.00	20.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,636,197	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	104,808	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	168,409	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	55,836	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	27,623	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	1,156,938	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	4,149,811	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	4,149,811	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	43,652,299					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	PHARMACY PROGRAM				1,646,539		23.01
23.02	02302	EMERGENCY MED PROGRAM					1,039,330	23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,158,822	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	342,977	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	150,500	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
			21.00	22.00	23.00	23.01	23.02	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,646,539	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	1,039,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,652,299	0	0	1,646,539	1,039,330	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	43,652,299	0	0	1,646,539	1,039,330	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM	139,426					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST		719,001				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST			790,772			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST				63,045		23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	139,426	0	0	0	205,931,848	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	20,725,727	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	7,673,919	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	4,635,262	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	12,865,355	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	13,236,784	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	6,923,074	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	5,560,845	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	5,748,577	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	6,754,777	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	106,196,994	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	18,752,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	14,456,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	719,001	790,772	0	44,470,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	63,045	13,794,103	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	6,141,653	56.00
57.00	05700	CT SCAN	0	0	0	0	10,815,170	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	11,464,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	1,286,244	59.01
60.00	06000	LABORATORY	0	0	0	0	64,119,823	60.00
60.01	06001	BLOOD LABORATORY	0	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	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	27,360,831	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	815,207	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	29,332,189	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	37,498,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	3,449,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,040,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	45,074,591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	234,116,549	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,466,052	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	987,421	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	2,360,450	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	8,933,552	90.00
90.01	09001	CLINIC CSC	0	0	0	0	82,120,256	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	15,133,993	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	2,707,624	90.03
90.04	09004	CLINIC WEST	0	0	0	0	23,009,087	90.04
90.05	09005	CLINIC EAST	0	0	0	0	12,484,375	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	4,869,908	90.06
90.07	09009	CLINIC DHC	0	0	0	0	18,509,694	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	347,510	90.08
91.00	09100	EMERGENCY	0	0	0	0	25,488,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,909,735	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	7,555,314	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	14,587,424	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,023,346	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	7,215,983	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	2,808,639	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	3,204,878	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	-50,048	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	148	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	7,313,724	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	139,426	719,001	790,772	63,045	1,216,229,417	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	989,280	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	6,707,202	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	1,163,136	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	14,763	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	557,100	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,969,692	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	9,722,512	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	53,523,900	194.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	139,426	719,001	790,772	63,045	1,290,877,002	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC				1.02
1.03	00103	CAP REL COSTS- EAST CLINIC				1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND				1.04
1.05	00105	CAP REL COSTS- WAISMAN				1.05
1.06	00106	CAP REL COSTS- USTATION				1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007				1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	01851	HISTOCOMPATIBILITY LAB				18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PHARMACY PROGRAM				23.01
23.02	02302	EMERGENCY MED PROGRAM				23.02
23.03	02303	DIETARY PROGRAM				23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST				23.06
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-43,158,822	162,773,026		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	20,725,727		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	7,673,919		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	4,635,262		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	12,865,355		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	13,236,784		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	6,923,074		31.06
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,560,845		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	-342,977	5,405,600		40.00
41.00	04100	SUBPROVIDER - IRF	-150,500	6,604,277		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	106,196,994		50.00
51.00	05100	RECOVERY ROOM	0	18,752,378		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	14,456,548		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,470,442		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,794,103		55.00
56.00	05600	RADIOISOTOPE	0	6,141,653		56.00
57.00	05700	CT SCAN	0	10,815,170		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,464,049		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	1,286,244		59.01
60.00	06000	LABORATORY	0	64,119,823		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	27,360,831		65.00
65.01	03550	NEUROPSYCH TESTING	0	815,207		65.01
66.00	06600	PHYSICAL THERAPY	0	29,332,189		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	37,498,704		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,449,137		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,040,763		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,074,591		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	234,116,549		73.00
74.00	07400	RENAL DIALYSIS	0	4,466,052		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	987,421		75.01
75.02	03540	ORTHOTICS LAB	0	2,360,450		75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-8,933,552	0		90.00
90.01	09001	CLINIC CSC	4,608,709	86,728,965		90.01
90.02	09002	CLINIC UNIVERSITY STATION	849,342	15,983,335		90.02
90.03	09003	CLINIC WAISMAN	151,956	2,859,580		90.03
90.04	09004	CLINIC WEST	1,291,304	24,300,391		90.04
90.05	09005	CLINIC EAST	700,641	13,185,016		90.05
90.06	09006	CLINIC RESEARCH PARK	273,306	5,143,214		90.06
90.07	09009	CLINIC DHC	1,038,791	19,548,485		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	19,503	367,013		90.08
91.00	09100	EMERGENCY	0	25,488,809		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	7,909,735		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	7,555,314		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	14,587,424		105.00
106.00	10600	HEART ACQUISITION	0	3,023,346		106.00
107.00	10700	LIVER ACQUISITION	0	7,215,983		107.00
108.00	10800	LUNG ACQUISITION	0	2,808,639		108.00
109.00	10900	PANCREAS ACQUISITION	0	3,204,878		109.00
110.00	11000	INTESTINAL ACQUISITION	0	-50,048		110.00
111.00	11100	ISLET ACQUISITION	0	148		111.00
112.00	08600	POST TRANSPLANT	0	7,313,724		112.00
112.01	08601	PRE TRANSPLANT	0	0		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0		112.02
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-43,652,299	1,172,577,118		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	989,280		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	6,707,202		194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	1,163,136		194.02
194.03	07953	FAMILY MEDICINE	0	14,763		194.03
194.04	07954	COMMUNICATION AIDS	0	557,100		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,969,692		194.05
194.07	07956	PUBLIC AFFAIRS	0	9,722,512		194.07
194.08	07958	RETAIL PHARMACIES	0	53,523,900		194.08
200.00		Cross Foot Adjustments	0	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part I Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118-201)	-43,652,299	1,247,224,703		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	573,074	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,054,052	0	0	0	926	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,092,089	0	2,712	1,239	9,120	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	47,530	0	3,038	6,664	11,494	9.00
10.00	01000	DIETARY	203,394	0	0	2,197	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,588,833	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,509,572	0	0	5,940	6,476	14.00
15.00	01500	PHARMACY	900,512	0	0	11,397	9,728	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,104	0	0	0	3,682	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	45,135	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,505	0	0	769	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	134,128	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	318	0	0	515	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	66,647	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	83,208	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	939,226	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	172,826	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	57,839	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	32,591	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	43,414	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	88,284	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	9,795	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	44,362	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	12,492	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,597	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,444,434	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	266,064	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	606,442	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,946,683	0	38,571	14,501	11,412	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,077,043	0	0	0	43,289	55.00
56.00	05600	RADIOISOTOPE	139,412	0	0	0	0	56.00
57.00	05700	CT SCAN	1,149,197	0	6,943	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,050,868	0	45,628	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	24,676	0	29,468	0	1,737	59.01
60.00	06000	LABORATORY	841,623	0	0	9,754	9,424	60.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	547,452	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	15,524	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	852,430	0	133,593	0	9,308	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	2,121,968	0	0	2,041	589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,791	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	49,361	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	31,960	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	79,358	0	9,605	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	125,511	0	5,826	7,752	4,353	90.00
90.01	09001	CLINIC CSC	1,175,609	0	0	1,591	1,496	90.01
90.02	09002	CLINIC UNIVERSITY STATION	192,174	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	1,986	0	0	0	0	90.03
90.04	09004	CLINIC WEST	141,968	0	0	483,741	758	90.04
90.05	09005	CLINIC EAST	57,102	0	0	0	331,754	90.05
90.06	09006	CLINIC RESEARCH PARK	137,108	0	193,736	0	0	90.06
90.07	09009	CLINIC DHC	2,057,407	0	0	21,432	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	356,725	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,793,132	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	131,351	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	155,681	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	533	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	61,750	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,657	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	9,030	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,546,562	0	469,120	569,533	455,546	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	911	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	24,741	0	292,011	0	676	194.01
194.02	07952	CLINICAL RESEARCH CENTER	45,975	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	62,528	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	166,973	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
194.08	07958	RETAIL PHARMACIES	188,272	0	0	0	0	194.08
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)	75,035,962	0	761,131	569,533	456,222	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	76,455	0	1,150	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,678,561	0	0	587,630	140,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,603,959	0	8,439	37,892	3,932	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56,405	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	237,859	0	8,603	0	0	9.00
10.00	01000	DIETARY	594,126	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	212,247	0	0	0	6,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	580,034	0	657	0	0	14.00
15.00	01500	PHARMACY	333,607	0	18,625	37,026	10,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,414	0	11,650	0	109,501	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	72,540	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	187,866	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	13,373	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	2,062	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,884,832	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	201,163	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	103,712	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	34,747	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	282,555	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	221,554	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	166,208	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	84,589	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	139,575	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	172,809	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,358,848	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	404,331	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,184	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	599,820	0	7,886	0	10,171	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	429,999	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	43,164	0	0	0	0	56.00
57.00	05700	CT SCAN	144,361	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,407	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	7,434	0	0	0	0	59.01
60.00	06000	LABORATORY	601,654	0	7,483	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	115,250	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	46,077	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	243,647	0	17,759	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	334,893	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,750	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	59,904	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	54,457	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	66,430	0	19,641	0	0	90.00
90.01	09001	CLINIC CSC	2,667,666	0	1,434	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	5,788	0	553,845	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	26,519	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	381,954	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	366,690	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	426,538	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,362	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	39,665	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,532	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,475	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,216	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,424	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	53,984	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,740,675	0	657,172	662,548	280,663	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,177	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	31,229	0	8,110	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	117,823	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	31,229	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,954,133	0	665,282	662,548	280,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			2.00	2A	4.00	5.00	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	650,679	650,679			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	41,461,264	82,151	41,543,415		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	5,759,382	12,265	1,634,157	7,405,804	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	56,430	78	148,941	26,595	8.00
9.00	00900	HOUSEKEEPING	0	315,188	12,614	665,155	112,151	9.00
10.00	01000	DIETARY	0	799,717	8,142	316,212	280,133	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,807,965	23,352	1,092,611	100,076	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,102,679	10,151	370,633	273,489	14.00
15.00	01500	PHARMACY	0	1,320,974	29,232	1,262,646	157,297	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	197,351	14,220	684,256	10,569	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	117,675	1,094	120,619	34,203	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	223,140	33,958	1,338,517	88,580	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	13,373	1,271	50,025	6,305	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	134,128	802	32,833	0	23.02
23.03	02303	DIETARY PROGRAM	0	2,895	75	4,124	972	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	66,647	570	22,812	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	83,208	570	25,060	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	82	1,984	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,824,058	94,625	4,089,822	1,360,211	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	373,989	11,298	552,343	94,849	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	161,551	4,410	198,444	48,901	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	67,338	2,797	123,488	16,383	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	325,969	7,350	323,366	133,226	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	309,838	6,827	344,747	104,464	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	176,003	3,923	176,169	78,368	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	128,951	3,184	142,989	39,884	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	152,067	3,242	132,624	65,810	40.00
41.00	04100	SUBPROVIDER - IRF	0	193,406	3,674	157,529	81,480	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,803,282	30,697	2,759,310	640,704	50.00
51.00	05100	RECOVERY ROOM	0	670,395	10,037	476,846	190,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	634,626	2,357	314,122	13,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,629,044	17,813	1,150,969	282,818	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,550,331	3,945	338,511	202,747	55.00
56.00	05600	RADIOISOTOPE	0	182,576	1,921	182,723	20,352	56.00
57.00	05700	CT SCAN	0	1,300,501	3,548	270,533	68,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,236,903	3,664	310,182	66,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	63,315	787	35,658	3,505	59.01
60.00	06000	LABORATORY	0	1,469,938	21,148	1,862,841	283,683	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			2.00	2A	4.00	5.00	6.00	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	662,702	12,473	754,096	54,341	65.00
65.01	03550	NEUROPSYCH TESTING	0	61,601	354	18,579	21,726	65.01
66.00	06600	PHYSICAL THERAPY	0	1,256,737	19,802	883,319	114,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,459,491	9,036	1,007,691	157,904	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	202,541	1,780	88,364	48,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	65,675	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,450,563	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,480,785	0	73.00
74.00	07400	RENAL DIALYSIS	0	109,265	2,385	120,140	28,245	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	86,417	465	22,050	25,677	75.01
75.02	03540	ORTHOTICS LAB	0	88,963	1,025	70,835	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	229,513	6,118	272,250	31,322	90.00
90.01	09001	CLINIC CSC	0	3,847,796	42,058	1,977,627	1,257,817	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	751,807	8,796	433,374	2,729	90.02
90.03	09003	CLINIC WAISMAN	0	1,986	1,960	83,545	0	90.03
90.04	09004	CLINIC WEST	0	652,986	14,137	664,585	12,504	90.04
90.05	09005	CLINIC EAST	0	388,856	7,696	362,910	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	330,844	2,459	142,401	0	90.06
90.07	09009	CLINIC DHC	0	2,460,793	7,922	480,533	180,093	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	262	10,434	0	90.08
91.00	09100	EMERGENCY	0	723,415	13,407	625,107	172,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,219,670	3,385	175,053	201,115	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	132,713	5,289	223,793	642	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	195,346	4,023	347,907	41,070	105.00
106.00	10600	HEART ACQUISITION	0	2,065	421	89,824	5,173	106.00
107.00	10700	LIVER ACQUISITION	0	78,225	1,898	210,445	20,477	107.00
108.00	10800	LUNG ACQUISITION	0	4,873	687	81,484	7,456	108.00
109.00	10900	PANCREAS ACQUISITION	0	12,454	693	96,084	8,758	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	5	0	111.00
112.00	08600	POST TRANSPLANT	0	53,984	3,794	175,832	25,454	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	98,381,819	640,199	40,129,091	7,305,157	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,088	137	26,665	15,643	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	356,767	2,962	188,228	14,725	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	163,798	127	11,969	55,554	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	421	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	26	17,689	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	93,757	1,760	57,672	14,725	194.05
194.07	07956	PUBLIC AFFAIRS	0	166,973	2,609	312,882	0	194.07
194.08	07958	RETAIL PHARMACIES	0	188,272	2,859	798,798	0	194.08
200.00		Cross Foot Adjustments		0				200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	2A	4.00	5.00	6.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	99,385,474	650,679	41,543,415	7,405,804	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	232,044				8.00
9.00	00900	HOUSEKEEPING	0	15,853	1,120,961			9.00
10.00	01000	DIETARY	0	1,398	43,211	1,448,813		10.00
11.00	01100	CAFETERIA	0	0	0	1,015,144	1,015,144	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	440	15,437	0	43,023	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,568	42,186	0	36,998	14.00
15.00	01500	PHARMACY	0	973	24,264	0	50,940	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,630	0	3,503	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	134	5,276	0	2,671	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,582	13,664	0	126,848	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	973	0	3,438	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	1	0	0	1,893	23.02
23.03	02303	DIETARY PROGRAM	0	0	150	0	196	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	1,165	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	52	0	0	1,074	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	161	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	61,835	209,817	339,177	203,404	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	7,841	14,631	8,730	22,879	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	1,998	7,543	11,349	8,658	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	1,971	2,527	4,142	5,226	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	4,638	20,550	6,300	13,536	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	4,294	16,114	10,214	13,117	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	699	12,088	1,977	7,311	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,508	6,152	6,687	5,942	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	770	10,151	20,948	5,793	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,612	12,569	21,584	8,146	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	59,493	98,830	0	62,830	50.00
51.00	05100	RECOVERY ROOM	0	3,486	29,407	21	20,344	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,031	2,050	0	7,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,663	43,625	0	35,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,423	31,274	0	7,235	55.00
56.00	05600	RADIOISOTOPE	0	406	3,139	0	3,382	56.00
57.00	05700	CT SCAN	0	3,245	10,499	0	7,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,278	10,212	0	6,412	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	6	541	0	2,188	59.01
60.00	06000	LABORATORY	0	796	43,759	0	50,849	60.00
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	48	8,382	0	28,800	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	3,351	0	1,253	65.01
66.00	06600	PHYSICAL THERAPY	0	1,459	17,721	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	5,883	24,357	0	18,904	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	293	7,546	4	4,352	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	651	4,357	0	3,986	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	12	3,961	0	1,031	75.01
75.02	03540	ORTHOTICS LAB	0	31	0	0	1,571	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	4,832	0	18,951	90.00
90.01	09001	CLINIC CSC	0	7,445	194,021	1,234	104,647	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	294	421	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	9	0	0	0	90.03
90.04	09004	CLINIC WEST	0	1,646	1,929	0	0	90.04
90.05	09005	CLINIC EAST	0	647	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	90	0	0	0	90.06
90.07	09009	CLINIC DHC	0	3,925	27,780	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	11,355	26,670	474	23,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	182	31,022	0	5,735	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	99	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10	6,335	0	8,155	105.00
106.00	10600	HEART ACQUISITION	0	0	798	0	853	106.00
107.00	10700	LIVER ACQUISITION	0	4	3,159	0	3,847	107.00
108.00	10800	LUNG ACQUISITION	0	0	1,150	0	1,392	108.00
109.00	10900	PANCREAS ACQUISITION	0	1	1,351	0	1,405	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	3,926	0	7,691	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	228,979	1,105,437	1,447,985	1,005,548	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,413	0	756	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	2,919	2,271	0	1,891	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	101	8,569	828	3,642	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	45	2,271	0	3,307	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	232,044	1,120,961	1,448,813	1,015,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,082,904				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,838,704			14.00
15.00	01500	PHARMACY	0	0	36,269	2,882,595		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16	0	911,545	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	159	291	1,436	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3	3,440	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	315	68	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	1	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	4	112	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,147,224	217,884	187,587	102,229	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	129,044	51,911	27,855	17,322	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	48,832	29,258	6,982	5,835	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	29,476	13,234	7,292	3,680	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	76,345	27,721	12,775	10,616	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	73,982	21,700	13,600	10,899	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	41,233	11,349	2,033	5,843	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33,512	11,208	8,416	3,133	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	32,676	1,098	1,692	3,180	40.00
41.00	04100	SUBPROVIDER - IRF	0	45,948	5,131	6,014	3,543	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	321,367	716,319	133,519	169,574	50.00
51.00	05100	RECOVERY ROOM	0	114,742	43,309	12,804	17,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,021	154,855	211,815	12,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,468	346,086	37,489	48,872	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,960	13,484	3,293	28,116	55.00
56.00	05600	RADIOISOTOPE	0	0	1,613	5,024	6,171	56.00
57.00	05700	CT SCAN	0	0	35,654	10,109	54,573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,973	6,393	37,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	12,338	202	13	704	59.01
60.00	06000	LABORATORY	0	0	37,329	13,244	110,683	60.00
60.01	06001	BLOOD LABORATORY	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	162,556	225,403	3,444	22,454	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	6	0	550	65.01
66.00	06600	PHYSICAL THERAPY	0	0	18,489	3,384	24,641	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	83,738	396,233	22,989	53,371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,497	2,826	1,997	4,796	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	22,483	18,960	3,006	3,035	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	1,383	218	1,270	75.01
75.02	03540	ORTHOTICS LAB	0	0	21,345	71	1,461	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	23	0	0	90.00
90.01	09001	CLINIC CSC	0	548,717	158,098	48,280	40,313	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	139,309	6,677	16,933	6,456	90.02
90.03	09003	CLINIC WAISMAN	0	10,229	986	29	741	90.03
90.04	09004	CLINIC WEST	0	185,718	31,177	11,159	11,644	90.04
90.05	09005	CLINIC EAST	0	102,064	12,084	7,078	6,270	90.05
90.06	09006	CLINIC RESEARCH PARK	0	35,924	11,518	992	2,509	90.06
90.07	09009	CLINIC DHC	0	109,773	54,079	10,449	14,669	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	2,691	0	0	0	90.08
91.00	09100	EMERGENCY	0	134,680	60,409	43,657	33,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	32,349	3,290	715	5,456	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	59,874	1,343	1,230	2,230	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	45,996	11,316	1,091	8,216	105.00
106.00	10600	HEART ACQUISITION	0	4,812	61	940	576	106.00
107.00	10700	LIVER ACQUISITION	0	21,695	4,489	433	2,384	107.00
108.00	10800	LUNG ACQUISITION	0	7,854	191	2,923	1,034	108.00
109.00	10900	PANCREAS ACQUISITION	0	7,927	656	63	860	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	43,378	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,001,432	2,837,127	892,941	901,295	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	60,734	508	7,468	34	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	20,544	845	428	625	194.02
194.03	07953	FAMILY MEDICINE	0	194	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	317	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	176	132	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	11	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	36	1,981,626	9,274	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,082,904	2,838,704	2,882,595	911,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			17.00	18.00	18.01	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	283,558			18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PHARMACY PROGRAM	0	0	0			23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0			23.02
23.03	02303	DIETARY PROGRAM	0	0	0			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0			23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0			23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0			31.06
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0			59.01
60.00	06000	LABORATORY	0	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			17.00	18.00	18.01	19.00	20.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0			65.01
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0			75.01
75.02	03540	ORTHOTICS LAB	0	0	0			75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	CLINIC CSC	0	0	0			90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0			90.02
90.03	09003	CLINIC WAISMAN	0	0	0			90.03
90.04	09004	CLINIC WEST	0	0	0			90.04
90.05	09005	CLINIC EAST	0	0	0			90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0			90.06
90.07	09009	CLINIC DHC	0	0	0			90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0			90.08
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	180,133			105.00
106.00	10600	HEART ACQUISITION	0	0	7,162			106.00
107.00	10700	LIVER ACQUISITION	0	0	11,507			107.00
108.00	10800	LUNG ACQUISITION	0	0	3,815			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,887			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	79,054			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	283,558	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0			194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0			194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0			194.02
194.03	07953	FAMILY MEDICINE	0	0	0			194.03
194.04	07954	COMMUNICATION AIDS	0	0	0			194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0			194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0			194.07
194.08	07958	RETAIL PHARMACIES	0	0	0			194.08
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	283,558	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,829,732					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	PHARMACY PROGRAM				75,385		23.01
23.02	02302	EMERGENCY MED PROGRAM					170,040	23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT						31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	05901	CARDIAC REHABILITATION						59.01
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
			21.00	22.00	23.00	23.01	23.02	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03550	NEUROPSYCH TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	ORTHOTICS LAB						75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAISMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09009	CLINIC DHC						90.07
90.08	09008	CLINIC THE AMERICAN CENTER						90.08
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07959	RONALD MCDONALD CARE MOBILE						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02
194.03	07953	FAMILY MEDICINE						194.03
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.07	07956	PUBLIC AFFAIRS						194.07
194.08	07958	RETAIL PHARMACIES						194.08
200.00		Cross Foot Adjustments	1,829,732	0	0	75,385	170,040	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,829,732	0	0	75,385	170,040	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM	8,412					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST		91,195				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST			110,080			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST				2,227		23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					11,837,873	30.00
31.00	03100	INTENSIVE CARE UNIT					0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT					1,312,692	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU					533,761	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT					277,554	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT					962,392	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT					929,796	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT					516,996	31.06
32.00	03200	CORONARY CARE UNIT					0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					393,566	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					430,051	40.00
41.00	04100	SUBPROVIDER - IRF					541,636	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					0	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
45.00	04500	NURSING FACILITY					0	45.00
46.00	04600	OTHER LONG TERM CARE					0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					10,795,925	50.00
51.00	05100	RECOVERY ROOM					1,589,413	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					1,392,960	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					4,653,620	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					3,220,319	55.00
56.00	05600	RADIOISOTOPE					407,307	56.00
57.00	05700	CT SCAN					1,763,777	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					2,699,528	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
59.01	05901	CARDIAC REHABILITATION					119,257	59.01
60.00	06000	LABORATORY					3,894,270	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					1,934,699	65.00
65.01	03550	NEUROPSYCH TESTING					107,420	65.01
66.00	06600	PHYSICAL THERAPY					2,340,433	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00
69.00	06900	ELECTROCARDIOLOGY					4,239,597	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					365,915	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					65,675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					1,450,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					7,480,785	73.00
74.00	07400	RENAL DIALYSIS					316,513	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
75.01	03560	PULMONARY FUNCTION TESTING					142,484	75.01
75.02	03540	ORTHOTICS LAB					185,302	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					563,009	90.00
90.01	09001	CLINIC CSC					8,228,053	90.01
90.02	09002	CLINIC UNIVERSITY STATION					1,366,796	90.02
90.03	09003	CLINIC WAISMAN					99,485	90.03
90.04	09004	CLINIC WEST					1,587,485	90.04
90.05	09005	CLINIC EAST					887,605	90.05
90.06	09006	CLINIC RESEARCH PARK					526,737	90.06
90.07	09009	CLINIC DHC					3,350,016	90.07
90.08	09008	CLINIC THE AMERICAN CENTER					13,387	90.08
91.00	09100	EMERGENCY					1,868,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
95.00	09500	AMBULANCE SERVICES					4,677,972	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.00	09900	CMHC					0	99.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					427,213	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION					849,598	105.00
106.00	10600	HEART ACQUISITION					112,685	106.00
107.00	10700	LIVER ACQUISITION					358,563	107.00
108.00	10800	LUNG ACQUISITION					112,859	108.00
109.00	10900	PANCREAS ACQUISITION					132,139	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					5	111.00
112.00	08600	POST TRANSPLANT					393,113	112.00
112.01	08601	PRE TRANSPLANT					0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS					0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	92,457,331	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					79,703	190.00
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00	19300	NONPAID WORKERS					0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE					0	194.00
194.01	07951	OTHER AUXILIARY SERVICES					638,507	194.01
194.02	07952	CLINICAL RESEARCH CENTER					267,030	194.02
194.03	07953	FAMILY MEDICINE					615	194.03
194.04	07954	COMMUNICATION AIDS					18,032	194.04
194.05	07955	INVESTIGATIONAL PHARMACY					173,845	194.05
194.07	07956	PUBLIC AFFAIRS					482,475	194.07
194.08	07958	RETAIL PHARMACIES					2,980,865	194.08
200.00		Cross Foot Adjustments	8,412	91,195	110,080	2,227	2,287,071	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,412	91,195	110,080	2,227	99,385,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC				1.02
1.03	00103	CAP REL COSTS- EAST CLINIC				1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND				1.04
1.05	00105	CAP REL COSTS- WAISMAN				1.05
1.06	00106	CAP REL COSTS- USTATION				1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007				1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	01851	HISTOCOMPATIBILITY LAB				18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PHARMACY PROGRAM				23.01
23.02	02302	EMERGENCY MED PROGRAM				23.02
23.03	02303	DIETARY PROGRAM				23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST				23.06
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	11,837,873		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	1,312,692		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	533,761		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	277,554		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	962,392		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	929,796		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	516,996		31.06
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	393,566		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	430,051		40.00
41.00	04100	SUBPROVIDER - IRF	0	541,636		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	10,795,925		50.00
51.00	05100	RECOVERY ROOM	0	1,589,413		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,392,960		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,653,620		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,220,319		55.00
56.00	05600	RADIOISOTOPE	0	407,307		56.00
57.00	05700	CT SCAN	0	1,763,777		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,699,528		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	119,257		59.01
60.00	06000	LABORATORY	0	3,894,270		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,934,699		65.00
65.01	03550	NEUROPSYCH TESTING	0	107,420		65.01
66.00	06600	PHYSICAL THERAPY	0	2,340,433		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	4,239,597		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	365,915		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	65,675		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,450,563		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,480,785		73.00
74.00	07400	RENAL DIALYSIS	0	316,513		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	142,484		75.01
75.02	03540	ORTHOTICS LAB	0	185,302		75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-563,009	0		90.00
90.01	09001	CLINIC CSC	288,456	8,516,509		90.01
90.02	09002	CLINIC UNIVERSITY STATION	47,917	1,414,713		90.02
90.03	09003	CLINIC WAISMAN	3,488	102,973		90.03
90.04	09004	CLINIC WEST	55,653	1,643,138		90.04
90.05	09005	CLINIC EAST	31,117	918,722		90.05
90.06	09006	CLINIC RESEARCH PARK	18,466	545,203		90.06
90.07	09009	CLINIC DHC	117,443	3,467,459		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	469	13,856		90.08
91.00	09100	EMERGENCY	0	1,868,532		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	4,677,972		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	427,213		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	849,598		105.00
106.00	10600	HEART ACQUISITION	0	112,685		106.00
107.00	10700	LIVER ACQUISITION	0	358,563		107.00
108.00	10800	LUNG ACQUISITION	0	112,859		108.00
109.00	10900	PANCREAS ACQUISITION	0	132,139		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	5		111.00
112.00	08600	POST TRANSPLANT	0	393,113		112.00
112.01	08601	PRE TRANSPLANT	0	0		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0		112.02
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	92,457,331		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	79,703		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	638,507		194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	267,030		194.02
194.03	07953	FAMILY MEDICINE	0	615		194.03
194.04	07954	COMMUNICATION AIDS	0	18,032		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	173,845		194.05
194.07	07956	PUBLIC AFFAIRS	0	482,475		194.07
194.08	07958	RETAIL PHARMACIES	0	2,980,865		194.08
200.00		Cross Foot Adjustments	0	2,287,071		200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B Part II Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	99,385,474		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	60,620				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	0	87,350			1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	0	0	94,545		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	1,107,794	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4,042	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	192	141,609	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	216	190	1,890	137,665	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	2,982	8.00
9.00	00900	HOUSEKEEPING	0	242	1,022	2,382	12,575	9.00
10.00	01000	DIETARY	0	0	337	0	31,410	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	11,221	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	911	1,342	30,665	14.00
15.00	01500	PHARMACY	0	0	1,748	2,016	17,637	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	763	1,185	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	3,835	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	118	0	9,932	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	707	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	79	0	109	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	152,514	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	10,635	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	5,483	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	1,837	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	14,938	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	11,713	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	8,787	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	4,472	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	7,379	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	9,136	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	71,839	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	21,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,490	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,072	2,224	2,365	31,711	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,971	22,733	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,282	56.00
57.00	05700	CT SCAN	0	553	0	0	7,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,634	0	0	7,423	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,347	0	360	393	59.01
60.00	06000	LABORATORY	0	0	1,496	1,953	31,808	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,093	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	2,436	65.01
66.00	06600	PHYSICAL THERAPY	0	10,640	0	1,929	12,881	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	313	122	17,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	5,485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,167	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	2,879	75.01
75.02	03540	ORTHOTICS LAB	0	765	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	464	1,189	902	3,512	90.00
90.01	09001	CLINIC CSC	0	0	244	310	141,033	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	306	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	74,192	157	1,402	90.04
90.05	09005	CLINIC EAST	0	0	0	68,751	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	15,430	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	3,287	0	20,193	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	19,386	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	22,550	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	72	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	2,097	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	81	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	871	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	170	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	181	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	2,854	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,363	87,350	94,405	1,096,509	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,754	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	23,257	0	140	1,651	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	6,229	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,651	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	761,131	569,533	456,222	20,954,133	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	12.555774	6.520126	4.825448	18.915189	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN	3,062					1.05
1.06	00106	CAP REL COSTS- USTATION	0	44,542				1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	35,967			1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	45,613		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					87,350	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	77	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	31,900	22,768	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	565	2,057	639	190	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	576	0	0	1,022	9.00
10.00	01000	DIETARY	0	0	0	0	337	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,119	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44	0	0	911	14.00
15.00	01500	PHARMACY	0	1,247	2,010	1,638	1,748	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	780	0	17,796	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	118	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	79	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	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	528	0	1,653	2,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	501	0	0	1,496	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,189	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	313	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,315	0	0	1,189	90.00
90.01	09001	CLINIC CSC	0	96	0	0	244	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	37,081	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,530	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	74,192	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	3,287	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,530	43,999	35,967	45,613	87,350	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	543	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	532	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	665,282	662,548	280,663	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	14.936060	18.420997	6.153136	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5A	5.00	6.00	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	483,981,701					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,124,230	-202,964,749	1,087,962,301			5.00
6.00	00600	MAINTENANCE & REPAIRS	9,125,566	0	42,795,785	830,377		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,700	0	3,900,519	2,982	0	8.00
9.00	00900	HOUSEKEEPING	9,385,524	0	17,419,264	12,575	0	9.00
10.00	01000	DIETARY	6,057,845	0	8,281,049	31,410	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	17,374,887	0	28,613,624	11,221	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,552,995	0	9,706,249	30,665	0	14.00
15.00	01500	PHARMACY	21,749,951	0	33,066,546	17,637	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,580,521	0	17,919,488	1,185	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	814,316	0	3,158,817	3,835	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,266,539	0	35,053,485	9,932	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	945,633	0	1,310,079	707	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	596,820	0	859,835	0	0	23.02
23.03	02303	DIETARY PROGRAM	56,088	0	107,997	109	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	424,379	0	597,408	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	424,078	0	656,283	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	61,224	0	51,950	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,248,504	0	107,105,473	152,514	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	8,406,442	0	14,464,911	10,635	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	3,281,348	0	5,196,916	5,483	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,081,068	0	3,233,929	1,837	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,468,897	0	8,468,416	14,938	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,079,962	0	9,028,341	11,713	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	2,918,536	0	4,613,567	8,787	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,369,191	0	3,744,627	4,472	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,412,069	0	3,473,207	7,379	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,733,317	0	4,125,426	9,136	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,840,283	0	72,261,628	71,839	0	50.00
51.00	05100	RECOVERY ROOM	7,467,645	0	12,487,788	21,376	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,753,642	0	8,226,316	1,490	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,253,862	0	30,141,909	31,711	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,935,388	0	8,865,036	22,733	0	55.00
56.00	05600	RADIOISOTOPE	1,429,284	0	4,785,207	2,282	0	56.00
57.00	05700	CT SCAN	2,639,528	0	7,084,787	7,632	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,726,259	0	8,123,136	7,423	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	585,248	0	933,833	393	0	59.01
60.00	06000	LABORATORY	15,735,172	0	48,784,621	31,808	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5A	5.00	6.00	7.00	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,280,294	0	19,748,479	6,093	0	65.00
65.01	03550	NEUROPSYCH TESTING	263,118	0	486,547	2,436	0	65.01
66.00	06600	PHYSICAL THERAPY	14,733,347	0	23,132,615	12,881	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,723,381	0	26,389,720	17,705	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,324,240	0	2,314,091	5,485	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,719,906	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	37,987,781	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	195,920,176	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,774,445	0	3,146,263	3,167	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	345,852	0	577,444	2,879	0	75.01
75.02	03540	ORTHOTICS LAB	762,927	0	1,855,058	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,552,325	0	7,129,751	3,512	0	90.00
90.01	09001	CLINIC CSC	31,293,288	0	51,790,682	141,033	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	6,544,544	0	11,349,319	306	0	90.02
90.03	09003	CLINIC WAISMAN	1,458,204	0	2,187,902	0	0	90.03
90.04	09004	CLINIC WEST	10,518,478	0	17,404,358	1,402	0	90.04
90.05	09005	CLINIC EAST	5,726,436	0	9,503,982	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	1,829,712	0	3,729,230	0	0	90.06
90.07	09009	CLINIC DHC	5,894,232	0	12,584,328	20,193	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	194,577	0	273,256	0	0	90.08
91.00	09100	EMERGENCY	9,975,772	0	16,370,485	19,386	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,518,411	0	4,584,332	22,550	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,935,532	0	5,860,745	72	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,993,630	0	9,111,080	4,605	0	105.00
106.00	10600	HEART ACQUISITION	313,356	0	2,352,331	580	0	106.00
107.00	10700	LIVER ACQUISITION	1,412,276	0	5,511,204	2,296	0	107.00
108.00	10800	LUNG ACQUISITION	511,398	0	2,133,925	836	0	108.00
109.00	10900	PANCREAS ACQUISITION	515,870	0	2,516,265	982	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	50,048	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	125	0	0	111.00
112.00	08600	POST TRANSPLANT	2,823,037	0	4,604,748	2,854	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	476,182,623	-202,914,701	1,050,923,580	819,092	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,998	0	698,300	1,754	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,204,157	0	4,929,368	1,651	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	94,624	0	313,437	6,229	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	11,028	0	0	194.03
194.04	07954	COMMUNICATION AIDS	19,615	0	463,238	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,309,769	0	1,510,327	1,651	0	194.05
194.07	07956	PUBLIC AFFAIRS	1,941,550	0	8,193,854	0	0	194.07
194.08	07958	RETAIL PHARMACIES	2,127,365	0	20,919,169	0	0	194.08
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5A	5.00	6.00	7.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,432,073		202,964,749	50,779,553	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.021555		0.186555	61.152408	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	650,679		41,543,415	7,405,804	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001344		0.038185	8.918604	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,235,103					8.00
9.00	00900	HOUSEKEEPING	289,342	814,820				9.00
10.00	01000	DIETARY	25,507	31,410	1,296,311			10.00
11.00	01100	CAFETERIA	0	0	908,290	472,401		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,029	11,221	0	20,021	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46,874	30,665	0	17,217	0	14.00
15.00	01500	PHARMACY	17,753	17,637	0	23,705	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	1,185	0	1,630	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	2,442	3,835	0	1,243	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	28,881	9,932	0	59,029	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	707	0	1,600	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	11	0	0	881	0	23.02
23.03	02303	DIETARY PROGRAM	0	109	0	91	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	542	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	941	0	0	500	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	75	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,128,580	152,514	303,475	94,654	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	143,114	10,635	7,811	10,647	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	36,468	5,483	10,154	4,029	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	35,968	1,837	3,706	2,432	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	84,652	14,938	5,637	6,299	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	78,371	11,713	9,139	6,104	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	12,759	8,787	1,769	3,402	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	64,021	4,472	5,983	2,765	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	14,057	7,379	18,743	2,696	0	40.00
41.00	04100	SUBPROVIDER - IRF	47,681	9,136	19,312	3,791	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,085,814	71,839	0	29,238	0	50.00
51.00	05100	RECOVERY ROOM	63,627	21,376	19	9,467	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,065	1,490	0	3,510	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,108	31,711	0	16,647	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,965	22,733	0	3,367	0	55.00
56.00	05600	RADIOISOTOPE	7,419	2,282	0	1,574	0	56.00
57.00	05700	CT SCAN	59,228	7,632	0	3,280	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,569	7,423	0	2,984	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	109	393	0	1,018	0	59.01
60.00	06000	LABORATORY	14,536	31,808	0	23,663	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	873	6,093	0	13,402	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	2,436	0	583	0	65.01
66.00	06600	PHYSICAL THERAPY	26,633	12,881	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	107,370	17,705	0	8,797	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,342	5,485	4	2,025	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	11,880	3,167	0	1,855	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	213	2,879	0	480	0	75.01
75.02	03540	ORTHOTICS LAB	573	0	0	731	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	3,512	0	8,819	0	90.00
90.01	09001	CLINIC CSC	135,872	141,033	1,104	48,698	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	5,374	306	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	171	0	0	0	0	90.03
90.04	09004	CLINIC WEST	30,037	1,402	0	0	0	90.04
90.05	09005	CLINIC EAST	11,807	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	1,644	0	0	0	0	90.06
90.07	09009	CLINIC DHC	71,642	20,193	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	207,246	19,386	424	10,912	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,325	22,550	0	2,669	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8	72	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	174	4,605	0	3,795	0	105.00
106.00	10600	HEART ACQUISITION	0	580	0	397	0	106.00
107.00	10700	LIVER ACQUISITION	69	2,296	0	1,790	0	107.00
108.00	10800	LUNG ACQUISITION	0	836	0	648	0	108.00
109.00	10900	PANCREAS ACQUISITION	10	982	0	654	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	2,854	0	3,579	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,179,157	803,535	1,295,570	467,935	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,754	0	352	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	53,279	1,651	0	880	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,838	6,229	741	1,695	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	829	1,651	0	1,539	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,810,536	21,766,562	12,614,756	8,838,819	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.135872	26.713338	9.731273	18.710416	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	232,044	1,120,961	1,448,813	1,015,144	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.054791	1.375716	1.117643	2.148903	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	336,868					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49,096,613				14.00
15.00	01500	PHARMACY	0	627,282	24,199,459			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	284	3	2,866,833,348		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	2,742	2,442	4,516,271	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	52	28,881	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	5,449	568	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	3	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	9	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	72	941	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	94,654	3,768,378	1,574,803	321,474,198	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	10,647	897,812	233,843	54,472,910	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	4,029	506,023	58,617	18,348,045	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,432	228,886	61,218	11,571,893	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	6,299	479,438	107,248	33,382,908	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	6,104	375,311	114,169	34,274,286	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	3,402	196,280	17,064	18,374,349	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,765	193,842	70,654	9,853,156	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,696	18,994	14,205	9,999,770	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,791	88,744	50,490	11,141,517	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,515	12,389,225	1,120,896	533,578,653	0	50.00
51.00	05100	RECOVERY ROOM	9,467	749,041	107,489	54,649,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,137	2,678,267	1,778,191	38,526,494	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,329	5,985,679	314,720	153,686,554	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,297	233,207	27,649	88,416,008	0	55.00
56.00	05600	RADIOISOTOPE	0	27,902	42,175	19,406,740	0	56.00
57.00	05700	CT SCAN	0	616,646	84,863	171,614,717	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	345,447	53,673	117,321,971	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,018	3,493	109	2,215,136	0	59.01
60.00	06000	LABORATORY	0	645,615	111,181	348,059,341	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,412	3,898,430	28,914	70,610,620	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	106	0	1,729,926	0	65.01
66.00	06600	PHYSICAL THERAPY	0	319,769	28,408	77,488,179	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,909	6,852,988	192,995	167,833,253	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206	48,885	16,762	15,082,721	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	1,855	327,919	25,235	9,543,168	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	23,926	1,830	3,995,260	0	75.01
75.02	03540	ORTHOTICS LAB	0	369,177	595	4,594,228	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	399	0	0	0	90.00
90.01	09001	CLINIC CSC	45,273	2,734,357	405,310	126,770,856	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	11,494	115,487	142,152	20,301,854	0	90.02
90.03	09003	CLINIC WAISMAN	844	17,058	242	2,329,471	0	90.03
90.04	09004	CLINIC WEST	15,323	539,213	93,678	36,616,424	0	90.04
90.05	09005	CLINIC EAST	8,421	209,000	59,420	19,717,558	0	90.05
90.06	09006	CLINIC RESEARCH PARK	2,964	199,211	8,327	7,888,382	0	90.06
90.07	09009	CLINIC DHC	9,057	935,319	87,721	46,130,486	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	222	0	0	0	0	90.08
91.00	09100	EMERGENCY	11,112	1,044,800	366,498	103,814,813	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,669	56,898	6,001	17,156,338	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,940	23,220	10,327	7,011,387	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,795	195,718	9,163	25,837,435	0	105.00
106.00	10600	HEART ACQUISITION	397	1,061	7,892	1,811,862	0	106.00
107.00	10700	LIVER ACQUISITION	1,790	77,631	3,634	7,495,446	0	107.00
108.00	10800	LUNG ACQUISITION	648	3,299	24,540	3,250,690	0	108.00
109.00	10900	PANCREAS ACQUISITION	654	11,352	531	2,703,745	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	3,579	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	330,146	49,069,346	7,496,267	2,834,598,159	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	5,011	8,790	62,697	108,277	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,695	14,607	3,597	1,966,153	0	194.02
194.03	07953	FAMILY MEDICINE	16	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	997,205	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	3,046	1,108	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	183	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	616	16,635,790	29,163,554	0	194.08
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	35,321,301	14,586,782	41,435,026	21,397,169	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	104.852052	0.297104	1.712229	0.007464	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,082,904	2,838,704	2,882,595	911,545	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	12.120190	0.057819	0.119118	0.000318	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			18.00	18.01	19.00	20.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0					18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	654,102				18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			42,637	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PHARMACY PROGRAM	0	0				23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0				23.02
23.03	02303	DIETARY PROGRAM	0	0				23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0				23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0				23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	42,155	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	335	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	147	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			18.00	18.01	19.00	20.00	21.00	
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	415,523	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	16,520	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	26,545	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	8,801	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	4,354	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	182,359	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	654,102	0	0	42,637	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			18.00	18.01	19.00	20.00	21.00	
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,149,811	0	0	43,652,299	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.344287	0.000000	0.000000	1,023.812628	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	283,558	0	0	1,829,732	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.433507	0.000000	0.000000	42.914183	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,637					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
23.01	02301	PHARMACY PROGRAM			100			23.01
23.02	02302	EMERGENCY MED PROGRAM				100		23.02
23.03	02303	DIETARY PROGRAM					100	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,155	0	0	0	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	335	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	147	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	100	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,637	0	100	100	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	
			22.00	23.00	23.01	23.02	23.03	
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	1,646,539	1,039,330	139,426	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	16,465.390000	10,393.300000	1,394.260000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	75,385	170,040	8,412	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	753.850000	1,700.400000	84.120000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
			23.04	23.05	23.06		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM					23.02
23.03	02303	DIETARY PROGRAM					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	100				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST		100			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST			100		23.06
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0		31.06
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	100	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	100		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0		59.01
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
			23.04	23.05	23.06		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0		75.01
75.02	03540	ORTHOTICS LAB	0	0	0		75.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CLINIC CSC	0	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0	0		90.03
90.04	09004	CLINIC WEST	0	0	0		90.04
90.05	09005	CLINIC EAST	0	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0		90.06
90.07	09009	CLINIC DHC	0	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0		90.08
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	POST TRANSPLANT	0	0	0		112.00
112.01	08601	PRE TRANSPLANT	0	0	0		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0		112.02
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	100		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0		194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0		194.02
194.03	07953	FAMILY MEDICINE	0	0	0		194.03
194.04	07954	COMMUNICATION AIDS	0	0	0		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0		194.05
194.07	07956	PUBLIC AFFAIRS	0	0	0		194.07
194.08	07958	RETAIL PHARMACIES	0	0	0		194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-1 | Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
		23.04	23.05	23.06		
202.00	Cost to be allocated (per Wkst. B, Part I)	719,001	790,772	63,045		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7,190.010000	7,907.720000	630.450000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	91,195	110,080	2,227		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	911.950000	1,100.800000	22.270000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet B-2 | Date/Time Prepared: 11/24/2015 7:34 am

	Description	Worksheet Part	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	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00	ADJUST FOR NON CAP	1	90.00	-8,933,552	7.00
8.00	ADJUST FOR NON CAP	1	90.01	4,608,709	8.00
9.00	ADJUST FOR NON CAP	1	90.02	849,342	9.00
10.00	ADJUST FOR NON CAP	1	90.03	151,956	10.00
11.00	ADJUST FOR NON CAP	1	90.04	1,291,304	11.00
12.00	ADJUST FOR NON CAP	1	90.05	700,641	12.00
13.00	ADJUST FOR NON CAP	1	90.06	273,306	13.00
14.00	ADJUST FOR NON CAP	1	90.07	1,038,791	14.00
15.00	ADJUST FOR NON CAP	1	90.08	19,503	15.00
16.00	ADJUST FOR CAP	2	90.00	-563,009	16.00
17.00	ADJUST FOR CAP	2	90.01	288,456	17.00
18.00	ADJUST FOR CAP	2	90.02	47,917	18.00
19.00	ADJUST FOR CAP	2	90.03	3,488	19.00
20.00	ADJUST FOR CAP	2	90.04	55,653	20.00
21.00	ADJUST FOR CAP	2	90.05	31,117	21.00
22.00	ADJUST FOR CAP	2	90.06	18,466	22.00
23.00	ADJUST FOR CAP	2	90.07	117,443	23.00
24.00	ADJUST FOR CAP	2	90.08	469	24.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII Costs: Total Costs	Hospital Costs: RCE Disallowance	PPS Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	162,773,026		162,773,026	0	162,773,026	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,725,727		20,725,727	0	20,725,727	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	7,673,919		7,673,919	0	7,673,919	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	4,635,262		4,635,262	0	4,635,262	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	12,865,355		12,865,355	0	12,865,355	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	13,236,784		13,236,784	0	13,236,784	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	6,923,074		6,923,074	0	6,923,074	31.06
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,560,845		5,560,845	0	5,560,845	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,405,600		5,405,600	0	5,405,600	40.00
41.00	04100	SUBPROVIDER - IRF	6,604,277		6,604,277	0	6,604,277	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106,196,994		106,196,994	0	106,196,994	50.00
51.00	05100	RECOVERY ROOM	18,752,378		18,752,378	0	18,752,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,456,548		14,456,548	0	14,456,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,470,442		44,470,442	0	44,470,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,794,103		13,794,103	0	13,794,103	55.00
56.00	05600	RADIOISOTOPE	6,141,653		6,141,653	0	6,141,653	56.00
57.00	05700	CT SCAN	10,815,170		10,815,170	0	10,815,170	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,464,049		11,464,049	0	11,464,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,286,244		1,286,244	0	1,286,244	59.01
60.00	06000	LABORATORY	64,119,823		64,119,823	0	64,119,823	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,360,831	0	27,360,831	0	27,360,831	65.00
65.01	03550	NEUROPSYCH TESTING	815,207	0	815,207	0	815,207	65.01
66.00	06600	PHYSICAL THERAPY	29,332,189	0	29,332,189	0	29,332,189	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	37,498,704		37,498,704	0	37,498,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,449,137		3,449,137	0	3,449,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,040,763		2,040,763	0	2,040,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,074,591		45,074,591	0	45,074,591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	234,116,549		234,116,549	0	234,116,549	73.00
74.00	07400	RENAL DIALYSIS	4,466,052		4,466,052	0	4,466,052	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	987,421		987,421	0	987,421	75.01
75.02	03540	ORTHOTICS LAB	2,360,450		2,360,450	0	2,360,450	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CLINIC CSC	86,728,965		86,728,965	0	86,728,965	90.01
90.02	09002	CLINIC UNIVERSITY STATION	15,983,335		15,983,335	0	15,983,335	90.02
90.03	09003	CLINIC WAISMAN	2,859,580		2,859,580	0	2,859,580	90.03
90.04	09004	CLINIC WEST	24,300,391		24,300,391	0	24,300,391	90.04
90.05	09005	CLINIC EAST	13,185,016		13,185,016	0	13,185,016	90.05
90.06	09006	CLINIC RESEARCH PARK	5,143,214		5,143,214	0	5,143,214	90.06
90.07	09009	CLINIC DHC	19,548,485		19,548,485	0	19,548,485	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	367,013		367,013	0	367,013	90.08
91.00	09100	EMERGENCY	25,488,809		25,488,809	0	25,488,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,079,928		6,079,928		6,079,928	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	7,909,735		7,909,735	0	7,909,735	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 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	
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	7,555,314		7,555,314		7,555,314	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,587,424		14,587,424		14,587,424	105.00
106.00	10600	HEART ACQUISITION	3,023,346		3,023,346		3,023,346	106.00
107.00	10700	LIVER ACQUISITION	7,215,983		7,215,983		7,215,983	107.00
108.00	10800	LUNG ACQUISITION	2,808,639		2,808,639		2,808,639	108.00
109.00	10900	PANCREAS ACQUISITION	3,204,878		3,204,878		3,204,878	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	148		148		148	111.00
112.00	08600	POST TRANSPLANT	7,313,724		7,313,724		7,313,724	112.00
112.01	08601	PRE TRANSPLANT	0		0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	1,178,707,094	0	1,178,707,094	0	1,178,707,094	200.00
201.00		Less Observation Beds	6,079,928		6,079,928		6,079,928	201.00
202.00		Total (see instructions)	1,172,627,166	0	1,172,627,166	0	1,172,627,166	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 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	298,165,223		298,165,223			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	54,444,397		54,444,397			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	18,191,155		18,191,155			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	11,510,197		11,510,197			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	33,176,587		33,176,587			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	34,238,795		34,238,795			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	18,369,042		18,369,042			31.06
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,463,570		9,463,570			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	9,959,919		9,959,919			40.00
41.00	04100	SUBPROVIDER - IRF	11,140,828		11,140,828			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	356,673,387	136,964,595	493,637,982	0.215131	0.000000	50.00
51.00	05100	RECOVERY ROOM	33,599,103	21,050,037	54,649,140	0.343141	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	25,919,967	12,606,527	38,526,494	0.375237	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,831,922	92,820,056	150,651,978	0.295187	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,903,780	84,508,623	88,412,403	0.156020	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,979,442	17,427,298	19,406,740	0.316470	0.000000	56.00
57.00	05700	CT SCAN	56,609,009	115,005,708	171,614,717	0.063020	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,908,986	96,412,985	117,321,971	0.097714	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	340,855	1,874,281	2,215,136	0.580661	0.000000	59.01
60.00	06000	LABORATORY	153,341,532	188,786,201	342,127,733	0.187415	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	52,759,277	17,851,343	70,610,620	0.387489	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	169,343	1,560,583	1,729,926	0.471238	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	34,143,077	42,345,102	76,488,179	0.383487	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	62,936,807	98,733,324	161,670,131	0.231946	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,150,891	6,931,831	15,082,722	0.228681	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,221,070	143,088	3,364,158	0.606619	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,409,365	10,385,835	55,795,200	0.807858	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,831,529	352,884,554	526,716,083	0.444483	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,661,595	1,881,573	9,543,168	0.467984	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	287,117	3,708,143	3,995,260	0.247148	0.000000	75.01
75.02	03540	ORTHOTICS LAB	964,428	3,629,800	4,594,228	0.513786	0.000000	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC CSC	13,023,741	113,104,733	126,128,474	0.687624	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	47,109	20,254,746	20,301,855	0.787284	0.000000	90.02
90.03	09003	CLINIC WAISMAN	3,894	2,325,577	2,329,471	1.227566	0.000000	90.03
90.04	09004	CLINIC WEST	566,709	36,007,541	36,574,250	0.664413	0.000000	90.04
90.05	09005	CLINIC EAST	34,788	19,645,708	19,680,496	0.669953	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	5,302	7,883,080	7,888,382	0.651999	0.000000	90.06
90.07	09009	CLINIC DHC	63,956	46,066,530	46,130,486	0.423765	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0.000000	0.000000	90.08
91.00	09100	EMERGENCY	44,409,493	59,405,320	103,814,813	0.245522	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,785,669	23,785,669	0.255613	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	17,156,338	17,156,338	0.461039	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 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	
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	352	7,011,035	7,011,387			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	25,812,319	25,116	25,837,435			105.00
106.00	10600	HEART ACQUISITION	1,811,862	0	1,811,862			106.00
107.00	10700	LIVER ACQUISITION	7,495,446	0	7,495,446			107.00
108.00	10800	LUNG ACQUISITION	3,250,690	0	3,250,690			108.00
109.00	10900	PANCREAS ACQUISITION	2,703,745	0	2,703,745			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	1,698,531,601	1,660,182,880	3,358,714,481			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,698,531,601	1,660,182,880	3,358,714,481			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		31.06
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
46.00	04600	OTHER LONG TERM CARE		46.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.215131	50.00
51.00	05100	RECOVERY ROOM	0.343141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	55.00
56.00	05600	RADIOISOTOPE	0.316470	56.00
57.00	05700	CT SCAN	0.063020	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	59.01
60.00	06000	LABORATORY	0.187415	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	73.00
74.00	07400	RENAL DIALYSIS	0.467984	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	75.01
75.02	03540	ORTHOTICS LAB	0.513786	75.02
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	CLINIC CSC	0.687624	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	90.02
90.03	09003	CLINIC WAISMAN	1.227566	90.03
90.04	09004	CLINIC WEST	0.664413	90.04
90.05	09005	CLINIC EAST	0.669953	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	90.06
90.07	09009	CLINIC DHC	0.423765	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	90.08
91.00	09100	EMERGENCY	0.245522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	92.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.461039	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	POST TRANSPLANT			112.00
112.01	08601	PRE TRANSPLANT			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS			112.02
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
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: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	162,773,026		162,773,026	0	162,773,026	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,725,727		20,725,727	0	20,725,727	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	7,673,919		7,673,919	0	7,673,919	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	4,635,262		4,635,262	0	4,635,262	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	12,865,355		12,865,355	0	12,865,355	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	13,236,784		13,236,784	0	13,236,784	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	6,923,074		6,923,074	0	6,923,074	31.06
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,560,845		5,560,845	0	5,560,845	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,405,600		5,405,600	0	5,405,600	40.00
41.00	04100	SUBPROVIDER - IRF	6,604,277		6,604,277	0	6,604,277	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106,196,994		106,196,994	0	106,196,994	50.00
51.00	05100	RECOVERY ROOM	18,752,378		18,752,378	0	18,752,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,456,548		14,456,548	0	14,456,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,470,442		44,470,442	0	44,470,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,794,103		13,794,103	0	13,794,103	55.00
56.00	05600	RADIOISOTOPE	6,141,653		6,141,653	0	6,141,653	56.00
57.00	05700	CT SCAN	10,815,170		10,815,170	0	10,815,170	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,464,049		11,464,049	0	11,464,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,286,244		1,286,244	0	1,286,244	59.01
60.00	06000	LABORATORY	64,119,823		64,119,823	0	64,119,823	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,360,831	0	27,360,831	0	27,360,831	65.00
65.01	03550	NEUROPSYCH TESTING	815,207	0	815,207	0	815,207	65.01
66.00	06600	PHYSICAL THERAPY	29,332,189	0	29,332,189	0	29,332,189	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	37,498,704		37,498,704	0	37,498,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,449,137		3,449,137	0	3,449,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,040,763		2,040,763	0	2,040,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,074,591		45,074,591	0	45,074,591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	234,116,549		234,116,549	0	234,116,549	73.00
74.00	07400	RENAL DIALYSIS	4,466,052		4,466,052	0	4,466,052	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	987,421		987,421	0	987,421	75.01
75.02	03540	ORTHOTICS LAB	2,360,450		2,360,450	0	2,360,450	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CLINIC CSC	86,728,965		86,728,965	0	86,728,965	90.01
90.02	09002	CLINIC UNIVERSITY STATION	15,983,335		15,983,335	0	15,983,335	90.02
90.03	09003	CLINIC WAISMAN	2,859,580		2,859,580	0	2,859,580	90.03
90.04	09004	CLINIC WEST	24,300,391		24,300,391	0	24,300,391	90.04
90.05	09005	CLINIC EAST	13,185,016		13,185,016	0	13,185,016	90.05
90.06	09006	CLINIC RESEARCH PARK	5,143,214		5,143,214	0	5,143,214	90.06
90.07	09009	CLINIC DHC	19,548,485		19,548,485	0	19,548,485	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	367,013		367,013	0	367,013	90.08
91.00	09100	EMERGENCY	25,488,809		25,488,809	0	25,488,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,079,928		6,079,928		6,079,928	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	7,909,735		7,909,735	0	7,909,735	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	7,555,314		7,555,314		7,555,314	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,587,424		14,587,424		14,587,424	105.00
106.00	10600	HEART ACQUISITION	3,023,346		3,023,346		3,023,346	106.00
107.00	10700	LIVER ACQUISITION	7,215,983		7,215,983		7,215,983	107.00
108.00	10800	LUNG ACQUISITION	2,808,639		2,808,639		2,808,639	108.00
109.00	10900	PANCREAS ACQUISITION	3,204,878		3,204,878		3,204,878	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	148		148		148	111.00
112.00	08600	POST TRANSPLANT	7,313,724		7,313,724		7,313,724	112.00
112.01	08601	PRE TRANSPLANT	0		0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	1,178,707,094	0	1,178,707,094	0	1,178,707,094	200.00
201.00		Less Observation Beds	6,079,928		6,079,928		6,079,928	201.00
202.00		Total (see instructions)	1,172,627,166	0	1,172,627,166	0	1,172,627,166	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	298,165,223		298,165,223			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	54,444,397		54,444,397			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	18,191,155		18,191,155			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	11,510,197		11,510,197			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	33,176,587		33,176,587			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	34,238,795		34,238,795			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	18,369,042		18,369,042			31.06
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,463,570		9,463,570			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	9,959,919		9,959,919			40.00
41.00	04100	SUBPROVIDER - IRF	11,140,828		11,140,828			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	356,673,387	136,964,595	493,637,982	0.215131	0.000000	50.00
51.00	05100	RECOVERY ROOM	33,599,103	21,050,037	54,649,140	0.343141	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	25,919,967	12,606,527	38,526,494	0.375237	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,831,922	92,820,056	150,651,978	0.295187	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,903,780	84,508,623	88,412,403	0.156020	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,979,442	17,427,298	19,406,740	0.316470	0.000000	56.00
57.00	05700	CT SCAN	56,609,009	115,005,708	171,614,717	0.063020	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,908,986	96,412,985	117,321,971	0.097714	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	340,855	1,874,281	2,215,136	0.580661	0.000000	59.01
60.00	06000	LABORATORY	153,341,532	188,786,201	342,127,733	0.187415	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	52,759,277	17,851,343	70,610,620	0.387489	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	169,343	1,560,583	1,729,926	0.471238	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	34,143,077	42,345,102	76,488,179	0.383487	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	62,936,807	98,733,324	161,670,131	0.231946	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,150,891	6,931,831	15,082,722	0.228681	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,221,070	143,088	3,364,158	0.606619	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,409,365	10,385,835	55,795,200	0.807858	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,831,529	352,884,554	526,716,083	0.444483	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,661,595	1,881,573	9,543,168	0.467984	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	287,117	3,708,143	3,995,260	0.247148	0.000000	75.01
75.02	03540	ORTHOTICS LAB	964,428	3,629,800	4,594,228	0.513786	0.000000	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC CSC	13,023,741	113,104,733	126,128,474	0.687624	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	47,109	20,254,746	20,301,855	0.787284	0.000000	90.02
90.03	09003	CLINIC WAISMAN	3,894	2,325,577	2,329,471	1.227566	0.000000	90.03
90.04	09004	CLINIC WEST	566,709	36,007,541	36,574,250	0.664413	0.000000	90.04
90.05	09005	CLINIC EAST	34,788	19,645,708	19,680,496	0.669953	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	5,302	7,883,080	7,888,382	0.651999	0.000000	90.06
90.07	09009	CLINIC DHC	63,956	46,066,530	46,130,486	0.423765	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0.000000	0.000000	90.08
91.00	09100	EMERGENCY	44,409,493	59,405,320	103,814,813	0.245522	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,785,669	23,785,669	0.255613	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	17,156,338	17,156,338	0.461039	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

Title XIX Hospital Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	352	7,011,035	7,011,387			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	25,812,319	25,116	25,837,435			105.00
106.00	10600	HEART ACQUISITION	1,811,862	0	1,811,862			106.00
107.00	10700	LIVER ACQUISITION	7,495,446	0	7,495,446			107.00
108.00	10800	LUNG ACQUISITION	3,250,690	0	3,250,690			108.00
109.00	10900	PANCREAS ACQUISITION	2,703,745	0	2,703,745			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	1,698,531,601	1,660,182,880	3,358,714,481			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,698,531,601	1,660,182,880	3,358,714,481			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost	
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT					31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU					31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT					31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT					31.04
31.05	03103	NEURO INTENSIVE CARE UNIT					31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT					31.06
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
42.00	04200	SUBPROVIDER					42.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
46.00	04600	OTHER LONG TERM CARE					46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000				50.00
51.00	05100	RECOVERY ROOM	0.000000				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000				52.00
53.00	05300	ANESTHESIOLOGY	0.000000				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000				55.00
56.00	05600	RADIOISOTOPE	0.000000				56.00
57.00	05700	CT SCAN	0.000000				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000				58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000				59.00
59.01	05901	CARDIAC REHABILITATION	0.000000				59.01
60.00	06000	LABORATORY	0.000000				60.00
60.01	06001	BLOOD LABORATORY	0.000000				60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000				63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000				64.00
65.00	06500	RESPIRATORY THERAPY	0.000000				65.00
65.01	03550	NEUROPSYCH TESTING	0.000000				65.01
66.00	06600	PHYSICAL THERAPY	0.000000				66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000				67.00
68.00	06800	SPEECH PATHOLOGY	0.000000				68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000				73.00
74.00	07400	RENAL DIALYSIS	0.000000				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000				75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000				75.01
75.02	03540	ORTHOTICS LAB	0.000000				75.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.000000				90.00
90.01	09001	CLINIC CSC	0.000000				90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000				90.02
90.03	09003	CLINIC WAISMAN	0.000000				90.03
90.04	09004	CLINIC WEST	0.000000				90.04
90.05	09005	CLINIC EAST	0.000000				90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000				90.06
90.07	09009	CLINIC DHC	0.000000				90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000				90.08
91.00	09100	EMERGENCY	0.000000				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000				92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000				94.00
95.00	09500	AMBULANCE SERVICES	0.000000				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000				97.00
99.00	09900	CMHC					99.00
99.10	09910	CORF					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					100.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/24/2015 7:34 am
	Title XIX	Hospital	Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	POST TRANSPLANT			112.00
112.01	08601	PRE TRANSPLANT			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS			112.02
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part I Date/Time Prepared: 11/24/2015 7:34 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	11,837,873	0	11,837,873	125,294	94.48	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	1,312,692		1,312,692	7,979	164.52	31.01
31.02	CARDIOTHORACIC SURGERY ICU	533,761		533,761	2,297	232.37	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	277,554		277,554	1,964	141.32	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	962,392		962,392	4,760	202.18	31.04
31.05	NEURO INTENSIVE CARE UNIT	929,796		929,796	5,403	172.09	31.05
31.06	NEONATAL INTENSIVE CARE UNIT	516,996		516,996	2,559	202.03	31.06
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	393,566		393,566	2,195	179.30	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	430,051	0	430,051	5,661	75.97	40.00
41.00	SUBPROVIDER - IRF	541,636	0	541,636	5,841	92.73	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	17,736,317		17,736,317	163,953		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	43,678	4,126,697	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	2,932	482,373	31.01
31.02	CARDIOTHORACIC SURGERY ICU	844	196,120	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	722	102,033	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	8	1,617	31.04
31.05	NEURO INTENSIVE CARE UNIT	1,985	341,599	31.05
31.06	NEONATAL INTENSIVE CARE UNIT	0	0	31.06
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	241	43,211	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	1,766	134,163	40.00
41.00	SUBPROVIDER - IRF	2,185	202,615	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	54,361	5,630,428	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part II Date/Time Prepared: 11/24/2015 7:34 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	10,795,925	493,637,982	0.021870	102,373,532	2,238,909	50.00
51.00	05100	RECOVERY ROOM	1,589,413	54,649,140	0.029084	10,986,775	319,539	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,392,960	38,526,494	0.036156	7,475,203	270,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,620	150,651,978	0.030890	17,999,672	556,010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,220,319	88,412,403	0.036424	1,386,670	50,508	55.00
56.00	05600	RADIOISOTOPE	407,307	19,406,740	0.020988	832,797	17,479	56.00
57.00	05700	CT SCAN	1,763,777	171,614,717	0.010278	18,130,591	186,346	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,699,528	117,321,971	0.023010	6,357,247	146,280	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	119,257	2,215,136	0.053837	126,266	6,798	59.01
60.00	06000	LABORATORY	3,894,270	342,127,733	0.011383	52,187,991	594,056	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,934,699	70,610,620	0.027400	16,591,568	454,609	65.00
65.01	03550	NEUROPSYCH TESTING	107,420	1,729,926	0.062095	45,065	2,798	65.01
66.00	06600	PHYSICAL THERAPY	2,340,433	76,488,179	0.030599	8,806,262	269,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,239,597	161,670,131	0.026224	25,755,164	675,403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	365,915	15,082,722	0.024261	1,473,951	35,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	65,675	3,364,158	0.019522	1,155,424	22,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,450,563	55,795,200	0.025998	14,099,653	366,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,480,785	526,716,083	0.014203	54,013,326	767,151	73.00
74.00	07400	RENAL DIALYSIS	316,513	9,543,168	0.033166	4,116,548	136,529	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	142,484	3,995,260	0.035663	92,459	3,297	75.01
75.02	03540	ORTHOTICS LAB	185,302	4,594,228	0.040334	233,673	9,425	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	8,516,509	126,128,474	0.067522	8,253,176	557,271	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,414,713	20,301,855	0.069684	20,873	1,455	90.02
90.03	09003	CLINIC WAISMAN	102,973	2,329,471	0.044204	0	0	90.03
90.04	09004	CLINIC WEST	1,643,138	36,574,250	0.044926	199,754	8,974	90.04
90.05	09005	CLINIC EAST	918,722	19,680,496	0.046682	18,115	846	90.05
90.06	09006	CLINIC RESEARCH PARK	545,203	7,888,382	0.069115	4,472	309	90.06
90.07	09009	CLINIC DHC	3,467,459	46,130,486	0.075166	34,054	2,560	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	13,856	0	0.000000	0	0	90.08
91.00	09100	EMERGENCY	1,868,532	103,814,813	0.017999	14,612,291	263,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	442,169	23,785,669	0.018590	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	68,099,036	2,794,787,865		367,382,572	7,964,174	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098

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

Worksheet D Part III Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	139,426	0	0	139,426	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0		0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0		0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0		0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0		0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0		0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
200.00		Total (lines 30-199)	0	139,426	0		139,426	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	125,294	1.11	43,678	48,483		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	7,979	0.00	2,932	0		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	2,297	0.00	844	0		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	1,964	0.00	722	0		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	4,760	0.00	8	0		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,403	0.00	1,985	0		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	2,559	0.00	0	0		31.06
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,195	0.00	241	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	5,661	0.00	1,766	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,841	0.00	2,185	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	163,953		54,361	48,483		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098

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

Worksheet D Part IV Date/Time Prepared: 11/24/2015 7:34 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	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,509,773	0	1,509,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	63,045	0	63,045	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,646,539	0	1,646,539	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	1,039,330	0	1,039,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	5,210	0	5,210	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	4,263,897	0	4,263,897	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098

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

Worksheet D Part IV Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	493,637,982	0.000000	0.000000	102,373,532	50.00
51.00	05100	RECOVERY ROOM	0	54,649,140	0.000000	0.000000	10,986,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,526,494	0.000000	0.000000	7,475,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,509,773	150,651,978	0.010022	0.010022	17,999,672	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	63,045	88,412,403	0.000713	0.000713	1,386,670	55.00
56.00	05600	RADIOISOTOPE	0	19,406,740	0.000000	0.000000	832,797	56.00
57.00	05700	CT SCAN	0	171,614,717	0.000000	0.000000	18,130,591	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	117,321,971	0.000000	0.000000	6,357,247	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,215,136	0.000000	0.000000	126,266	59.01
60.00	06000	LABORATORY	0	342,127,733	0.000000	0.000000	52,187,991	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	70,610,620	0.000000	0.000000	16,591,568	65.00
65.01	03550	NEUROPSYCH TESTING	0	1,729,926	0.000000	0.000000	45,065	65.01
66.00	06600	PHYSICAL THERAPY	0	76,488,179	0.000000	0.000000	8,806,262	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	161,670,131	0.000000	0.000000	25,755,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,082,722	0.000000	0.000000	1,473,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,364,158	0.000000	0.000000	1,155,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,795,200	0.000000	0.000000	14,099,653	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,646,539	526,716,083	0.003126	0.003126	54,013,326	73.00
74.00	07400	RENAL DIALYSIS	0	9,543,168	0.000000	0.000000	4,116,548	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	3,995,260	0.000000	0.000000	92,459	75.01
75.02	03540	ORTHOTICS LAB	0	4,594,228	0.000000	0.000000	233,673	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC CSC	0	126,128,474	0.000000	0.000000	8,253,176	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	20,301,855	0.000000	0.000000	20,873	90.02
90.03	09003	CLINIC WAISMAN	0	2,329,471	0.000000	0.000000	0	90.03
90.04	09004	CLINIC WEST	0	36,574,250	0.000000	0.000000	199,754	90.04
90.05	09005	CLINIC EAST	0	19,680,496	0.000000	0.000000	18,115	90.05
90.06	09006	CLINIC RESEARCH PARK	0	7,888,382	0.000000	0.000000	4,472	90.06
90.07	09009	CLINIC DHC	0	46,130,486	0.000000	0.000000	34,054	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0.000000	0.000000	0	90.08
91.00	09100	EMERGENCY	1,039,330	103,814,813	0.010011	0.010011	14,612,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,210	23,785,669	0.000219	0.000219	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	4,263,897	2,794,787,865			367,382,572	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part IV Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	29,828,423	0		50.00
51.00	05100	RECOVERY ROOM	0	5,300,782	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	2,230,555	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180,393	20,670,523	207,160		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	989	25,839,586	18,424		55.00
56.00	05600	RADIOISOTOPE	0	5,202,288	0		56.00
57.00	05700	CT SCAN	0	30,681,916	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,586,549	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	688,441	0		59.01
60.00	06000	LABORATORY	0	33,493,233	0		60.00
60.01	06001	BLOOD LABORATORY	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		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	676,463	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	300,609	0		65.01
66.00	06600	PHYSICAL THERAPY	0	880,904	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,852,190	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,170,454	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,984	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,602,285	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,846	61,879,616	193,436		73.00
74.00	07400	RENAL DIALYSIS	0	333,547	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	1,043,001	0		75.01
75.02	03540	ORTHOTICS LAB	0	11,083	0		75.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CLINIC CSC	0	34,006,332	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	5,901,954	0		90.02
90.03	09003	CLINIC WAISMAN	0	19,578	0		90.03
90.04	09004	CLINIC WEST	0	8,361,882	0		90.04
90.05	09005	CLINIC EAST	0	4,160,814	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	1,156,738	0		90.06
90.07	09009	CLINIC DHC	0	10,179,941	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0		90.08
91.00	09100	EMERGENCY	146,284	10,961,564	109,736		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	496,512	351,047,235	528,756		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 7:34 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	0.215131	29,828,423	0	0	6,417,018	50.00
51.00	05100	RECOVERY ROOM	0.343141	5,300,782	0	0	1,818,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	2,230,555	0	0	836,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	20,670,523	6,830	0	6,101,670	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	25,839,586	0	0	4,031,492	55.00
56.00	05600	RADIOISOTOPE	0.316470	5,202,288	0	0	1,646,368	56.00
57.00	05700	CT SCAN	0.063020	30,681,916	0	0	1,933,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	19,586,549	0	0	1,913,880	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	688,441	0	0	399,751	59.01
60.00	06000	LABORATORY	0.187415	33,493,233	17,307	0	6,277,134	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	676,463	0	0	262,122	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	300,609	0	0	141,658	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	880,904	0	0	337,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	32,852,190	0	0	7,619,934	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	1,170,454	0	0	267,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	25,984	30	0	15,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	3,602,285	131,184	0	2,910,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	61,879,616	10,728	1,631,919	27,504,437	73.00
74.00	07400	RENAL DIALYSIS	0.467984	333,547	0	0	156,095	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	1,043,001	0	0	257,776	75.01
75.02	03540	ORTHOTICS LAB	0.513786	11,083	0	0	5,694	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0.687624	34,006,332	0	0	23,383,570	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	5,901,954	0	0	4,646,514	90.02
90.03	09003	CLINIC WAISMAN	1.227566	19,578	0	0	24,033	90.03
90.04	09004	CLINIC WEST	0.664413	8,361,882	0	0	5,555,743	90.04
90.05	09005	CLINIC EAST	0.669953	4,160,814	0	0	2,787,550	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	1,156,738	0	0	754,192	90.06
90.07	09009	CLINIC DHC	0.423765	10,179,941	0	0	4,313,903	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	0	0	90.08
91.00	09100	EMERGENCY	0.245522	10,961,564	0	0	2,691,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.461039		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		351,047,235	166,079	1,631,919	115,012,689	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		351,047,235	166,079	1,631,919	115,012,689	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V | Date/Time Prepared: 11/24/2015 7:34 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	2,016	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	3,244	0		60.00
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,978	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,768	725,360		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	ORTHOTICS LAB	0	0		75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	116,024	725,360		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	116,024	725,360		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098
Component CCN: 52S098

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

Worksheet D Part II
Date/Time Prepared: 11/24/2015 7:34 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	10,795,925	493,637,982	0.021870	0	0	50.00
51.00	05100	RECOVERY ROOM	1,589,413	54,649,140	0.029084	6,917	201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,392,960	38,526,494	0.036156	1,215	44	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,620	150,651,978	0.030890	14,390	445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,220,319	88,412,403	0.036424	0	0	55.00
56.00	05600	RADIOISOTOPE	407,307	19,406,740	0.020988	1,377	29	56.00
57.00	05700	CT SCAN	1,763,777	171,614,717	0.010278	31,752	326	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,699,528	117,321,971	0.023010	26,526	610	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	119,257	2,215,136	0.053837	0	0	59.01
60.00	06000	LABORATORY	3,894,270	342,127,733	0.011383	333,877	3,801	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,934,699	70,610,620	0.027400	67,018	1,836	65.00
65.01	03550	NEUROPSYCH TESTING	107,420	1,729,926	0.062095	1,178	73	65.01
66.00	06600	PHYSICAL THERAPY	2,340,433	76,488,179	0.030599	289,720	8,865	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,239,597	161,670,131	0.026224	28,317	743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	365,915	15,082,722	0.024261	5,554	135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	65,675	3,364,158	0.019522	338	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,450,563	55,795,200	0.025998	75	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,480,785	526,716,083	0.014203	393,633	5,591	73.00
74.00	07400	RENAL DIALYSIS	316,513	9,543,168	0.033166	45,528	1,510	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	142,484	3,995,260	0.035663	0	0	75.01
75.02	03540	ORTHOTICS LAB	185,302	4,594,228	0.040334	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	8,516,509	126,128,474	0.067522	11,053	746	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,414,713	20,301,855	0.069684	0	0	90.02
90.03	09003	CLINIC WAISMAN	102,973	2,329,471	0.044204	0	0	90.03
90.04	09004	CLINIC WEST	1,643,138	36,574,250	0.044926	1,479	66	90.04
90.05	09005	CLINIC EAST	918,722	19,680,496	0.046682	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	545,203	7,888,382	0.069115	0	0	90.06
90.07	09009	CLINIC DHC	3,467,459	46,130,486	0.075166	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	13,856	0	0.000000	0	0	90.08
91.00	09100	EMERGENCY	1,868,532	103,814,813	0.017999	292,668	5,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,785,669	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	67,656,867	2,794,787,865		1,552,615	30,298	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52S098

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,509,773	0	1,509,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	63,045	0	63,045	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,646,539	0	1,646,539	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	1,039,330	0	1,039,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	4,258,687	0	4,258,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52S098

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	493,637,982	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	54,649,140	0.000000	0.000000	6,917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,526,494	0.000000	0.000000	1,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,509,773	150,651,978	0.010022	0.010022	14,390	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	63,045	88,412,403	0.000713	0.000713	0	55.00
56.00	05600	RADIOISOTOPE	0	19,406,740	0.000000	0.000000	1,377	56.00
57.00	05700	CT SCAN	0	171,614,717	0.000000	0.000000	31,752	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	117,321,971	0.000000	0.000000	26,526	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,215,136	0.000000	0.000000	0	59.01
60.00	06000	LABORATORY	0	342,127,733	0.000000	0.000000	333,877	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	70,610,620	0.000000	0.000000	67,018	65.00
65.01	03550	NEUROPSYCH TESTING	0	1,729,926	0.000000	0.000000	1,178	65.01
66.00	06600	PHYSICAL THERAPY	0	76,488,179	0.000000	0.000000	289,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	161,670,131	0.000000	0.000000	28,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,082,722	0.000000	0.000000	5,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,364,158	0.000000	0.000000	338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,795,200	0.000000	0.000000	75	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,646,539	526,716,083	0.003126	0.003126	393,633	73.00
74.00	07400	RENAL DIALYSIS	0	9,543,168	0.000000	0.000000	45,528	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	3,995,260	0.000000	0.000000	0	75.01
75.02	03540	ORTHOTICS LAB	0	4,594,228	0.000000	0.000000	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC CSC	0	126,128,474	0.000000	0.000000	11,053	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	20,301,855	0.000000	0.000000	0	90.02
90.03	09003	CLINIC WAISMAN	0	2,329,471	0.000000	0.000000	0	90.03
90.04	09004	CLINIC WEST	0	36,574,250	0.000000	0.000000	1,479	90.04
90.05	09005	CLINIC EAST	0	19,680,496	0.000000	0.000000	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	7,888,382	0.000000	0.000000	0	90.06
90.07	09009	CLINIC DHC	0	46,130,486	0.000000	0.000000	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0.000000	0.000000	0	90.08
91.00	09100	EMERGENCY	1,039,330	103,814,813	0.010011	0.010011	292,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,785,669	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	4,258,687	2,794,787,865			1,552,615	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52S098

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	144	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0		59.01
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,230	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0		75.01
75.02	03540	ORTHOTICS LAB	0	0	0		75.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CLINIC CSC	0	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0	0		90.03
90.04	09004	CLINIC WEST	0	0	0		90.04
90.05	09005	CLINIC EAST	0	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0		90.06
90.07	09009	CLINIC DHC	0	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0		90.08
91.00	09100	EMERGENCY	2,930	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	4,304	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet D Part II
Date/Time Prepared: 11/24/2015 7:34 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	10,795,925	493,637,982	0.021870	1,942	42	50.00
51.00	05100	RECOVERY ROOM	1,589,413	54,649,140	0.029084	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,392,960	38,526,494	0.036156	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,653,620	150,651,978	0.030890	62,771	1,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,220,319	88,412,403	0.036424	36,267	1,321	55.00
56.00	05600	RADIOISOTOPE	407,307	19,406,740	0.020988	448	9	56.00
57.00	05700	CT SCAN	1,763,777	171,614,717	0.010278	36,159	372	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,699,528	117,321,971	0.023010	18,541	427	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	119,257	2,215,136	0.053837	626	34	59.01
60.00	06000	LABORATORY	3,894,270	342,127,733	0.011383	269,994	3,073	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,934,699	70,610,620	0.027400	135,324	3,708	65.00
65.01	03550	NEUROPSYCH TESTING	107,420	1,729,926	0.062095	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,340,433	76,488,179	0.030599	2,790,697	85,393	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,239,597	161,670,131	0.026224	35,238	924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	365,915	15,082,722	0.024261	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	65,675	3,364,158	0.019522	16,693	326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,450,563	55,795,200	0.025998	34	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,480,785	526,716,083	0.014203	824,878	11,716	73.00
74.00	07400	RENAL DIALYSIS	316,513	9,543,168	0.033166	62,761	2,082	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	142,484	3,995,260	0.035663	0	0	75.01
75.02	03540	ORTHOTICS LAB	185,302	4,594,228	0.040334	13,145	530	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	8,516,509	126,128,474	0.067522	3,588	242	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,414,713	20,301,855	0.069684	0	0	90.02
90.03	09003	CLINIC WAISMAN	102,973	2,329,471	0.044204	0	0	90.03
90.04	09004	CLINIC WEST	1,643,138	36,574,250	0.044926	5,951	267	90.04
90.05	09005	CLINIC EAST	918,722	19,680,496	0.046682	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	545,203	7,888,382	0.069115	0	0	90.06
90.07	09009	CLINIC DHC	3,467,459	46,130,486	0.075166	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	13,856	0	0.000000	0	0	90.08
91.00	09100	EMERGENCY	1,868,532	103,814,813	0.017999	630	11	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,785,669	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	67,656,867	2,794,787,865		4,315,687	112,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 7:34 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	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,509,773	0	1,509,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	63,045	0	63,045	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,646,539	0	1,646,539	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	1,039,330	0	1,039,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	4,258,687	0	4,258,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 7:34 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	0	493,637,982	0.000000	0.000000	1,942	50.00
51.00	05100	RECOVERY ROOM	0	54,649,140	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,526,494	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,509,773	150,651,978	0.010022	0.010022	62,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	63,045	88,412,403	0.000713	0.000713	36,267	55.00
56.00	05600	RADIOISOTOPE	0	19,406,740	0.000000	0.000000	448	56.00
57.00	05700	CT SCAN	0	171,614,717	0.000000	0.000000	36,159	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	117,321,971	0.000000	0.000000	18,541	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,215,136	0.000000	0.000000	626	59.01
60.00	06000	LABORATORY	0	342,127,733	0.000000	0.000000	269,994	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	70,610,620	0.000000	0.000000	135,324	65.00
65.01	03550	NEUROPSYCH TESTING	0	1,729,926	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	76,488,179	0.000000	0.000000	2,790,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	161,670,131	0.000000	0.000000	35,238	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,082,722	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,364,158	0.000000	0.000000	16,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,795,200	0.000000	0.000000	34	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,646,539	526,716,083	0.003126	0.003126	824,878	73.00
74.00	07400	RENAL DIALYSIS	0	9,543,168	0.000000	0.000000	62,761	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	3,995,260	0.000000	0.000000	0	75.01
75.02	03540	ORTHOTICS LAB	0	4,594,228	0.000000	0.000000	13,145	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC CSC	0	126,128,474	0.000000	0.000000	3,588	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	20,301,855	0.000000	0.000000	0	90.02
90.03	09003	CLINIC WAISMAN	0	2,329,471	0.000000	0.000000	0	90.03
90.04	09004	CLINIC WEST	0	36,574,250	0.000000	0.000000	5,951	90.04
90.05	09005	CLINIC EAST	0	19,680,496	0.000000	0.000000	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	7,888,382	0.000000	0.000000	0	90.06
90.07	09009	CLINIC DHC	0	46,130,486	0.000000	0.000000	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0.000000	0.000000	0	90.08
91.00	09100	EMERGENCY	1,039,330	103,814,813	0.010011	0.010011	630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,785,669	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	4,258,687	2,794,787,865			4,315,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet D Part IV
Date/Time Prepared: 11/24/2015 7:34 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)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	629	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0		59.01
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,579	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0		75.01
75.02	03540	ORTHOTICS LAB	0	0	0		75.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CLINIC CSC	0	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0	0		90.03
90.04	09004	CLINIC WEST	0	0	0		90.04
90.05	09005	CLINIC EAST	0	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0		90.06
90.07	09009	CLINIC DHC	0	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0		90.08
91.00	09100	EMERGENCY	6	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	3,240	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 7:34 am

Title XIX | Hospital | Cost

		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	0.215131	0	5,938,211	0	0	50.00
51.00	05100	RECOVERY ROOM	0.343141	0	1,177,878	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	0	656,310	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	0	2,750,484	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	0	3,837,271	0	0	55.00
56.00	05600	RADIOISOTOPE	0.316470	0	324,805	0	0	56.00
57.00	05700	CT SCAN	0.063020	0	5,537,387	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	0	3,052,417	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	0	13,789	0	0	59.01
60.00	06000	LABORATORY	0.187415	0	7,094,598	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	0	1,547,557	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	0	153,573	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	0	1,586,689	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	0	3,886,283	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	0	475,392	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	0	16,556	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	0	448,986	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	0	7,368,663	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.467984	0	18,313	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	0	163,704	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.513786	0	534,349	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0.687624	0	5,860,324	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	0	466,539	0	0	90.02
90.03	09003	CLINIC WAISMAN	1.227566	0	591,280	0	0	90.03
90.04	09004	CLINIC WEST	0.664413	0	478,801	0	0	90.04
90.05	09005	CLINIC EAST	0.669953	0	388,975	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	0	114,126	0	0	90.06
90.07	09009	CLINIC DHC	0.423765	0	680,523	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	0	0	90.08
91.00	09100	EMERGENCY	0.245522	0	3,246,847	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	0	1,477,039	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.461039	0	91,447			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	59,979,116	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	59,979,116	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D Part V Date/Time Prepared: 11/24/2015 7:34 am

Title XIX | Hospital | Cost

		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	1,277,493	0		50.00
51.00	05100	RECOVERY ROOM	404,178	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	246,272	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	811,907	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	598,691	0		55.00
56.00	05600	RADIOISOTOPE	102,791	0		56.00
57.00	05700	CT SCAN	348,966	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	298,264	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	8,007	0		59.01
60.00	06000	LABORATORY	1,329,634	0		60.00
60.01	06001	BLOOD LABORATORY	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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	599,661	0		65.00
65.01	03550	NEUROPSYCH TESTING	72,369	0		65.01
66.00	06600	PHYSICAL THERAPY	608,475	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	901,408	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,713	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,043	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	362,717	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,275,245	0		73.00
74.00	07400	RENAL DIALYSIS	8,570	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	40,459	0		75.01
75.02	03540	ORTHOTICS LAB	274,541	0		75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC CSC	4,029,699	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	367,299	0		90.02
90.03	09003	CLINIC WAISMAN	725,835	0		90.03
90.04	09004	CLINIC WEST	318,122	0		90.04
90.05	09005	CLINIC EAST	260,595	0		90.05
90.06	09006	CLINIC RESEARCH PARK	74,410	0		90.06
90.07	09009	CLINIC DHC	288,382	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
91.00	09100	EMERGENCY	797,172	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	377,550	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	42,161			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	18,969,629	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	18,969,629	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 | Date/Time Prepared: 11/24/2015 7:34 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)	125,294	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	125,294	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	120,614	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)	43,678	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	162,773,026	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)	162,773,026	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	162,773,026	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)	1,299.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	56,743,400	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)	56,743,400	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-1 | Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	20,725,727	7,979	2,597.53	2,932	7,615,958	43.01
43.02	CARDIOTHORACIC SURGERY ICU	7,673,919	2,297	3,340.84	844	2,819,669	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	4,635,262	1,964	2,360.11	722	1,703,999	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	12,865,355	4,760	2,702.81	8	21,622	43.04
43.05	NEURO INTENSIVE CARE UNIT	13,236,784	5,403	2,449.90	1,985	4,863,052	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	6,923,074	2,559	2,705.38	0	0	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5,560,845	2,195	2,533.41	241	610,552	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	109,758,203	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	184,136,455	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)	5,342,133	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,460,686	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	13,802,819	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	170,333,636	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)	4,680	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,299.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,079,928	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,837,873	162,773,026	0.072726	6,079,928	442,169	90.00
91.00	Nursing School cost	0	162,773,026	0.000000	6,079,928	0	91.00
92.00	Allied health cost	139,426	162,773,026	0.000857	6,079,928	5,210	92.00
93.00	All other Medical Education	0	162,773,026	0.000000	6,079,928	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 7:34 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)	5,661	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,661	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,661	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,766	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,405,600	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,405,600	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,405,600	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)	954.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,686,318	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,686,318	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 520098
Component CCN: 52S098

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

Worksheet D-1
Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	497,121	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,183,439	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)	134,163	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	34,602	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	168,765	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,014,674	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	430,051	5,405,600	0.079557	0	0	90.00
91.00	Nursing School cost	0	5,405,600	0.000000	0	0	91.00
92.00	Allied health cost	0	5,405,600	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,405,600	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 7:34 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)	5,841	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,841	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,841	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)	2,185	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,604,277	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	6,604,277	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,604,277	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)	1,130.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,470,536	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)	2,470,536	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet D-1
Date/Time Prepared: 11/24/2015 7:34 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	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,630,106	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,100,642	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)	202,615	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	115,657	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	318,272	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,782,370	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	541,636	6,604,277	0.082013	0	0	90.00
91.00	Nursing School cost	0	6,604,277	0.000000	0	0	91.00
92.00	Allied health cost	0	6,604,277	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,604,277	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-3 | Date/Time Prepared: 11/24/2015 7:34 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		97,721,240		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		20,061,884		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		14,129,362		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		5,103,617		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		60,311		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		9,734,792		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,072,608		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.215131	102,373,532	22,023,720	50.00
51.00	05100	RECOVERY ROOM	0.343141	10,986,775	3,770,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	7,475,203	2,804,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	17,999,672	5,313,269	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	1,386,670	216,348	55.00
56.00	05600	RADIOISOTOPE	0.316470	832,797	263,555	56.00
57.00	05700	CT SCAN	0.063020	18,130,591	1,142,590	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	6,357,247	621,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	126,266	73,318	59.01
60.00	06000	LABORATORY	0.187415	52,187,991	9,780,812	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	16,591,568	6,429,050	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	45,065	21,236	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	8,806,262	3,377,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	25,755,164	5,973,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	1,473,951	337,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	1,155,424	700,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	14,099,653	11,390,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	54,013,326	24,008,005	73.00
74.00	07400	RENAL DIALYSIS	0.467984	4,116,548	1,926,479	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	92,459	22,851	75.01
75.02	03540	ORTHOTICS LAB	0.513786	233,673	120,058	75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	0.687624	8,253,176	5,675,082	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	20,873	16,433	90.02
90.03	09003	CLINIC WAISMAN	1.227566	0	0	90.03
90.04	09004	CLINIC WEST	0.664413	199,754	132,719	90.04
90.05	09005	CLINIC EAST	0.669953	18,115	12,136	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	4,472	2,916	90.06
90.07	09009	CLINIC DHC	0.423765	34,054	14,431	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	90.08
91.00	09100	EMERGENCY	0.245522	14,612,291	3,587,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		367,382,572	109,758,203	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)		367,382,572		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 520098
Component CCN: 52S098

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

Worksheet D-3
Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		3,111,547		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.215131	0	0	50.00
51.00	05100	RECOVERY ROOM	0.343141	6,917	2,374	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	1,215	456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	14,390	4,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	0	0	55.00
56.00	05600	RADIOISOTOPE	0.316470	1,377	436	56.00
57.00	05700	CT SCAN	0.063020	31,752	2,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	26,526	2,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	0	0	59.01
60.00	06000	LABORATORY	0.187415	333,877	62,574	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	67,018	25,969	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	1,178	555	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	289,720	111,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	28,317	6,568	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	5,554	1,270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	338	205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	75	61	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	393,633	174,963	73.00
74.00	07400	RENAL DIALYSIS	0.467984	45,528	21,306	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.513786	0	0	75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	0.687624	11,053	7,600	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	0	0	90.02
90.03	09003	CLINIC WAISMAN	1.227566	0	0	90.03
90.04	09004	CLINIC WEST	0.664413	1,479	983	90.04
90.05	09005	CLINIC EAST	0.669953	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	0	0	90.06
90.07	09009	CLINIC DHC	0.423765	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	90.08
91.00	09100	EMERGENCY	0.245522	292,668	71,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,552,615	497,121	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,552,615		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet D-3
Date/Time Prepared: 11/24/2015 7:34 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
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		4,054,736		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.215131	1,942	418	50.00
51.00	05100	RECOVERY ROOM	0.343141	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	62,771	18,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	36,267	5,658	55.00
56.00	05600	RADIOISOTOPE	0.316470	448	142	56.00
57.00	05700	CT SCAN	0.063020	36,159	2,279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	18,541	1,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	626	363	59.01
60.00	06000	LABORATORY	0.187415	269,994	50,601	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	135,324	52,437	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	2,790,697	1,070,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	35,238	8,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	16,693	10,126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	34	27	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	824,878	366,644	73.00
74.00	07400	RENAL DIALYSIS	0.467984	62,761	29,371	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.513786	13,145	6,754	75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	0.687624	3,588	2,467	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	0	0	90.02
90.03	09003	CLINIC WAISMAN	1.227566	0	0	90.03
90.04	09004	CLINIC WEST	0.664413	5,951	3,954	90.04
90.05	09005	CLINIC EAST	0.669953	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	0	0	90.06
90.07	09009	CLINIC DHC	0.423765	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	90.08
91.00	09100	EMERGENCY	0.245522	630	155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		4,315,687	1,630,106	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)		4,315,687		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet D-3 | Date/Time Prepared: 11/24/2015 7:34 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		28,243,665		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		5,265,600		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		1,091,979		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		528,995		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		5,460,876		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		2,909,660		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		4,161,587		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,755,590		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		1,091,176		40.00
41.00	04100	SUBPROVIDER - IRF		1,460,404		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.215131	20,853,813	4,486,302	50.00
51.00	05100	RECOVERY ROOM	0.343141	1,767,267	606,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.375237	1,516,212	568,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.295187	4,171,123	1,231,261	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.156020	444,283	69,317	55.00
56.00	05600	RADIOISOTOPE	0.316470	149,924	47,446	56.00
57.00	05700	CT SCAN	0.063020	4,702,138	296,329	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097714	1,695,802	165,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.580661	15,332	8,903	59.01
60.00	06000	LABORATORY	0.187415	12,905,381	2,418,662	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.387489	6,571,127	2,546,239	65.00
65.01	03550	NEUROPSYCH TESTING	0.471238	21,237	10,008	65.01
66.00	06600	PHYSICAL THERAPY	0.383487	3,611,700	1,385,040	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.231946	3,461,102	802,789	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228681	838,836	191,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.606619	301,936	183,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807858	2,320,015	1,874,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444483	17,668,124	7,853,181	73.00
74.00	07400	RENAL DIALYSIS	0.467984	677,076	316,861	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.247148	35,868	8,865	75.01
75.02	03540	ORTHOTICS LAB	0.513786	67,972	34,923	75.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	0.687624	1,355,618	932,155	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.787284	3,904	3,074	90.02
90.03	09003	CLINIC WAISMAN	1.227566	470	577	90.03
90.04	09004	CLINIC WEST	0.664413	47,785	31,749	90.04
90.05	09005	CLINIC EAST	0.669953	1,221	818	90.05
90.06	09006	CLINIC RESEARCH PARK	0.651999	235	153	90.06
90.07	09009	CLINIC DHC	0.423765	1,461	619	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	90.08
91.00	09100	EMERGENCY	0.245522	3,370,299	827,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.255613	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		88,577,261	26,903,048	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)		88,577,261		202.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 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	1,006,999	1,299.13	263	341,671	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,597.53	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	121,947	3,340.84	15	50,113	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,360.11	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	32,934	2,702.81	4	10,811	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,449.90	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,705.38	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	8,695	2,533.41	1	2,533	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		1,170,575		283	405,128	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	0.215131	3,443,393	740,781	8.00
9.00	RECOVERY ROOM	51.00	0.343141	329,796	113,167	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.375237	197,821	74,230	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295187	1,033,332	305,026	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.156020	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.316470	49,297	15,601	14.00
15.00	CT SCAN	57.00	0.063020	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.097714	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.580661	0	0	17.01
18.00	LABORATORY	60.00	0.187415	2,595,496	486,435	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.387489	42,425	16,439	23.00
23.01	NEUROPSYCH TESTING	65.01	0.471238	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.383487	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.231946	397,893	92,290	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.228681	131,931	30,170	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.606619	455,506	276,319	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.807858	4,040	3,264	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.444483	398,173	176,981	31.00
32.00	RENAL DIALYSIS	74.00	0.467984	16,036	7,505	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.247148	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.513786	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.687624	598,627	411,630	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.787284	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.227566	0	0	37.03
37.04	CLINIC WEST	90.04	0.664413	0	0	37.04
37.05	CLINIC EAST	90.05	0.669953	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.651999	0	0	37.06
37.07	CLINIC DHC	90.07	0.423765	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.000000	0	0	37.08
38.00	EMERGENCY	91.00	0.245522	4,487	1,102	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255613	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			9,698,253	2,750,940	41.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Kidney: Worksheet D-2, Part I Line Numbers	Kidney: 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	263	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	15	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	4	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			283	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	598,627	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
52.00	EMERGENCY	24.00	4,487	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		603,114		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	3,156,068		10,868,828		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)	14,587,424		14,590,332		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)	17,743,492		25,459,160		61.00
62.00	Total Usable Organs (see instructions)		525			62.00
63.00	Medicare Usable Organs (see instructions)		405			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.771429			64.00
65.00	Medicare Cost/Charges (see instructions)	13,687,844		19,639,934		65.00
66.00	Revenue for Organs Sold	1,225,507		0		66.00
67.00	Subtotal (line 65 minus line 66)	12,462,337		19,639,934		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	12,462,337	0	19,639,934	0	69.00

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

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Kidney Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	99	43		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	16	198		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	190		73.00
74.00	Total (sum of lines 70 thru 73)	115	431		74.00
75.00	Organs Transplanted	99	190	0	75.00
76.00	Organs Sold to Other Hospitals	16	30	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	190	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	13		82.00
83.00	Unusable/Discarded Organs	0	8		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	115	431		84.00

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

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 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	111,045	1,299.13	29	37,675	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,597.53	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	76,592	3,340.84	9	30,068	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,360.11	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	12,119	2,702.81	2	5,406	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,449.90	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,705.38	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	4,348	2,533.41	1	2,533	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		204,104		41	75,682	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	0.215131	327,856	70,532	8.00
9.00	RECOVERY ROOM	51.00	0.343141	55,470	19,034	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.375237	26,784	10,050	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295187	742,123	219,065	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.156020	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.316470	3,685	1,166	14.00
15.00	CT SCAN	57.00	0.063020	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.097714	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.580661	0	0	17.01
18.00	LABORATORY	60.00	0.187415	1,046,910	196,207	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.387489	29,434	11,405	23.00
23.01	NEUROPSYCH TESTING	65.01	0.471238	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.383487	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.231946	454,308	105,375	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.228681	68,529	15,671	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.606619	36,832	22,343	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.807858	761	615	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.444483	118,358	52,608	31.00
32.00	RENAL DIALYSIS	74.00	0.467984	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.247148	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.513786	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.687624	232,537	159,898	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.787284	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.227566	0	0	37.03
37.04	CLINIC WEST	90.04	0.664413	0	0	37.04
37.05	CLINIC EAST	90.05	0.669953	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.651999	0	0	37.06
37.07	CLINIC DHC	90.07	0.423765	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.000000	0	0	37.08
38.00	EMERGENCY	91.00	0.245522	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255613	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			3,143,587	883,969	41.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Liver: Worksheet D-2, Part I Line Numbers	Liver: 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	29	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	9	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	2	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			41	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	232,537	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		232,537		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	959,651		3,347,691		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,215,983		7,217,426		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)	8,175,634		10,565,117		61.00
62.00	Total Usable Organs (see instructions)		220			62.00
63.00	Medicare Usable Organs (see instructions)		147			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.668182			64.00
65.00	Medicare Cost/Charges (see instructions)	5,462,811		7,059,421		65.00
66.00	Revenue for Organs Sold	1,314,732		0		66.00
67.00	Subtotal (line 65 minus line 66)	4,148,079		7,059,421		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,148,079	0	7,059,421	0	69.00

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

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Liver Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	2	19		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	118		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	91		73.00
74.00	Total (sum of lines 70 thru 73)	2	228		74.00
75.00	Organs Transplanted	2	91	0	75.00
76.00	Organs Sold to Other Hospitals	0	36	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	91	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	6		82.00
83.00	Unusable/Discarded Organs	0	4		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	2	228		84.00

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

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 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	674	1,299.13	1	1,299	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,597.53	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	22,250	3,340.84	3	10,023	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,360.11	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	12,119	2,702.81	2	5,406	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,449.90	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,705.38	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	4,348	2,533.41	1	2,533	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		39,391		7	19,261	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	0.215131	108,104	23,257	8.00
9.00	RECOVERY ROOM	51.00	0.343141	4,787	1,643	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.375237	3,004	1,127	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295187	85,127	25,128	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.156020	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.316470	2,578	816	14.00
15.00	CT SCAN	57.00	0.063020	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.097714	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.580661	0	0	17.01
18.00	LABORATORY	60.00	0.187415	180,046	33,743	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.387489	23,995	9,298	23.00
23.01	NEUROPSYCH TESTING	65.01	0.471238	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.383487	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.231946	113,498	26,325	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.228681	197,924	45,261	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.606619	24,967	15,145	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.807858	34	27	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.444483	34,996	15,555	31.00
32.00	RENAL DIALYSIS	74.00	0.467984	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.247148	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.513786	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.687624	161,730	111,209	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.787284	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.227566	0	0	37.03
37.04	CLINIC WEST	90.04	0.664413	0	0	37.04
37.05	CLINIC EAST	90.05	0.669953	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.651999	0	0	37.06
37.07	CLINIC DHC	90.07	0.423765	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.000000	0	0	37.08
38.00	EMERGENCY	91.00	0.245522	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255613	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			940,790	308,534	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: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: 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	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	3	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	2	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	161,730	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		161,730		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	327,795		980,181		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,023,346		3,023,954		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)	3,351,141		4,004,135		61.00
62.00	Total Usable Organs (see instructions)		53			62.00
63.00	Medicare Usable Organs (see instructions)		40			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.754717			64.00
65.00	Medicare Cost/Charges (see instructions)	2,529,163		3,021,989		65.00
66.00	Revenue for Organs Sold	700,650		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,828,513		3,021,989		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,828,513	0	3,021,989	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Heart Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	13		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	35		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	18		73.00
74.00	Total (sum of lines 70 thru 73)	0	66		74.00
75.00	Organs Transplanted	0	18	0	75.00
76.00	Organs Sold to Other Hospitals	0	17	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	18	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	13		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	66		84.00

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(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

Lung | 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	337	1,299.13	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,597.53	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	19,574	3,340.84	2	6,682	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,360.11	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,702.81	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,449.90	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,705.38	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,533.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		19,911		2	6,682	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	0.215131	102,302	22,008	8.00
9.00	RECOVERY ROOM	51.00	0.343141	11,794	4,047	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.375237	6,783	2,545	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295187	117,477	34,678	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.156020	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.316470	14,261	4,513	14.00
15.00	CT SCAN	57.00	0.063020	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.097714	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.580661	0	0	17.01
18.00	LABORATORY	60.00	0.187415	112,392	21,064	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.387489	53,205	20,616	23.00
23.01	NEUROPSYCH TESTING	65.01	0.471238	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.383487	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.231946	161,173	37,383	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.228681	15,328	3,505	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.606619	9,993	6,062	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.807858	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.444483	15,870	7,054	31.00
32.00	RENAL DIALYSIS	74.00	0.467984	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.247148	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.513786	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.687624	80,078	55,064	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.787284	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.227566	0	0	37.03
37.04	CLINIC WEST	90.04	0.664413	0	0	37.04
37.05	CLINIC EAST	90.05	0.669953	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.651999	0	0	37.06
37.07	CLINIC DHC	90.07	0.423765	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.000000	0	0	37.08
38.00	EMERGENCY	91.00	0.245522	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255613	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			700,656	218,539	41.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Lung		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	2	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			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
51.01	CLINIC CSC	23.01	80,078	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		80,078		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	225,221		720,567		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)	2,808,639		2,809,203		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)	3,033,860		3,529,770		61.00
62.00	Total Usable Organs (see instructions)		80			62.00
63.00	Medicare Usable Organs (see instructions)		48			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.600000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,820,316		2,117,862		65.00
66.00	Revenue for Organs Sold	198,520		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,621,796		2,117,862		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,621,796	0	2,117,862	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Lung Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	7		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	57		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	37		73.00
74.00	Total (sum of lines 70 thru 73)	0	101		74.00
75.00	Organs Transplanted	0	37	0	75.00
76.00	Organs Sold to Other Hospitals	0	6	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	37	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	19		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	101		84.00

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

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 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	1,095	1,299.13	1	1,299	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,597.53	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	19,851	3,340.84	2	6,682	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,360.11	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	10,434	2,702.81	1	2,703	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,449.90	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,705.38	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,533.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		31,380		4	10,684	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	0.215131	95,146	20,469	8.00
9.00	RECOVERY ROOM	51.00	0.343141	4,445	1,525	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.375237	2,235	839	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.295187	6,496	1,918	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.156020	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.316470	0	0	14.00
15.00	CT SCAN	57.00	0.063020	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.097714	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.580661	0	0	17.01
18.00	LABORATORY	60.00	0.187415	101,879	19,094	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.387489	8,029	3,111	23.00
23.01	NEUROPSYCH TESTING	65.01	0.471238	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.383487	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.231946	1,770	411	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.228681	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.606619	4,929	2,990	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.807858	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.444483	14,096	6,265	31.00
32.00	RENAL DIALYSIS	74.00	0.467984	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.247148	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.513786	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.687624	18,293	12,579	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.787284	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.227566	0	0	37.03
37.04	CLINIC WEST	90.04	0.664413	0	0	37.04
37.05	CLINIC EAST	90.05	0.669953	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.651999	0	0	37.06
37.07	CLINIC DHC	90.07	0.423765	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.000000	0	0	37.08
38.00	EMERGENCY	91.00	0.245522	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255613	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			257,318	69,201	41.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

Pancreas | 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	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	2	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	18,293	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		18,293		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	79,885		288,698		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,204,878		3,205,519		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)	3,284,763		3,494,217		61.00
62.00	Total Usable Organs (see instructions)		88			62.00
63.00	Medicare Usable Organs (see instructions)		66			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.750000			64.00
65.00	Medicare Cost/Charges (see instructions)	2,463,572		2,620,663		65.00
66.00	Revenue for Organs Sold	227,800		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,235,772		2,620,663		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,235,772	0	2,620,663	0	69.00

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

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Pancreas Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	13		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	64		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	41		73.00
74.00	Total (sum of lines 70 thru 73)	0	118		74.00
75.00	Organs Transplanted	0	41	0	75.00
76.00	Organs Sold to Other Hospitals	0	6	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	41	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	25		82.00
83.00	Unusable/Discarded Organs	0	5		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	118		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E Part A Date/Time Prepared: 11/24/2015 7:34 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)		27,817,940			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		82,546,714			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)		11,938,840			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		26,421,073			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		503.18			4.00
	Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		287.66			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		287.66			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		406.36			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		287.66			12.00
13.00	Total allowable FTE count for the prior year.		287.66			13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		287.66			14.00
15.00	Sum of lines 12 through 14 divided by 3.		287.66			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		287.66			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.571684			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.610613			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.571684			21.00
22.00	IME payment adjustment (see instructions)		37,109,010			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).		15.50			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		118.70			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		15.50			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.030804			26.00
27.00	IME payments adjustment factor. (see instructions)		0.008160			27.00
28.00	IME add-on adjustment amount (see instructions)		1,116,172			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)		38,225,182			29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet E Part A Date/Time Prepared: 11/24/2015 7:34 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)		5.89			30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.93			31.00
32.00	Sum of lines 30 and 31		23.82			32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.87			33.00
34.00	Disproportionate share adjustment (see instructions)		2,447,337			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143		0	35.00
35.01	Factor 3 (see instructions)		0.000692346		0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,263,225		4,838,283	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,578,677		3,618,770	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,197,447			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)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0			46.00
47.00	Subtotal (see instructions)		168,173,460			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)		168,173,460			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		11,913,713			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).		6,735,453			52.00
53.00	Nursing and Allied Health Managed Care payment		240,525			53.00
54.00	Special add-on payments for new technologies		70,935			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		22,296,497			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).		48,483			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		496,512			58.00
59.00	Total (sum of amounts on lines 49 through 58)		209,975,578			59.00
60.00	Primary payer payments		328,280			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		209,647,298			61.00
62.00	Deductibles billed to program beneficiaries		7,742,816			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 7:34 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		752,214			63.00
64.00	Allowable bad debts (see instructions)		1,365,149			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		887,347			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,262,119			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		202,039,615			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)		105,766			70.93
70.94	HRR adjustment amount (see instructions)		-16,530			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)		0			70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		202,128,851			71.00
71.01	Sequestration adjustment (see instructions)		4,042,577			71.01
72.00	Interim payments		196,095,832			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)		1,990,442			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,653,352			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: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 7:34 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 REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	841,384	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	114,483,933	2.00
3.00	PPS payments	90,047,065	3.00
4.00	Outlier payment (see instructions)	1,865,658	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	528,756	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	841,384	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,797,998	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)	1,797,998	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)	1,797,998	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	956,614	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)	841,384	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)	92,441,479	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	26,365	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,898,683	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)	75,357,815	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,673,302	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)	79,031,117	30.00
31.00	Primary payer payments	26,161	31.00
32.00	Subtotal (line 30 minus line 31)	79,004,956	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)	2,111,703	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,372,607	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,002,984	36.00
37.00	Subtotal (see instructions)	80,377,563	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)	80,377,563	40.00
40.01	Sequestration adjustment (see instructions)	1,607,551	40.01
41.00	Interim payments	77,102,396	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1,667,616	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 7:34 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		196,095,832		77,102,396	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		196,095,832		77,102,396	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		1,990,442		1,667,616	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		198,086,274		78,770,012	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 7:34 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		1,505,138		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,505,138		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		57,175		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,562,313		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part I Date/Time Prepared: 11/24/2015 7:34 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		3,815,970		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,815,970		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		48,213		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,864,183		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part II Date/Time Prepared: 11/24/2015 7:34 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	28,999	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	50,410	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	11,878	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	147,771	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	3,358,714,481	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	113,202,977	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)	694,670	8.00
9.00	Sequestration adjustment amount (see instructions)	13,893	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	680,777	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	680,777	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/24/2015 7:34 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)	1,614,981	1.00
2.00	Net IPF PPS Outlier Payments	44,965	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	5.66	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 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)	3.35	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)	3.35	8.00
9.00	Average Daily Census (see instructions)	15.509589	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.105961	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	171,125	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,831,071	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)	1,831,071	16.00
17.00	Primary payer payments	3,564	17.00
18.00	Subtotal (line 16 less line 17).	1,827,507	18.00
19.00	Deductibles	233,740	19.00
20.00	Subtotal (line 18 minus line 19)	1,593,767	20.00
21.00	Coinsurance	55,046	21.00
22.00	Subtotal (line 20 minus line 21)	1,538,721	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	78,726	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	51,172	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	76,084	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,589,893	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)	4,304	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)	1,594,197	31.00
31.01	Sequestration adjustment (see instructions)	31,884	31.01
32.00	Interim payments	1,505,138	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)	57,175	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	44,965	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3,189,524	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0313	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	281,954	3.00
4.00	Outlier Payments	210,454	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	1.50	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 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)	1.47	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)	1.47	9.00
10.00	Average Daily Census (see instructions)	16.002740	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.093424	11.00
12.00	Teaching Adjustment (see instructions)	297,978	12.00
13.00	Total PPS Payment (see instructions)	3,979,910	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)	3,979,910	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,979,910	19.00
20.00	Deductibles	11,164	20.00
21.00	Subtotal (line 19 minus line 20)	3,968,746	21.00
22.00	Coinsurance	34,360	22.00
23.00	Subtotal (line 21 minus line 22)	3,934,386	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	8,335	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	5,418	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	7,875	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,939,804	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)	3,240	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)	3,943,044	32.00
32.01	Sequestration adjustment (see instructions)	78,861	32.01
33.00	Interim payments	3,815,970	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	48,213	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	210,454	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 7:34 am

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			18,969,629	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	18,969,629	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	18,969,629	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		88,577,261	59,979,116	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		88,577,261	59,979,116	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		88,577,261	59,979,116	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		88,577,261	41,009,487	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	18,969,629	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	18,969,629	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	18,969,629	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	18,969,629	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	18,969,629	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	18,969,629	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	18,969,629	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 7:34 am
	Title XIX	Subprovider - IPF	Cost

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2015 7:34 am
	Title XIX	Subprovider - IRF	Cost

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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 7:34 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.			324.18	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.24	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			320.94	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			426.37	6.00
7.00	Enter the lesser of line 5 or line 6			320.94	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	104.83	279.69	384.52	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.	78.91	210.53	289.44	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	78.91	210.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	72.48	217.60		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	73.64	216.49		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	75.01	214.87		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	75.01	214.87		17.00
18.00	Per resident amount	83,218.90	83,218.90		18.00
19.00	Approved amount for resident costs	6,242,250	17,881,245	24,123,495	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			15.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			105.43	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			13.98	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			97,904.58	23.00
24.00	Multiply line 22 time line 23			1,368,706	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			25,492,201	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	54,361	12,428		26.00
27.00	Total Inpatient Days (see instructions)	159,273	159,273		27.00
28.00	Ratio of inpatient days to total inpatient days	0.341307	0.078030		28.00
29.00	Program direct GME amount	8,700,667	1,989,156		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		281,068		30.00
31.00	Net Program direct GME amount			10,408,755	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 7:34 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)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	9,543,168	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	190,420,536	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	22,296,497	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	331,844	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	212,385,189	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	115,854,073	42.00
43.00	Primary payer payments (see instructions)	26,161	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	115,827,912	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	328,213,101	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.647095	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.352905	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	10,408,755	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	6,735,453	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,673,302	50.00

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

Provider CCN: 520098

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

Worksheet G

Date/Time Prepared: 11/24/2015 7:34 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	817,171,029	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	188,881,900	0	0	0	4.00
5.00	Other receivable	16,883,040	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	17,533,684	0	0	0	7.00
8.00	Prepaid expenses	9,570,484	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,050,040,137	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	19,905,378	0	0	0	12.00
13.00	Land improvements	3,586,670	0	0	0	13.00
14.00	Accumulated depreciation	-2,218,618	0	0	0	14.00
15.00	Buildings	607,276,090	0	0	0	15.00
16.00	Accumulated depreciation	-304,053,422	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	616,061,098	0	0	0	23.00
24.00	Accumulated depreciation	-207,290,676	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	36,378,541	0	0	0	27.00
28.00	Accumulated depreciation	-36,128,755	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)	733,516,306	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	81,820,758	103,692,623	2,992,611	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	148,686,563	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	230,507,321	103,692,623	2,992,611	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,014,063,764	103,692,623	2,992,611	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	10,545,746	0	0	0	37.00
38.00	Salaries, wages, and fees payable	52,341,334	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	2,046,571	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	184,866,582	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	249,800,233	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	553,229,607	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	553,229,607	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	803,029,840	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,211,033,924				52.00
53.00	Specific purpose fund		103,692,623			53.00
54.00	Donor created - endowment fund balance - restricted			2,992,611		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,211,033,924	103,692,623	2,992,611	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,014,063,764	103,692,623	2,992,611	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-1 | Date/Time Prepared: 11/24/2015 7:34 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		1,105,695,741		103,692,623		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		105,338,183				2.00
3.00	Total (sum of line 1 and line 2)		1,211,033,924		103,692,623		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,211,033,924		103,692,623		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,211,033,924		103,692,623		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	2,992,611		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	2,992,611		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	2,992,611		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	2,992,611		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/24/2015 7:34 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	298,165,223		298,165,223	1.00
2.00	SUBPROVIDER - IPF	9,959,919		9,959,919	2.00
3.00	SUBPROVIDER - IRF	11,140,828		11,140,828	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	319,265,970		319,265,970	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	TRAUMA INTENSIVE CARE UNIT	54,444,397		54,444,397	11.01
11.02	CARDIOTHORACIC SURGERY ICU	18,191,155		18,191,155	11.02
11.03	CARDIAC INTENSIVE CARE UNIT	11,510,197		11,510,197	11.03
11.04	PEDIATRIC INTENSIVE CARE UNIT	33,176,587		33,176,587	11.04
11.05	NEURO INTENSIVE CARE UNIT	34,238,795		34,238,795	11.05
11.06	NEONATAL INTENSIVE CARE UNIT	18,369,042		18,369,042	11.06
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	9,463,570		9,463,570	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	179,393,743		179,393,743	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	498,659,713		498,659,713	17.00
18.00	Ancillary services	1,100,642,482	1,307,511,487	2,408,153,969	18.00
19.00	Outpatient services	58,154,992	328,478,904	386,633,896	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		7,011,387	7,011,387	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER REVENUE	49,498,331	53,040,962	102,539,293	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,706,955,518	1,696,042,740	3,402,998,258	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,382,339,943		29.00
30.00	OTHER EXPENSES	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	OTHER EXPENSES	565,064			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		565,064		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,381,774,879		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 520098 | Period: From 07/01/2014 To 06/30/2015 | Worksheet G-3 | Date/Time Prepared: 11/24/2015 7:34 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,402,998,258	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,924,211,133	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,478,787,125	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,381,774,879	4.00
5.00	Net income from service to patients (line 3 minus line 4)	97,012,246	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-11,310,780	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	3,284,637	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	894,405	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	426,555	22.00
23.00	Governmental appropriations	0	23.00
24.00	AUXILLARY REVENUE	13,060,251	24.00
24.01	MISCELLAEOUS OPERATING REVENUE	775,985	24.01
24.02	FED & STATE GRANT FUND REVENUE	1,158,894	24.02
24.03	ATM COMMISSIONS	35,990	24.03
25.00	Total other income (sum of lines 6-24)	8,325,937	25.00
26.00	Total (line 5 plus line 25)	105,338,183	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)	105,338,183	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H
Date/Time Prepared: 11/24/2015 7:34 am

Home Health Agency I

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	304,904	109,117	1,242	12,064	417,307	844,634	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,453,479	878,030	0	0	0	3,331,509	6.00
7.00	Physical Therapy	802,477	287,183	0	0	0	1,089,660	7.00
8.00	Occupational Therapy	196,916	70,471	0	0	0	267,387	8.00
9.00	Speech Pathology	1,539	551	0	0	0	2,090	9.00
10.00	Medical Social Services	71,175	25,472	0	0	0	96,647	10.00
11.00	Home Health Aide	105,042	37,592	0	0	0	142,634	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,935,532	1,408,416	1,242	12,064	417,307	5,774,561	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-8	844,626	0	844,626			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,331,509	0	3,331,509			6.00
7.00	Physical Therapy	0	1,089,660	0	1,089,660			7.00
8.00	Occupational Therapy	0	267,387	0	267,387			8.00
9.00	Speech Pathology	0	2,090	0	2,090			9.00
10.00	Medical Social Services	0	96,647	0	96,647			10.00
11.00	Home Health Aide	0	142,634	0	142,634			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-8	5,774,553	0	5,774,553			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-1 Part I
Date/Time Prepared: 11/24/2015 7:34 am

Home Health Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	844,626	0	0	0	0	844,626	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,331,509	0	0	0	0	3,331,509	6.00
7.00	Physical Therapy	1,089,660	0	0	0	0	1,089,660	7.00
8.00	Occupational Therapy	267,387	0	0	0	0	267,387	8.00
9.00	Speech Pathology	2,090	0	0	0	0	2,090	9.00
10.00	Medical Social Services	96,647	0	0	0	0	96,647	10.00
11.00	Home Health Aide	142,634	0	0	0	0	142,634	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	5,774,553	0	0	0	0	5,774,553	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	844,626		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	570,776	3,902,285	6.00
7.00	Physical Therapy	186,687	1,276,347	7.00
8.00	Occupational Therapy	45,810	313,197	8.00
9.00	Speech Pathology	358	2,448	9.00
10.00	Medical Social Services	16,558	113,205	10.00
11.00	Home Health Aide	24,437	167,071	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		5,774,553	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-1
Part II
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-844,626	4,929,927	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,331,509	6.00
7.00	Physical Therapy	0	0	0	0	0	1,089,660	7.00
8.00	Occupational Therapy	0	0	0	0	0	267,387	8.00
9.00	Speech Pathology	0	0	0	0	0	2,090	9.00
10.00	Medical Social Services	0	0	0	0	0	96,647	10.00
11.00	Home Health Aide	0	0	0	0	0	142,634	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-844,626	4,929,927	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		844,626	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.171326	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part I
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	600 HIGHLAND	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	208	1.00
2.00	Skilled Nursing Care	3,902,285	0	0	0	0	775	2.00
3.00	Physical Therapy	1,276,347	0	0	0	0	265	3.00
4.00	Occupational Therapy	313,197	0	0	0	0	57	4.00
5.00	Speech Pathology	2,448	0	0	0	0	0	5.00
6.00	Medical Social Services	113,205	0	0	0	0	19	6.00
7.00	Home Health Aide	167,071	0	0	0	0	38	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,774,553	0	0	0	0	1,362	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		1.05	1.06	1.07	1.08	2.00	4.00	
1.00	Administrative and General	0	0	0	0	0	12,408	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	48,941	2.00
3.00	Physical Therapy	0	0	0	0	0	16,007	3.00
4.00	Occupational Therapy	0	0	0	0	0	3,928	4.00
5.00	Speech Pathology	0	0	0	0	0	31	5.00
6.00	Medical Social Services	0	0	0	0	0	1,420	6.00
7.00	Home Health Aide	0	0	0	0	0	2,095	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	84,830	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part I
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	12,616	2,354	673	0	1	294	1.00
2.00	Skilled Nursing Care	3,952,001	737,265	2,508	0	6	1,095	2.00
3.00	Physical Therapy	1,292,619	241,145	856	0	2	374	3.00
4.00	Occupational Therapy	317,182	59,172	183	0	0	80	4.00
5.00	Speech Pathology	2,479	462	0	0	0	0	5.00
6.00	Medical Social Services	114,644	21,387	61	0	0	27	6.00
7.00	Home Health Aide	169,204	31,566	122	0	0	53	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,860,745	1,093,351	4,403	0	9	1,923	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	75,808	1,009	2,587	1.00
2.00	Skilled Nursing Care	0	0	0	298,723	3,980	10,200	2.00
3.00	Physical Therapy	0	0	0	97,722	1,302	3,337	3.00
4.00	Occupational Therapy	0	0	0	24,011	319	818	4.00
5.00	Speech Pathology	0	0	0	210	2	7	5.00
6.00	Medical Social Services	0	0	0	8,703	116	296	6.00
7.00	Home Health Aide	0	0	0	12,792	171	437	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	517,969	6,899	17,682	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part I
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	18.01	19.00	20.00	
1.00	Administrative and General	7,655	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	30,192	0	0	0	0	0	2.00
3.00	Physical Therapy	9,875	0	0	0	0	0	3.00
4.00	Occupational Therapy	2,423	0	0	0	0	0	4.00
5.00	Speech Pathology	19	0	0	0	0	0	5.00
6.00	Medical Social Services	876	0	0	0	0	0	6.00
7.00	Home Health Aide	1,293	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	52,333	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	
		21.00	22.00	23.00	23.01	23.02	23.03	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part I
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.04	23.05	23.06	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	102,997	0	102,997	1.00
2.00	Skilled Nursing Care	0	0	0	5,035,970	0	5,035,970	2.00
3.00	Physical Therapy	0	0	0	1,647,232	0	1,647,232	3.00
4.00	Occupational Therapy	0	0	0	404,188	0	404,188	4.00
5.00	Speech Pathology	0	0	0	3,179	0	3,179	5.00
6.00	Medical Social Services	0	0	0	146,110	0	146,110	6.00
7.00	Home Health Aide	0	0	0	215,638	0	215,638	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	7,555,314	0	7,555,314	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	69,602	5,105,572	2.00
3.00	Physical Therapy	22,766	1,669,998	3.00
4.00	Occupational Therapy	5,586	409,774	4.00
5.00	Speech Pathology	44	3,223	5.00
6.00	Medical Social Services	2,019	148,129	6.00
7.00	Home Health Aide	2,980	218,618	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	102,997	7,555,314	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.013821		21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part II
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	WAISMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	11	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	41	0	2.00
3.00	Physical Therapy	0	0	0	0	14	0	3.00
4.00	Occupational Therapy	0	0	0	0	3	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	1	0	6.00
7.00	Home Health Aide	0	0	0	0	2	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	72	0	20.00
21.00	Total cost to be allocated	0	0	0	0	1,362	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	18.916667	0.000000	22.00

	Cost Center Description	CAPITAL RELATED COSTS USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		1.06	1.07	1.08	2.00	4.00	5A	
1.00	Administrative and General	0	0	0	0	575,643	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,270,521	0	2.00
3.00	Physical Therapy	0	0	0	0	742,635	0	3.00
4.00	Occupational Therapy	0	0	0	0	182,232	0	4.00
5.00	Speech Pathology	0	0	0	0	1,424	0	5.00
6.00	Medical Social Services	0	0	0	0	65,868	0	6.00
7.00	Home Health Aide	0	0	0	0	97,209	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	3,935,532		20.00
21.00	Total cost to be allocated	0	0	0	0	84,830		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.021555		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part II
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	12,616	11	0	1	11	0	1.00
2.00	Skilled Nursing Care	3,952,001	41	0	5	41	0	2.00
3.00	Physical Therapy	1,292,619	14	0	2	14	0	3.00
4.00	Occupational Therapy	317,182	3	0	0	3	0	4.00
5.00	Speech Pathology	2,479	0	0	0	0	0	5.00
6.00	Medical Social Services	114,644	1	0	0	1	0	6.00
7.00	Home Health Aide	169,204	2	0	0	2	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,860,745	72	0	8	72	0	20.00
21.00	Total cost to be allocated	1,093,351	4,403	0	9	1,923	0	21.00
22.00	Unit cost multiplier	0.186555	61.152778	0.000000	1.125000	26.708333	0.000000	22.00

	Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	723	3,396	1,511	1,025,543	1.00
2.00	Skilled Nursing Care	0	0	2,849	13,396	5,957	4,045,068	2.00
3.00	Physical Therapy	0	0	932	4,382	1,949	1,323,050	3.00
4.00	Occupational Therapy	0	0	229	1,075	478	324,657	4.00
5.00	Speech Pathology	0	0	2	8	4	2,538	5.00
6.00	Medical Social Services	0	0	83	389	173	117,347	6.00
7.00	Home Health Aide	0	0	122	574	255	173,184	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	4,940	23,220	10,327	7,011,387	20.00
21.00	Total cost to be allocated	0	0	517,969	6,899	17,682	52,333	21.00
22.00	Unit cost multiplier	0.000000	0.000000	104.852024	0.297115	1.712211	0.007464	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2 Part II
Date/Time Prepared: 11/24/2015 7:34 am

Home Health Agency I

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		17.00	18.00	18.01	19.00	20.00	21.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	
		22.00	23.00	23.01	23.02	23.03	23.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part II
Date/Time Prepared:
11/24/2015 7:34 am

Home Health Agency I

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-3 Part I
Date/Time Prepared: 11/24/2015 7:34 am

Title XVIII | Home Health Agency I

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	5,105,572		5,105,572	61,242	83.37	1.00
2.00	Physical Therapy	3.00	1,669,998	0	1,669,998	27,301	61.17	2.00
3.00	Occupational Therapy	4.00	409,774	0	409,774	6,678	61.36	3.00
4.00	Speech Pathology	5.00	3,223	0	3,223	44	73.25	4.00
5.00	Medical Social Services	6.00	148,129		148,129	2,281	64.94	5.00
6.00	Home Health Aide	7.00	218,618		218,618	4,547	48.08	6.00
7.00	Total (sum of lines 1-6)		7,555,314	0	7,555,314	102,093		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		31540	0	4,983			8.00
8.01	Skilled Nursing Care		50184	0	2,993			8.01
9.00	Physical Therapy		31540	0	2,288			9.00
9.01	Physical Therapy		50184	0	1,597			9.01
10.00	Occupational Therapy		31540	0	618			10.00
10.01	Occupational Therapy		50184	0	406			10.01
11.00	Speech Pathology		31540	0	8			11.00
11.01	Speech Pathology		50184	0	7			11.01
12.00	Medical Social Services		31540	0	148			12.00
12.01	Medical Social Services		50184	0	113			12.01
13.00	Home Health Aide		31540	0	671			13.00
13.01	Home Health Aide		50184	0	399			13.01
14.00	Total (sum of lines 8-13)			0	14,231			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	157,719	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,976		0	664,959		1.00
2.00	Physical Therapy	0	3,885		0	237,645		2.00
3.00	Occupational Therapy	0	1,024		0	62,833		3.00
4.00	Speech Pathology	0	15		0	1,099		4.00
5.00	Medical Social Services	0	261		0	16,949		5.00
6.00	Home Health Aide	0	1,070		0	51,446		6.00
7.00	Total (sum of lines 1-6)	0	14,231		0	1,034,931		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-3
Part I
Date/Time Prepared:
11/24/2015 7:34 am

Title XVIII | Home Health Agency I

	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	157,719	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	664,959	1.00
2.00	Physical Therapy	237,645	2.00
3.00	Occupational Therapy	62,833	3.00
4.00	Speech Pathology	1,099	4.00
5.00	Medical Social Services	16,949	5.00
6.00	Home Health Aide	51,446	6.00
7.00	Total (sum of lines 1-6)	1,034,931	7.00

	Cost Center Description	12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part II Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Home Health Agency I	

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.383487	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.606619	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.444483	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-4
Part I-II
Date/Time Prepared:
11/24/2015 7:34 am

Title XVIII

Home Health Agency I

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	4,010,357	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	4,010,357	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	4,010,357	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,183,647	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	161,847	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	46,547	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	12,344	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	81,239	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	2,353	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,487,977	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,487,977	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,487,977	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,487,977	29.00
30.00	OTHER ADJUSTMENTS FROM PSR	0	-3,515	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	2,484,462	31.00
31.01	Sequestration adjustment (see instructions)	0	49,689	31.01
32.00	Interim payments (see instructions)	0	2,434,773	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2014 To 06/30/2015	Worksheet H-5 Date/Time Prepared: 11/24/2015 7:34 am
		Home Health Agency I	

		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		0		2,434,773	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,434,773	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,434,773	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 520098	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/24/2015 7:34 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	8,804,880	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	602,084	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	404.85	3.00
4.00	Number of interns & residents (see instructions)	303.16	4.00
5.00	Indirect medical education percentage (see instructions)	23.53	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)	2,071,788	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	17.93	8.00
9.00	Sum of lines 7 and 8	23.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.94	10.00
11.00	Disproportionate share adjustment (see instructions)	434,961	11.00
12.00	Total prospective capital payments (see instructions)	11,913,713	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