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
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 4:14 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2017 Time: 4:14 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (15-0056) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

CHIEF FINANCIAL OFFICER
Title

05/30/2017
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	7,958,070	1,227,457	0	0	1.00
2.00	Subprovider - IPF	0	7,977	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	4,788		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		34		0	11.00
200.00	Total	0	7,966,047	1,232,279	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 340 W 10TH ST	PO Box:			1.00
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	County: MARION	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	INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	CLARIAN BEHAVIORAL CARE CTR.	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CLARIAN HOME CARE-INDIANAPOLIS	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	YELLOW ROSE UNIT	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC	HEALTHNET BARRINGTON	151804	26900		07/01/1966	N	O	N	16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	CLARIAN DIALYSIS	153510	26900		01/01/1997				18.00
18.01		CLARIAN	153515	26900		04/26/2002				18.01
18.02		CLARIAN HEALTH PARTNERS	153521	26900		01/30/2009				18.02
18.03		METHODIST DIALYSIS	153522	26900		04/09/2007				18.03
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	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.	20,344	13,593	959	1,192	88,883	269	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

		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	
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.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		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
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
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)	Y	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)	Y			22.00	22.00	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)		176.12	175.75			61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)		168.33	170.65			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)		225.33	222.62			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).		221.41	224.13			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)		-3.92	1.51			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	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)	12.21	424.72	0.027945	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

		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)	FAMILY MEDICINE	1350	4.91	24.93	0.164544	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	0.99	50.83	0.019105	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.30	0.95	0.240000	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.73	28.56	0.057115	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	0.30	25.95	0.011429	65.04
65.05		PEDIATRICS GENERAL	2000	1.24	62.64	0.019411	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	0.00	0.00	0.000000	65.06

		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)	13.08	474.61	0.026820	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.19	31.67	0.116843	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.25	40.11	0.006194	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.00	0.58	0.000000	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.47	30.04	0.046652	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	0.15	22.25	0.006696	67.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

		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	
67.05		PEDIATRICS GENERAL	2000	1.39	60.94	0.022301	67.05

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/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)	N		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.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

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

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,087,163	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	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.	10/17/1996		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.	10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/07/2005		131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	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: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 4:11 pm

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

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

					1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00
				Beginning	Ending	
				1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2016	12/31/2016	170.00
				1.00	2.00	
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 in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			Y	8,432	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 4:11 pm

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

		Y/N	Date	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

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

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	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)	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	04/01/2017	Y	04/01/2017	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
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
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y	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				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y	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.				Y	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		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.			Y		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.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y		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.	RHONDA		UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 4:11 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR - GOVERNMENT PROGRAMS		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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2017 4:11 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	941	344,517	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)		941	344,517	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	66	24,156	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	64	23,424	0.00	0	9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	104	38,064	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,660	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02	UH SURG 6IC	34.02	18	6,588	0.00	0	11.02
11.03	UH NS 3IC	34.03	0	0	0.00	0	11.03
11.04	RH PED IC	34.04	36	13,176	0.00	0	11.04
11.05	TRANSPLANT ICU	34.05	8	2,928	0.00	0	11.05
11.06	PEDS CANCER CARE	34.06	12	4,392	0.00	0	11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,259	460,905	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	28	10,114		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						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						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				676	26.25
27.00	Total (sum of lines 14-26)		1,287				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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2017 4:11 pm

	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)	71,669	5,925	228,562			1.00
2.00	HMO and other (see instructions)	26,877	100,501				2.00
3.00	HMO IPF Subprovider	127	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	71,669	5,925	228,562			7.00
8.00	INTENSIVE CARE UNIT	6,488	4,626	19,143			8.00
9.00	CORONARY CARE UNIT	4,782	228	17,085			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	4,450	28,595			9.01
10.00	BURN INTENSIVE CARE UNIT	0	171	1,930			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02	UH SURG 6IC	1,495	0	4,121			11.02
11.03	UH NS 3IC	0	0	0			11.03
11.04	RH PED IC	43	3,782	8,492			11.04
11.05	TRANSPLANT ICU	1,040	0	2,649			11.05
11.06	PEDS CANCER CARE	133	0	2,981			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		5,288	6,015			13.00
14.00	Total (see instructions)	85,650	24,470	319,573	670.42	8,515.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,648	567	6,050	0.41	48.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	27,210	0	75,960	0.00	323.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	71.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	287			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	10,227	0	34,423	6.76	0.00	26.25
27.00	Total (sum of lines 14-26)				677.59	8,957.00	27.00
28.00	Observation Bed Days		10,466	23,719			28.00
29.00	Ambulance Trips	1,276					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	269	4,772			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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2017 4:11 pm

	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	12,962	2,726	47,408	1.00
2.00	HMO and other (see instructions)			3,683	11,020		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.02	UH SURG 6IC						11.02
11.03	UH NS 3IC						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	12,962	2,726	47,408	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	168	0	837	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	633,145,445	-8,056,525	625,088,920	18,468,193.76	33.85	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 and Non Physician-Part B		1,196,933	0	1,196,933	13,060.53	91.65	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		2,167,275	0	2,167,275	100,337.12	21.60	6.00
7.00	Interns & residents (in an approved program)	21.00	33,768,517	0	33,768,517	1,203,026.24	28.07	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 and/or related organization 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)		64,466,066	-3,332,903	61,133,163	1,907,125.80	32.06	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		164,387,200	0	164,387,200	4,069,781.00	40.39	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		86,565,952	0	86,565,952			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		9,790,827	0	9,790,827			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		18,296	0	18,296			22.01
23.00	Physician Part B		133,407	0	133,407			23.00
24.00	Wage-related costs (RHC/FQHC)		420,435	0	420,435			24.00
25.00	Interns & residents (in an approved program)		5,932,856	0	5,932,856			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	255,539	-360	255,179	2,854.38	89.40	26.00
27.00	Administrative & General	5.00	12,407,458	-44,201	12,363,257	279,758.96	44.19	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2017 4:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	4,385,838	-8,902	4,376,936	129,058.35	33.91	29.00
30.00	Operation of Plant	7.00	4,346,781	-9,317	4,337,464	177,491.53	24.44	30.00
31.00	Laundry & Linen Service	8.00	22,209	0	22,209	1,973.80	11.25	31.00
32.00	Housekeeping	9.00	806,860	-2,022	804,838	57,718.45	13.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,317,900	-52,915	6,264,985	317,142.39	19.75	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	135,338	0	135,338	7,668.76	17.65	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	21,446,720	-147,042	21,299,678	429,202.04	49.63	38.00
39.00	Central Services and Supply	14.00	8,510,969	-53,587	8,457,382	463,896.35	18.23	39.00
40.00	Pharmacy	15.00	28,657,607	-648,534	28,009,073	650,337.24	43.07	40.00
41.00	Medical Records & Medical Records Library	16.00	144,504	0	144,504	4,436.13	32.57	41.00
42.00	Social Service	17.00	4,168,770	-24,760	4,144,010	149,764.56	27.67	42.00
43.00	Other General Service	18.00	1,783,458	-13,780	1,769,678	101,303.95	17.47	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2017 4:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		596,012,720	-8,056,525	587,956,195	17,151,769.87	34.28	1.00
2.00	Excluded area salaries (see instructions)		64,466,066	-3,332,903	61,133,163	1,907,125.80	32.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)		531,546,654	-4,723,622	526,823,032	15,244,644.07	34.56	3.00
4.00	Subtotal other wages & related costs (see inst.)		164,387,200	0	164,387,200	4,069,781.00	40.39	4.00
5.00	Subtotal wage-related costs (see inst.)		86,565,952	0	86,565,952	0.00	16.43	5.00
6.00	Total (sum of lines 3 thru 5)		782,499,806	-4,723,622	777,776,184	19,314,425.07	40.27	6.00
7.00	Total overhead cost (see instructions)		93,389,951	-1,005,420	92,384,531	2,772,606.89	33.32	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part IV Date/Time Prepared: 5/30/2017 4:11 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	27,960,770	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	36,905	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	23,428,692	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	1,399,919	8.02
8.03	Health Insurance (Purchased)	475,700	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,027,770	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	3,453,624	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	43,191,045	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	226,200	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,661,149	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	102,861,774	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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/30/2017 4:11 pm

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

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 15-0056
Component CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet S-4
Date/Time Prepared: 5/30/2017 4:11 pm

		Home Health Agency I	PPS
		1.00	
0.00	County	MARION	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	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,963.00	0.00	0.00	0.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) 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)		6.45	0.00	6.45	4.00
5.00	Other Administrative Personnel		115.48	4.41	119.89	5.00
6.00	Direct Nursing Service		59.40	2.88	62.28	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		36.92	0.00	36.92	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		11.07	0.00	11.07	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.60	0.00	0.60	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		3.01	0.00	3.01	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		7.61	0.00	7.61	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION AND RT		81.78	0.74	82.52	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.		6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		14020			20.00
20.01			26900			20.01
20.02			29020			20.02
20.03			29200			20.03
20.04			34620			20.04
20.05			99915			20.05

		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	9,805	818	760	288	11,671	21.00
22.00	Skilled Nursing Visit Charges	2,196,099	182,106	171,525	65,109	2,614,839	22.00
23.00	Physical Therapy Visits	9,707	44	204	195	10,150	23.00
24.00	Physical Therapy Visit Charges	2,692,173	12,100	57,234	54,696	2,816,203	24.00
25.00	Occupational Therapy Visits	2,493	13	33	100	2,639	25.00
26.00	Occupational Therapy Visit Charges	694,143	3,575	9,264	28,130	735,112	26.00
27.00	Speech Pathology Visits	219	3	4	6	232	27.00
28.00	Speech Pathology Visit Charges	60,729	825	1,100	1,713	64,367	28.00
29.00	Medical Social Service Visits	382	19	10	18	429	29.00
30.00	Medical Social Service Visit Charges	106,310	5,225	2,750	4,950	119,235	30.00
31.00	Home Health Aide Visits	1,936	92	10	51	2,089	31.00
32.00	Home Health Aide Visit Charges	231,063	11,182	1,242	6,095	249,582	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	24,542	989	1,021	658	27,210	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)	5,980,517	215,013	243,115	160,693	6,599,338	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,802		393	51	2,246	36.00
37.00	Total Number of Outlier Episodes		29		5	34	37.00
38.00	Total Non-Routine Medical Supply Charges	10,954	2,006	316	32	13,308	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-5 | Date/Time Prepared: 5/30/2017 4:11 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	187	1	4	55	49	1.00
2.00	Number of times per week patient receives dialysis	0.00	3.00	5.00	7.00	6.00	7.00	2.00
3.00	Average patient dialysis time including setup	0.00	5.00	4.00	2.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	0	312					5.00
6.00	Number of stations	0	47	0	0			6.00
7.00	Treatment capacity per day per station	0	3					7.00
8.00	Utilization (see instructions)	0.00	0.79					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	36		11.00
12.00	Number of patients transplanted during the cost reporting period	15		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-5 Date/Time Prepared: 5/30/2017 4:11 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	153510	0	23.00
23.01	CLARIAN	153515	0	23.01
23.02	CLARIAN HEALTH PARTNERS	153521	0	23.02
23.03	METHODIST DIALYSIS	153522	0	23.03

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/30/2017 4:11 pm

Hospice I

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	1	0	0	1	10.00
11.00	Hospice Routine Home Care	28,146	2,801	3,812	34,759	11.00
12.00	Hospice Inpatient Respite Care	198	28	5	231	12.00
13.00	Hospice General Inpatient Care	535	87	148	770	13.00
14.00	Total Hospice Days	28,880	2,916	3,965	35,761	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	35	0	29	64	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/30/2017 4:11 pm

		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)	0.223965	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	314,963,366	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	2,051,505,604	6.00
7.00	Medicaid cost (line 1 times line 6)	459,465,453	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)	144,502,087	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (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 , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	144,502,087	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	127,993,986	8,923,649	136,917,635	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	28,666,173	1,998,585	30,664,758	21.00
22.00	Partial payment by patients approved for charity care	1,337,144	749,896	2,087,040	22.00
23.00	Cost of charity care (line 21 minus line 22)	27,329,029	1,248,689	28,577,718	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)	76,192,705	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	3,981,884	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	72,210,821	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	16,172,697	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	44,750,415	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	189,252,502	31.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA

Provider CCN: 15-0056
Component CCN: 15-1804

Period: From 01/01/2016 To 12/31/2016

Worksheet S-11 Part I
Date/Time Prepared: 5/30/2017 4:11 pm

FQHC I — Cost

		Site Name	Type of control (see instructions)	Date Decertified	V/I Decertification	
		1.00	2.00	3.00	4.00	
	PART I - HOSPITAL-BASED FQHC IDENTIFICATION DATA					
1.00	Site Name	HEALTHNET BARRINGTON	1			1.00

		Street	P.O. Box	
		1.00	2.00	
2.00	Street, P.O. Box	3401 E RAYMOND ST		2.00

		City	State	Zip Code	County	
		1.00	2.00	3.00	4.00	
3.00	City, State, Zip Code, County, Designation	INDIANAPOLIS	IN	46203	MARION	3.00

		Y/N	
		1.00	
4.00	Is this hospital-based FQHC part of an entity that owns, leases or controls multiple FQHCs? Enter "Y" for yes or "N" for no. If yes, enter the entity's information below.	Y	4.00

		Name	
		1.00	
5.00	Name of Entity:	HEALTHNET	5.00

		Street	P.O. Box	
		1.00	2.00	
6.00	Street, P.O. Box, HRSA Award Number:	3403 E RAYMOND ST		6.00

		City	State	Zip Code	
		1.00	2.00	3.00	
7.00	City, State, Zip Code:	INDIANAPOLIS	IN	46203	7.00

		Y/N	Date Requested	Date Approved	Number of FQHCs	
		1.00	2.00	3.00	4.00	
	Consolidated Cost Report					
8.00	Is this hospital-based FQHC filing a consolidated cost report per CMS Pub. 100-04, chapter 9, §30.8? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, complete columns 2 through 4, and line 9, beginning with line 9.01. If column 1 is no, leave line 9 blank. (see instructions)	N			0	8.00

		Site Name	CCN	CBSA	Date Requested	
		1.00	2.00	3.00	4.00	
9.00	List of Consolidated Providers					9.00

		1.00	2.00	3.00	
	Hospital-Based FQHC Operations				
10.00	What type of organization is this hospital-based FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		10.00
11.00	Did this hospital-based FQHC receive a grant under §330 of the PHS Act during this cost reporting period? If this is a consolidated cost report, did the hospital-based FQHC reported on line 1, column 2 receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no. (complete line 12)	Y			11.00
12.00	If the response to line 11 is yes, indicate in column 1, the type of HRSA grant that was awarded (see instructions). Enter the date of the grant award in column 2 and enter the grant award number in column 3. If you received more than one grant subscript this line accordingly.	1	12/03/2015	6 H80CS00114-15-00	12.00
	Medical Malpractice				
13.00	Did this hospital-based FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	N			13.00
	Interns and Residents				
14.00	Did this hospital-based FQHC receive a Teaching Health Center development grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of FTE residents that your hospital-based FQHC trained and received funding through your THC grant in this cost reporting period and in column 3, enter the total number of visits performed by residents funded by the THC grant in this cost reporting period. (see instructions)	N	0.00	0	14.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2016 To 12/31/2016	Worksheet S-11 Part I Date/Time Prepared: 5/30/2017 4:11 pm
		FQHC I	Cost

		Date of CHOW 5.00			
	PART I - HOSPITAL-BASED FQHC IDENTIFICATION DATA				
1.00	Site Name				1.00
		Designation - Enter "R" for rural or "U" for urban 5.00			
3.00	City, State, Zip Code, County, Designation	U			3.00
			HRSA Award Number: 3.00		
6.00	Street, P.O. Box, HRSA Award Number:		1189991851		6.00
		Date Approved 5.00			
9.00	List of Consolidated Providers				9.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA

Provider CCN: 15-0056
Component CCN: 15-1804

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-11
Part III
Date/Time Prepared:
5/30/2017 4:11 pm

				FQHC I	Cost	
		COMPONENT CCN	Title V	Title XVIII	Title XIX	Other	
		0	1.00	2.00	3.00	4.00	
	PART I - HOSPITAL-BASED FQHC STATISTICAL DATA						
1.00	Medical Visits		0	1,544	0	32,879	1.00
2.00	Total Medical Visits		0	1,544	0	32,879	2.00
3.00	Mental Health Visits		0	316	0	3,306	3.00
4.00	Total Mental Health Visits		0	316	0	3,306	4.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2016 To 12/31/2016	Worksheet S-11 Part III Date/Time Prepared: 5/30/2017 4:11 pm
		FQHC I	Cost

		Total All Patients 5.00		
	PART I - HOSPITAL-BASED FQHC STATISTICAL DATA			
1.00	Medical Visits	34,423		1.00
2.00	Total Medical Visits	34,423		2.00
3.00	Mental Health Visits	3,622		3.00
4.00	Total Mental Health Visits	3,622		4.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 4:11 pm

		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	11,789,556	11,789,556	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	50,765,881	50,765,881	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	255,539	117,416	372,955	104,559,270	104,932,225	4.00
5.01	00540	NONPATIENT TELEPHONES	0	55,469	55,469	98,403	153,872	5.01
5.02	00550	DATA PROCESSING	14,131	73,605	87,736	-66,640	21,096	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	28,189	425,139	453,328	-101,060	352,268	5.03
5.04	00570	ADMITTING	0	59,506	59,506	-4,903	54,603	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	12,365,138	340,613,779	352,978,917	-16,387,713	336,591,204	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,385,838	25,190,666	29,576,504	-2,234,264	27,342,240	6.00
7.00	00700	OPERATION OF PLANT	4,346,781	12,357,079	16,703,860	-1,409,204	15,294,656	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,209	100,168	122,377	-98,031	24,346	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	393,662	234,414	628,076	-129,075	499,001	9.04
9.05	00905	HOUSEKEEPING - MORGAN	413,198	278,204	691,402	-150,165	541,237	9.05
10.00	01000	DIETARY	6,317,900	5,109,629	11,427,529	-1,469,906	9,957,623	10.00
11.00	01100	CAFETERIA	135,338	357,515	492,853	-58,556	434,297	11.00
13.00	01300	NURSING ADMINISTRATION	21,312,599	6,134,967	27,447,566	-2,561,561	24,886,005	13.00
13.01	01851	PARAMED ED ADMINISTRATION	134,121	87,763	221,884	-30,983	190,901	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,510,969	10,398,819	18,909,788	101,780,267	120,690,055	14.00
15.00	01500	PHARMACY	28,657,607	105,396,151	134,053,758	-93,501,375	40,552,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	144,504	1,381,948	1,526,452	-19,910	1,506,542	16.00
17.00	01700	SOCIAL SERVICE	4,168,770	2,742,777	6,911,547	-795,168	6,116,379	17.00
18.00	01850	PATIENT TRANSPORTATION	1,783,458	680,195	2,463,653	-552,890	1,910,763	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	33,768,517	11,146,636	44,915,153	-6,064,050	38,851,103	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	99,890	4,692,679	4,792,569	-27,230	4,765,339	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	231,182	64,477	295,659	410,338	705,997	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	289,124	148,562	437,686	193,756	631,442	23.03
23.04	02304	PARAMED EMERGENCY	86,417	24,853	111,270	-18,296	92,974	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	767,811	216,946	984,757	-136,558	848,199	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	240,704	51,897	292,601	143,982	436,583	23.06
23.07	02307	PARAMED PHARMACY	664,932	228,164	893,096	326,622	1,219,718	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	146,539	42,126	188,665	85,955	274,620	23.09
23.10	02310	PARAMED PHARMACY TECH	206,717	61,599	268,316	-10,904	257,412	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,602,803	79,631,169	195,233,972	-48,189,807	147,044,165	30.00
31.00	03100	INTENSIVE CARE UNIT	13,631,230	6,567,165	20,198,395	-4,474,816	15,723,579	31.00
32.00	03200	CORONARY CARE UNIT	13,617,978	8,715,588	22,333,566	-5,446,581	16,886,985	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	16,883,930	6,005,637	22,889,567	-4,591,392	18,298,175	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,745,981	619,936	2,365,917	-472,701	1,893,216	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,016,199	1,475,172	4,491,371	-1,197,317	3,294,054	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	7,715,656	4,682,053	12,397,709	-2,692,467	9,705,242	34.04
34.05	03404	TRANSPLANT ICU	1,854,643	2,277,428	4,132,071	-686,105	3,445,966	34.05
34.06	03407	PEDS CANCER CARE	1,551,588	726,521	2,278,109	-530,492	1,747,617	34.06
40.00	04000	SUBPROVIDER - IPF	3,101,844	1,716,441	4,818,285	-733,125	4,085,160	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	2,565,365	2,565,365	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,140,741	131,390,600	166,531,341	-116,797,451	49,733,890	50.00
50.01	05001	ENDOSCOPY	1,555,875	2,097,978	3,653,853	-1,826,513	1,827,340	50.01
51.00	05100	RECOVERY ROOM	7,437,772	3,232,377	10,670,149	-2,149,494	8,520,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	582,360	2,683,340	3,265,700	9,605,155	12,870,855	52.00
53.00	05300	ANESTHESIOLOGY	1,426,658	16,928,293	18,354,951	-5,378,416	12,976,535	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,697,675	1,227,833	3,925,508	-910,821	3,014,687	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,813,848	36,491,406	63,305,254	-29,322,809	33,982,445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,571,501	7,236,999	11,808,500	-2,651,569	9,156,931	55.00
56.00	05600	RADIOISOTOPE	1,049,680	5,906,924	6,956,604	-5,395,089	1,561,515	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,113,300	7,190,278	8,303,578	-7,061,299	1,242,279	59.00
60.00	06000	LABORATORY	46,009,731	154,225,220	200,234,951	-51,640,516	148,594,435	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	929,884	3,235,220	4,165,104	-1,471,996	2,693,108	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,971,950	14,065,141	17,037,091	-1,662,172	15,374,919	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 4:11 pm

		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	
65.00	06500	RESPIRATORY THERAPY	17,970,562	12,623,220	30,593,782	-10,056,808	20,536,974	65.00
66.00	06600	PHYSICAL THERAPY	13,156,100	5,367,294	18,523,394	-3,129,847	15,393,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,451,184	770,497	3,221,681	-559,812	2,661,869	67.00
68.00	06800	SPEECH PATHOLOGY	3,568,240	2,607,612	6,175,852	-2,267,583	3,908,269	68.00
69.00	06900	ELECTROCARDIOLOGY	3,736,341	4,663,915	8,400,256	-1,346,232	7,054,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,066,711	6,244,528	10,311,239	-1,549,762	8,761,477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,224,552	41,224,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,873,222	80,873,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	176,932,704	176,932,704	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	6,995,643	86,639,307	93,634,950	-1,357,220	92,277,730	73.03
74.00	07400	RENAL DIALYSIS	5,666,285	7,351,581	13,017,866	-5,360,378	7,657,488	74.00
76.00	03020	RH NBN ECMO IC	755,271	332,091	1,087,362	-265,549	821,813	76.00
76.01	03140	CARDIOLOGY	720,603	11,328,778	12,049,381	-9,133,972	2,915,409	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,008,053	102,554	2,110,607	-79,807	2,030,800	76.02
76.03	03950	CARDIAC CATH	4,986,081	10,618,803	15,604,884	-10,057,250	5,547,634	76.03
76.04	03951	DAY SURGERY	3,465,991	1,865,832	5,331,823	-1,371,465	3,960,358	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	773,668	188,385	962,053	-131,220	830,833	76.08
76.97	07697	CARDIAC REHABILITATION	427,138	294,083	721,221	-82,344	638,877	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,891,890	1,630,690	5,522,580	0	5,522,580	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,677,661	1,255,586	2,933,247	-1,041,210	1,892,037	90.01
90.02	09002	IUSCC HEM/ONC	20,135,954	77,916,059	98,052,013	-68,405,222	29,646,791	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	321,251	454,293	775,544	-402,427	373,117	90.03
90.04	09004	AMB SVC-PSYCH ADULT	636,071	182,276	818,347	-127,748	690,599	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,012,154	889,217	2,901,371	-583,800	2,317,571	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,866,809	2,504,945	7,371,754	-1,881,979	5,489,775	90.07
90.08	09008	MOTILITY LAB	127,152	145,764	272,916	-135,462	137,454	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1,855	1,488	3,343	-438	2,905	90.10
90.11	09023	SLEEP LAB	3,565,543	2,474,151	6,039,694	-772,570	5,267,124	90.11
90.12	09024	OP CARE ADULTS	0	401,558	401,558	-423	401,135	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	172,116	6,107,264	6,279,380	-5,886,736	392,644	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	835,861	511,460	1,347,321	-401,809	945,512	90.17
90.18	09016	DERMATOLOGY CLINIC	899,650	474,709	1,374,359	-375,681	998,678	90.18
90.19	09017	INFUSION/HEM/ONC	426,237	571,481	997,718	-170,058	827,660	90.19
90.20	09025	IUMG - MH	23,818	5,210	29,028	-3,372	25,656	90.20
90.21	09019	OP REHAB CLINIC	93,837	664,388	758,225	-572,805	185,420	90.21
90.22	09020	EATING DISORDERS CLINIC	887,104	891,777	1,778,881	-179,631	1,599,250	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,116,260	482,486	1,598,746	-281,354	1,317,392	90.23
90.24	09021	LIFE CARE CLINIC	1,183,243	557,905	1,741,148	-311,442	1,429,706	90.24
91.00	09100	EMERGENCY	19,877,701	24,173,745	44,051,446	-7,173,118	36,878,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	685,639	4,143,260	4,828,899	-3,639,922	1,188,977	94.00
95.00	09500	AMBULANCE SERVICES	9,598,641	18,776,451	28,375,092	-4,620,335	23,754,757	95.00
101.00	10100	HOME HEALTH AGENCY	23,854,993	36,377,909	60,232,902	-5,054,140	55,178,762	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,874,221	10,780,135	15,654,356	-4,295,069	11,359,287	105.00
106.00	10600	HEART ACQUISITION	557,082	1,795,983	2,353,065	-336,888	2,016,177	106.00
107.00	10700	LIVER ACQUISITION	1,209,294	10,677,768	11,887,062	-334,246	11,552,816	107.00
108.00	10800	LUNG ACQUISITION	881,007	3,738,440	4,619,447	-568,974	4,050,473	108.00
109.00	10900	PANCREAS ACQUISITION	270,976	2,781,476	3,052,452	-46,655	3,005,797	109.00
110.00	11000	INTESTINAL ACQUISITION	247,717	1,015,795	1,263,512	-116,100	1,147,412	110.00
112.00	08600	OTHER ORGAN ACQUISITION	207,949	55,988	263,937	-58,089	205,848	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	3,404,439	3,404,439	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	6,403,568	5,985,471	12,389,039	-2,731,038	9,658,001	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	623,205,736	1,396,225,475	2,019,431,211	6,390,087	2,025,821,298	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	984	984	-7	977	190.00
191.00	19100	RESEARCH	69,044	2,606,116	2,675,160	-9,676	2,665,484	191.00
191.01	19101	RESEARCH-GCRC	0	117,560	117,560	-78,287	39,273	191.01
191.02	19102	OSA	1,670,031	3,977,365	5,647,396	-286,301	5,361,095	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	314,571	3,687,487	4,002,058	-50,300	3,951,758	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 4:11 pm

		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	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	5,900,947	16,159,877	22,060,824	-6,052,636	16,008,188	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1,586,970	7,276,573	8,863,543	-10,531	8,853,012	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	192	192	0	192	192.03
192.04	19204	MHH RADIOLOGY	110,374	28,203	138,577	-15,570	123,007	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	171,442	154,945	326,387	-129,975	196,412	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	107,592	3,401,041	3,508,633	244,603	3,753,236	192.08
192.09	19209	ARTHRITIS CLINIC - NR	5,772	823	6,595	-310	6,285	192.09
192.10	19212	CARDIO PHYSICIANS	2,966	41,305	44,271	-1,097	43,174	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118-199)	633,145,445	1,433,677,946	2,066,823,391	0	2,066,823,391	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	50,931,930	62,721,486		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	29,692,519	80,458,400		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,013,647	93,918,578		4.00
5.01	00540	NONPATIENT TELEPHONES	-99,659	54,213		5.01
5.02	00550	DATA PROCESSING	59,590,600	59,611,696		5.02
5.03	00590	PURCHASING, RECEIVING & STORES	4,446,024	4,798,292		5.03
5.04	00570	ADMITTING	14,096,252	14,150,855		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	37,215,248	37,215,248		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-184,278,860	152,312,344		5.06
6.00	00600	MAINTENANCE & REPAIRS	10,618,621	37,960,861		6.00
7.00	00700	OPERATION OF PLANT	49,011,320	64,305,976		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,346		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,579,791	3,579,791		9.01
9.02	00902	HOUSEKEEPING - RILEY	3,658,126	3,658,126		9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,396,613	5,396,613		9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	499,001		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	541,237		9.05
10.00	01000	DIETARY	-238,538	9,719,085		10.00
11.00	01100	CAFETERIA	767,774	1,202,071		11.00
13.00	01300	NURSING ADMINISTRATION	823,232	25,709,237		13.00
13.01	01851	PARAMED ED ADMINISTRATION	-6,847	184,054		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,716,802	112,973,253		14.00
15.00	01500	PHARMACY	-1,944,627	38,607,756		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,222,756	13,729,298		16.00
17.00	01700	SOCIAL SERVICE	-654,531	5,461,848		17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,910,763		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-50,000	38,801,103		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,275,298	19,040,637		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	-107,825	598,172		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	-389,282	242,160		23.03
23.04	02304	PARAMED EMERGENCY	0	92,974		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	-14,660	833,539		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	-44,119	392,464		23.06
23.07	02307	PARAMED PHARMACY	1,430	1,221,148		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-28,860	245,760		23.09
23.10	02310	PARAMED PHARMACY TECH	-27,944	229,468		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-21,282,563	125,761,602		30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,723,579		31.00
32.00	03200	CORONARY CARE UNIT	-500,000	16,386,985		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-110,800	18,187,375		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-9,000	1,884,216		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	03401	UH SURG 6IC	0	3,294,054		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	-1,145,144	8,560,098		34.04
34.05	03404	TRANSPLANT ICU	0	3,445,966		34.05
34.06	03407	PEDS CANCER CARE	-40,468	1,707,149		34.06
40.00	04000	SUBPROVIDER - IPF	-621,600	3,463,560		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	2,565,365		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-6,536,304	43,197,586		50.00
50.01	05001	ENDOSCOPY	0	1,827,340		50.01
51.00	05100	RECOVERY ROOM	0	8,520,655		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-445,298	12,425,557		52.00
53.00	05300	ANESTHESIOLOGY	-11,396,711	1,579,824		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-44,823	2,969,864		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,014,157	32,968,288		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,622,774	7,534,157		55.00
56.00	05600	RADIOISOTOPE	-229,633	1,331,882		56.00
59.00	05900	CARDIAC CATHETERIZATION	-118	1,242,161		59.00
60.00	06000	LABORATORY	-111,242,426	37,352,009		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-274,035	2,419,073		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-10,183,792	5,191,127		63.00
65.00	06500	RESPIRATORY THERAPY	-994	20,535,980		65.00
66.00	06600	PHYSICAL THERAPY	-105,321	15,288,226		66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
67.00	06700	OCCUPATIONAL THERAPY	-114,973	2,546,896		67.00
68.00	06800	SPEECH PATHOLOGY	-126,820	3,781,449		68.00
69.00	06900	ELECTROCARDIOLOGY	-3,672,468	3,381,556		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,525,671	4,235,806		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-83,497	41,141,055		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-135	80,873,087		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-344,872	176,587,832		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	456,897	92,734,627		73.03
74.00	07400	RENAL DIALYSIS	-598,999	7,058,489		74.00
76.00	03020	RH NBN ECMO IC	0	821,813		76.00
76.01	03140	CARDIOLOGY	-441,425	2,473,984		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,030,800		76.02
76.03	03950	CARDIAC CATH	-105,187	5,442,447		76.03
76.04	03951	DAY SURGERY	0	3,960,358		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	830,833		76.08
76.97	07697	CARDIAC REHABILITATION	0	638,877		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	-73,662	5,448,918		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	-460,723	1,431,314		90.01
90.02	09002	IUSCC HEM/ONC	-5,458,803	24,187,988		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	-77,654	295,463		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	690,599		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	-421,720	1,895,851		90.06
90.07	09007	AMB SVC-RILEY CLINICS	-5,726,896	-237,121		90.07
90.08	09008	MOTILITY LAB	-45,343	92,111		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	2,905		90.10
90.11	09023	SLEEP LAB	-2,597,214	2,669,910		90.11
90.12	09024	OP CARE ADULTS	0	401,135		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	-60,725	331,919		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	-300,481	645,031		90.17
90.18	09016	DERMATOLOGY CLINIC	-191,569	807,109		90.18
90.19	09017	INFUSION/HEM/ONC	0	827,660		90.19
90.20	09025	IUMG - MH	0	25,656		90.20
90.21	09019	OP REHAB CLINIC	0	185,420		90.21
90.22	09020	EATING DISORDERS CLINIC	-304,563	1,294,687		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-798,350	519,042		90.23
90.24	09021	LIFE CARE CLINIC	-158,250	1,271,456		90.24
91.00	09100	EMERGENCY	-14,351,886	22,526,442		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	-62,404	1,126,573		94.00
95.00	09500	AMBULANCE SERVICES	-2,256,805	21,497,952		95.00
101.00	10100	HOME HEALTH AGENCY	-8,264,328	46,914,434		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-634,002	10,725,285		105.00
106.00	10600	HEART ACQUISITION	-22,917	1,993,260		106.00
107.00	10700	LIVER ACQUISITION	-1,524,327	10,028,489		107.00
108.00	10800	LUNG ACQUISITION	0	4,050,473		108.00
109.00	10900	PANCREAS ACQUISITION	0	3,005,797		109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,147,412		110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	205,848		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,404,439		112.01
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-2,961,600	6,696,401		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-133,406,000	1,892,415,298		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	977		190.00
191.00	19100	RESEARCH	0	2,665,484		191.00
191.01	19101	RESEARCH-GCRC	0	39,273		191.01
191.02	19102	OSA	-655,017	4,706,078		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-344,924	3,606,834		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-5,149,786	10,858,402		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-6,626,473	2,226,539		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	192		192.03
192.04	19204	MHH RADIOLOGY	-167	122,840		192.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
192.06	19206	BELTWAY SURGERY	0	0		192.06
192.07	19207	RHI	0	196,412		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	3,753,236		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	6,285		192.09
192.10	19212	CARDIO PHYSICIANS	8,167	51,341		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
200.00		TOTAL (SUM OF LINES 118-199)	-146,174,200	1,920,649,191		200.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	100,910,164		1.00
2.00	CARDIO PHYSICIANS	192.10	0	225		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
90.00		0.00	0	0	90.00
91.00		0.00	0	0	91.00
92.00		0.00	0	0	92.00
93.00		0.00	0	0	93.00
94.00		0.00	0	0	94.00
95.00		0.00	0	0	95.00
96.00		0.00	0	0	96.00
97.00		0.00	0	0	97.00
98.00		0.00	0	0	98.00
99.00		0.00	0	0	99.00
100.00		0.00	0	0	100.00
101.00		0.00	0	0	101.00
102.00		0.00	0	0	102.00
103.00		0.00	0	0	103.00
104.00		0.00	0	0	104.00
	0		0	100,910,389	
	B - ADVERTISING				
1.00	NON-ALLOWABLE ADVERTISING	192.08	0	262,494	1.00
2.00	EATING DISORDERS CLINIC	90.22	0	919	2.00
3.00	CARDIAC CATH	76.03	0	69	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
	0		0	263,482	
	C - DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,789,556	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	50,765,881	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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
	0		0	62,555,437	
	D - SUPPLIES & IMPLANTS				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	106,196,202	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41,224,552	2.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	75,554,008	3.00
4.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	483	4.00
5.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	106	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
	0		0	222,975,351		
	E - DRUGS					
1.00	PHARMACY	15.00	0	5,736,085		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	176,932,704		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	37,551		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	959		4.00
5.00	SLEEP LAB	90.11	0	192		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
	0		0	182,707,491		
	F - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	53,024		1.00
2.00	EMERGENCY	91.00	0	1,052		2.00
	0		0	54,076		
	G - NURSERY & L&D					
1.00	NURSERY	43.00	1,627,249	172,081		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	6,227,091	627,985		2.00
	0		7,854,340	800,066		
	H - SLEEP LAB					
1.00	SLEEP LAB	90.11	166,125	0		1.00
	0		166,125	0		
	I - OB SERVICES					
1.00	NURSERY	43.00	70,635	695,400		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	270,302	2,537,769		2.00
	0		340,937	3,233,169		
	J - RADIOLOGY PARAMED					
1.00	PARAMED RADIOLOGY-METHODIST	23.02	419,580	32,098		1.00
	0		419,580	32,098		
	K - PHARMACIST PARAMED					
1.00	PARAMED PHARMACY	23.07	433,379	33,154		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
	0		433,379	33,154		
	L - PHARMACY TECH PARAMED					
1.00	PARAMED PHARMACY TECH	23.10	29,296	2,242		1.00
2.00		0.00	0	0		2.00
	0		29,296	2,242		
	M - CLINICAL LAB PARAMED					
1.00	PARAMED LAB SCIENCE PRO	23.06	165,605	12,669		1.00
2.00		0.00	0	0		2.00
	0		165,605	12,669		
	N - ORGAN					
1.00	LUNG ACQUISITION	108.00	290,108	41,330		1.00
2.00	HEART ACQUISITION	106.00	145,465	21,503		2.00
3.00	LIVER ACQUISITION	107.00	891,740	128,263		3.00
4.00	PANCREAS ACQUISITION	109.00	186,872	32,512		4.00
5.00	INTESTINAL ACQUISITION	110.00	51,648	11,279		5.00
	0		1,565,833	234,887		
	O - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	2,983,901	420,538		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
	0		2,983,901	420,538		
	R - SURGICAL TECH PARAMED					
1.00	PARAMED SURGERY TECHNOLOGY	23.09	105,566	8,076		1.00
	0		105,566	8,076		
	S - RENAL ADMIN					
1.00	HOME PROGRAM DIALYSIS	94.00	64,935	199,067		1.00
	0		64,935	199,067		
	T - PHONE					
1.00	NONPATIENT TELEPHONES	5.01	0	99,660		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	99,660		
	V - RADIO PHARM RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		5,319,214		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	5,319,214		
	W - PTO AS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,654,940		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

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
	0		0	3,654,940	
	Z - BLOOMINGTON WAGES				
1.00	HOME HEALTH AGENCY	101.00	0	2,323,806	1.00
2.00	HOSPICE	116.00	0	2,077,779	2.00
	TOTALS		0	4,401,585	
	AA - RESPIRATORY THERAPY PARAMED				
1.00	PARAMED RESPIRATORY THERAPY	23.03	239,522	18,323	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		239,522	18,323	
500.00	Grand Total: Increases		14,369,019	587,935,914	500.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,629,778	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	641,825	0		2.00
3.00	OPERATION OF PLANT	7.00	0	805,591	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,281	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	109,376	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	142,084	0		6.00
7.00	DIETARY	10.00	0	1,307,524	0		7.00
8.00	CAFETERIA	11.00	0	43,853	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,214,751	0		9.00
10.00	PARAMED ED ADMINISTRATION	13.01	0	26,768	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,109,689	0		11.00
12.00	PHARMACY	15.00	0	3,951,708	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,910	0		13.00
14.00	SOCIAL SERVICE	17.00	0	770,323	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	481,622	0		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	6,064,050	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	25,294	0		17.00
18.00	PARAMED RADIOLOGY-METHODIST	23.02	0	41,340	0		18.00
19.00	PARAMED RESPIRATORY THERAPY	23.03	0	44,387	0		19.00
20.00	PARAMED EMERGENCY	23.04	0	9,229	0		20.00
21.00	PARAMED PASTORAL EDUCATION	23.05	0	136,558	0		21.00
22.00	PARAMED LAB SCIENCE PRO	23.06	0	21,591	0		22.00
23.00	PARAMED PHARMACY	23.07	0	138,404	0		23.00
24.00	PARAMED SURGERY TECHNOLOGY	23.09	0	27,637	0		24.00
25.00	PARAMED PHARMACY TECH	23.10	0	40,713	0		25.00
26.00	ADULTS & PEDIATRICS	30.00	0	18,575,237	0		26.00
27.00	INTENSIVE CARE UNIT	31.00	0	2,010,396	0		27.00
28.00	CORONARY CARE UNIT	32.00	0	2,326,087	0		28.00
29.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	2,676,539	0		29.00
30.00	BURN INTENSIVE CARE UNIT	33.00	0	228,369	0		30.00
31.00	UH SURG 6IC	34.02	0	439,406	0		31.00
32.00	RH PED IC	34.04	0	1,325,858	0		32.00
33.00	TRANSPLANT ICU	34.05	0	237,567	0		33.00
34.00	PEDS CANCER CARE	34.06	0	257,692	0		34.00
35.00	SUBPROVIDER - IPF	40.00	0	432,161	0		35.00
36.00	ADULTS & PEDIATRICS	30.00	0	190,104	0		36.00
37.00	OPERATING ROOM	50.00	0	5,658,458	0		37.00
38.00	ENDOSCOPY	50.01	0	245,921	0		38.00
39.00	RECOVERY ROOM	51.00	0	1,244,839	0		39.00
40.00	DELIVERY ROOM & LABOR ROOM	52.00	0	57,699	0		40.00
41.00	ANESTHESIOLOGY	53.00	0	237,224	0		41.00
42.00	PULMONARY FUNCTION TESTING	53.01	0	452,457	0		42.00
43.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,055,429	0		43.00
44.00	RADIOLOGY-THERAPEUTIC	55.00	0	664,665	0		44.00
45.00	RADIOISOTOPE	56.00	0	131,321	0		45.00
46.00	CARDIAC CATHETERIZATION	59.00	0	159,342	0		46.00
47.00	LABORATORY	60.00	0	8,851,526	0		47.00
48.00	TRANSPLANT IMMUNOLOGY	60.01	0	179,269	0		48.00
49.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	444,249	0		49.00
50.00	RESPIRATORY THERAPY	65.00	0	2,976,492	0		50.00
51.00	PHYSICAL THERAPY	66.00	0	2,019,560	0		51.00
52.00	OCCUPATIONAL THERAPY	67.00	0	427,500	0		52.00
53.00	SPEECH PATHOLOGY	68.00	0	626,558	0		53.00
54.00	ELECTROCARDIOLOGY	69.00	0	703,256	0		54.00
55.00	ELECTROENCEPHALOGRAPHY	70.00	0	597,189	0		55.00
56.00	OUTPATIENT RETAIL PHARMACY	73.03	0	992,284	0		56.00
57.00	RENAL DIALYSIS	74.00	0	972,333	0		57.00
58.00	RH NBN ECMO IC	76.00	0	37,053	0		58.00
59.00	CARDIOLOGY	76.01	0	118,322	0		59.00
60.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	19,683	0		60.00
61.00	CARDIAC CATH	76.03	0	519,614	0		61.00
62.00	DAY SURGERY	76.04	0	563,439	0		62.00
63.00	ECMO-ADULT	76.08	0	124,399	0		63.00
64.00	CARDIAC REHABILITATION	76.97	0	75,517	0		64.00
65.00	AMB SVC-OB & GYN	90.01	0	331,816	0		65.00
66.00	IUSCC HEM/ONC	90.02	0	2,301,164	0		66.00
67.00	AMB SVC-OPTHALMOLOGY	90.03	0	98,258	0		67.00
68.00	AMB SVC-PSYCH ADULT	90.04	0	124,100	0		68.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
69.00	OUTPATIENT SURGERY	90.06	0	384,178	0		69.00
70.00	AMB SVC-RILEY CLINICS	90.07	0	778,382	0		70.00
71.00	MOTILITY LAB	90.08	0	16,374	0		71.00
72.00	CLINICAL GERIATRICS	90.10	0	110	0		72.00
73.00	SLEEP LAB	90.11	0	568,828	0		73.00
74.00	ARTHRITIS CLINIC	90.14	0	28,290	0		74.00
75.00	PHYSICAL MEDICINE	90.17	0	200,947	0		75.00
76.00	DERMATOLOGY CLINIC	90.18	0	197,428	0		76.00
77.00	INFUSION/HEM/ONC	90.19	0	75,713	0		77.00
78.00	IUMG - MH	90.20	0	3,307	0		78.00
79.00	OP REHAB CLINIC	90.21	0	4,659	0		79.00
80.00	EATING DISORDERS CLINIC	90.22	0	156,285	0		80.00
81.00	GASTROENTEROLOGY CLINIC	90.23	0	226,284	0		81.00
82.00	LIFE CARE CLINIC	90.24	0	217,348	0		82.00
83.00	EMERGENCY	91.00	0	3,296,123	0		83.00
84.00	HOME PROGRAM DIALYSIS	94.00	0	123,584	0		84.00
85.00	AMBULANCE SERVICES	95.00	0	1,493,092	0		85.00
86.00	HOME HEALTH AGENCY	101.00	0	3,798,778	0		86.00
87.00	KIDNEY ACQUISITION	105.00	0	711,353	0		87.00
88.00	HEART ACQUISITION	106.00	0	78,031	0		88.00
89.00	LIVER ACQUISITION	107.00	0	219,863	0		89.00
90.00	LUNG ACQUISITION	108.00	0	129,231	0		90.00
91.00	PANCREAS ACQUISITION	109.00	0	46,006	0		91.00
92.00	INTESTINAL ACQUISITION	110.00	0	44,548	0		92.00
93.00	OTHER ORGAN ACQUISITION	112.00	0	39,443	0		93.00
94.00	HOSPICE	116.00	0	1,185,926	0		94.00
95.00	RESEARCH	191.00	0	3,545	0		95.00
96.00	OSA	191.02	0	249,893	0		96.00
97.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	47,564	0		97.00
98.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	996,469	0		98.00
99.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	1,884	0		99.00
100.00	MHH RADIOLOGY	192.04	0	15,539	0		100.00
101.00	RHI	192.07	0	38,069	0		101.00
102.00	NON-ALLOWABLE ADVERTISING	192.08	0	17,367	0		102.00
103.00	ARTHRITIS CLINIC - NR	192.09	0	310	0		103.00
104.00	ARTHRITIS CLINIC - NR				0		104.00
	0		0	100,910,389			
	B - ADVERTISING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	153,552	0		1.00
2.00	DIETARY	10.00	0	933	0		2.00
3.00	PHARMACY	15.00	0	50	0		3.00
4.00	PARAMED PHARMACY	23.07	0	175	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,882	0		5.00
6.00	RH PED IC	34.04	0	176	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	293	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	560	0		8.00
9.00	LABORATORY	60.00	0	565	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	166	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	668	0		11.00
12.00	OUTPATIENT RETAIL PHARMACY	73.03	0	558	0		12.00
13.00	CARDIAC REHABILITATION	76.97	0	68	0		13.00
14.00	IUSCC HEM/ONC	90.02	0	821	0		14.00
15.00	SLEEP LAB	90.11	0	3,348	0		15.00
16.00	EMERGENCY	91.00	0	14,135	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	62,933	0		17.00
18.00	HOME HEALTH AGENCY	101.00	0	19,962	0		18.00
19.00	HOSPICE	116.00	0	2,637	0		19.00
	0		0	263,482			
	C - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,097	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,257	9		2.00
3.00	DATA PROCESSING	5.02	0	66,622	0		3.00
4.00	PURCHASING, RECEIVING & STORES	5.03	0	87,604	0		4.00
5.00	ADMITTING	5.04	0	4,872	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,165,877	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	1,579,700	0		7.00
8.00	OPERATION OF PLANT	7.00	0	546,450	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	428	0		9.00
10.00	HOUSEKEEPING - SAXONY	9.04	0	15,512	0		10.00
11.00	DIETARY	10.00	0	98,604	0		11.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	CAFETERIA	11.00	0	14,703	0	12.00
13.00	NURSING ADMINISTRATION	13.00	0	157,683	0	13.00
14.00	PARAMED ED ADMINISTRATION	13.01	0	4,147	0	14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	750,045	0	15.00
16.00	PHARMACY	15.00	0	1,460,443	0	16.00
17.00	PATIENT TRANSPORTATION	18.00	0	53,765	0	17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	441	0	18.00
19.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,746	0	19.00
20.00	PARAMED EMERGENCY	23.04	0	9,067	0	20.00
21.00	PARAMED PHARMACY	23.07	0	1,332	0	21.00
22.00	ADULTS & PEDIATRICS	30.00	0	3,174,847	0	22.00
23.00	INTENSIVE CARE UNIT	31.00	0	82,627	0	23.00
24.00	CORONARY CARE UNIT	32.00	0	213,704	0	24.00
25.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	245,025	0	25.00
26.00	BURN INTENSIVE CARE UNIT	33.00	0	41,345	0	26.00
27.00	UH SURG 6IC	34.02	0	56,309	0	27.00
28.00	RH PED IC	34.04	0	203,496	0	28.00
29.00	TRANSPLANT ICU	34.05	0	5,503	0	29.00
30.00	PEDS CANCER CARE	34.06	0	108,858	0	30.00
31.00	SUBPROVIDER - IPF	40.00	0	241,411	0	31.00
32.00	OPERATING ROOM	50.00	0	10,253,070	0	32.00
33.00	ENDOSCOPY	50.01	0	486,480	0	33.00
34.00	RECOVERY ROOM	51.00	0	286,193	0	34.00
35.00	ANESTHESIOLOGY	53.00	0	363,976	0	35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	203,009	0	36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,924,913	0	37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,777,698	0	38.00
39.00	RADIOISOTOPE	56.00	0	482,987	0	39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	709,734	0	40.00
41.00	LABORATORY	60.00	0	6,033,736	0	41.00
42.00	TRANSPLANT IMMUNOLOGY	60.01	0	20,731	0	42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	49,049	0	43.00
44.00	RESPIRATORY THERAPY	65.00	0	902,809	0	44.00
45.00	PHYSICAL THERAPY	66.00	0	277,757	0	45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	841	0	46.00
47.00	SPEECH PATHOLOGY	68.00	0	117,366	0	47.00
48.00	ELECTROCARDIOLOGY	69.00	0	517,877	0	48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	708,333	0	49.00
50.00	OUTPATIENT RETAIL PHARMACY	73.03	0	129,213	0	50.00
51.00	RENAL DIALYSIS	74.00	0	367,468	0	51.00
52.00	RH NBN ECMO IC	76.00	0	17,481	0	52.00
53.00	CARDIOLOGY	76.01	0	336,702	0	53.00
54.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	22,698	0	54.00
55.00	CARDIAC CATH	76.03	0	547,566	0	55.00
56.00	DAY SURGERY	76.04	0	40,205	0	56.00
57.00	CARDIAC REHABILITATION	76.97	0	1,049	0	57.00
58.00	AMB SVC-OB & GYN	90.01	0	153,536	0	58.00
59.00	IUSCC HEM/ONC	90.02	0	1,227,096	0	59.00
60.00	AMB SVC-OPTHALMOLOGY	90.03	0	205,492	0	60.00
61.00	AMB SVC-PSYCH ADULT	90.04	0	175	0	61.00
62.00	OUTPATIENT SURGERY	90.06	0	136,475	0	62.00
63.00	AMB SVC-RILEY CLINICS	90.07	0	97,609	0	63.00
64.00	MOTILITY LAB	90.08	0	39,879	0	64.00
65.00	CLINICAL GERIATRICS	90.10	0	328	0	65.00
66.00	SLEEP LAB	90.11	0	205,349	0	66.00
67.00	OP CARE ADULTS	90.12	0	423	0	67.00
68.00	ARTHRITIS CLINIC	90.14	0	123,225	0	68.00
69.00	PHYSICAL MEDICINE	90.17	0	2,428	0	69.00
70.00	DERMATOLOGY CLINIC	90.18	0	45,911	0	70.00
71.00	INFUSION/HEM/ONC	90.19	0	26,532	0	71.00
72.00	IUMG - MH	90.20	0	65	0	72.00
73.00	OP REHAB CLINIC	90.21	0	2,817	0	73.00
74.00	EATING DISORDERS CLINIC	90.22	0	19,408	0	74.00
75.00	LIFE CARE CLINIC	90.24	0	392	0	75.00
76.00	EMERGENCY	91.00	0	450,325	0	76.00
77.00	HOME PROGRAM DIALYSIS	94.00	0	32,180	0	77.00
78.00	AMBULANCE SERVICES	95.00	0	2,620,436	0	78.00
79.00	HOME HEALTH AGENCY	101.00	0	55,064	0	79.00
80.00	KIDNEY ACQUISITION	105.00	0	346,151	0	80.00
81.00	HEART ACQUISITION	106.00	0	1,741	0	81.00
82.00	LUNG ACQUISITION	108.00	0	1,432	0	82.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
83.00	HOSPICE	116.00	0	223,547	0		83.00
84.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	490	0		84.00
85.00	OSA	191.02	0	157	0		85.00
86.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,736	0		86.00
87.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	504,657	0		87.00
88.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	8,753	0		88.00
89.00	RHI	192.07	0	31,167	0		89.00
	0		0	62,555,437			
	D - SUPPLIES & IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,377	0		1.00
2.00	DATA PROCESSING	5.02	0	18	0		2.00
3.00	PURCHASING, RECEIVING & STORES	5.03	0	13,438	0		3.00
4.00	ADMITTING	5.04	0	31	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	365,083	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	3,727	0		6.00
7.00	OPERATION OF PLANT	7.00	0	30,334	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	96,322	0		8.00
9.00	HOUSEKEEPING - SAXONY	9.04	0	1,788	0		9.00
10.00	HOUSEKEEPING - MORGAN	9.05	0	8,081	0		10.00
11.00	DIETARY	10.00	0	8,240	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	41,416	0		12.00
13.00	PARAMED ED ADMINISTRATION	13.01	0	68	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,539,998	0		14.00
15.00	PHARMACY	15.00	0	2,058,335	0		15.00
16.00	SOCIAL SERVICE	17.00	0	85	0		16.00
17.00	PATIENT TRANSPORTATION	18.00	0	3,723	0		17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,495	0		18.00
19.00	PARAMED RESPIRATORY THERAPY	23.03	0	2,264	0		19.00
20.00	PARAMED LAB SCIENCE PRO	23.06	0	8,340	0		20.00
21.00	PARAMED SURGERY TECHNOLOGY	23.09	0	50	0		21.00
22.00	PARAMED PHARMACY TECH	23.10	0	1,490	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	0	12,551,520	0		23.00
24.00	INTENSIVE CARE UNIT	31.00	0	2,122,121	0		24.00
25.00	CORONARY CARE UNIT	32.00	0	2,548,985	0		25.00
26.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,340,720	0		26.00
27.00	BURN INTENSIVE CARE UNIT	33.00	0	178,013	0		27.00
28.00	UH SURG 6IC	34.02	0	650,225	0		28.00
29.00	RH PED IC	34.04	0	950,075	0		29.00
30.00	TRANSPLANT ICU	34.05	0	419,920	0		30.00
31.00	PEDS CANCER CARE	34.06	0	122,358	0		31.00
32.00	SUBPROVIDER - IPF	40.00	0	44,490	0		32.00
33.00	ADULTS & PEDIATRICS	30.00	0	44,728	0		33.00
34.00	OPERATING ROOM	50.00	0	99,475,959	0		34.00
35.00	ENDOSCOPY	50.01	0	1,059,485	0		35.00
36.00	RECOVERY ROOM	51.00	0	526,807	0		36.00
37.00	ANESTHESIOLOGY	53.00	0	3,352,728	0		37.00
38.00	PULMONARY FUNCTION TESTING	53.01	0	187,280	0		38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,751,730	0		39.00
40.00	RADIOLOGY-THERAPEUTIC	55.00	0	178,189	0		40.00
41.00	RADIOISOTOPE	56.00	0	21,753	0		41.00
42.00	CARDIAC CATHETERIZATION	59.00	0	6,112,947	0		42.00
43.00	LABORATORY	60.00	0	36,021,169	0		43.00
44.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,271,002	0		44.00
45.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,188,547	0		45.00
46.00	RESPIRATORY THERAPY	65.00	0	2,588,175	0		46.00
47.00	PHYSICAL THERAPY	66.00	0	703,751	0		47.00
48.00	OCCUPATIONAL THERAPY	67.00	0	115,573	0		48.00
49.00	SPEECH PATHOLOGY	68.00	0	1,489,242	0		49.00
50.00	ELECTROCARDIOLOGY	69.00	0	102,161	0		50.00
51.00	ELECTROENCEPHALOGRAPHY	70.00	0	222,410	0		51.00
52.00	OUTPATIENT RETAIL PHARMACY	73.03	0	212,004	0		52.00
53.00	RENAL DIALYSIS	74.00	0	1,906,827	0		53.00
54.00	RH NBN ECMO IC	76.00	0	203,417	0		54.00
55.00	CARDIOLOGY	76.01	0	8,662,308	0		55.00
56.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	35,061	0		56.00
57.00	CARDIAC CATH	76.03	0	8,815,550	0		57.00
58.00	DAY SURGERY	76.04	0	681,842	0		58.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
59.00	CARDIAC REHABILITATION	76.97	0	5,710	0		59.00
60.00	AMB SVC-OB & GYN	90.01	0	66,995	0		60.00
61.00	IUSCC HEM/ONC	90.02	0	771,623	0		61.00
62.00	AMB SVC-OPTHALMOLOGY	90.03	0	13,376	0		62.00
63.00	AMB SVC-PSYCH ADULT	90.04	0	1,736	0		63.00
64.00	OUTPATIENT SURGERY	90.06	0	44,556	0		64.00
65.00	AMB SVC-RILEY CLINICS	90.07	0	227,922	0		65.00
66.00	MOTILITY LAB	90.08	0	79,074	0		66.00
67.00	SLEEP LAB	90.11	0	139,553	0		67.00
68.00	ARTHRITIS CLINIC	90.14	0	40,225	0		68.00
69.00	PHYSICAL MEDICINE	90.17	0	18,253	0		69.00
70.00	DERMATOLOGY CLINIC	90.18	0	107,288	0		70.00
71.00	INFUSION/HEM/ONC	90.19	0	38,131	0		71.00
72.00	OP REHAB CLINIC	90.21	0	5,341	0		72.00
73.00	EATING DISORDERS CLINIC	90.22	0	758	0		73.00
74.00	GASTROENTEROLOGY CLINIC	90.23	0	13,592	0		74.00
75.00	LIFE CARE CLINIC	90.24	0	2,417	0		75.00
76.00	EMERGENCY	91.00	0	2,961,104	0		76.00
77.00	HOME PROGRAM DIALYSIS	94.00	0	2,185,916	0		77.00
78.00	AMBULANCE SERVICES	95.00	0	311,949	0		78.00
79.00	HOME HEALTH AGENCY	101.00	0	795,582	0		79.00
80.00	KIDNEY ACQUISITION	105.00	0	456,623	0		80.00
81.00	HEART ACQUISITION	106.00	0	15	0		81.00
82.00	LIVER ACQUISITION	107.00	0	151	0		82.00
83.00	LUNG ACQUISITION	108.00	0	86	0		83.00
84.00	HOSPICE	116.00	0	252,488	0		84.00
85.00	RESEARCH	191.00	0	6,131	0		85.00
86.00	RESEARCH-GCRC	191.01	0	67,631	0		86.00
87.00	OSA	191.02	0	32,826	0		87.00
88.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	231,048	0		88.00
89.00	MHH RADIOLOGY	192.04	0	31	0		89.00
90.00	RHI	192.07	0	49,453	0		90.00
91.00	NON-ALLOWABLE ADVERTISING	192.08	0	31	0		91.00
92.00	CARDIO PHYSICIANS	192.10	0	961	0		92.00
	0		0	222,975,351			
	E - DRUGS						
1.00	PURCHASING, RECEIVING & STORES	5.03	0	18	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,147	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	110	0		3.00
4.00	DIETARY	10.00	0	49	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	669	0		5.00
6.00	PHARMACY	15.00	0	91,085,026	0		6.00
7.00	PARAMED RESPIRATORY THERAPY	23.03	0	8	0		7.00
8.00	PARAMED PHARMACY TECH	23.10	0	239	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	672,369	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	149,751	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	254,109	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	192,673	0		12.00
13.00	BURN INTENSIVE CARE UNIT	33.00	0	10,549	0		13.00
14.00	UH SURG 6IC	34.02	0	20,576	0		14.00
15.00	RH PED IC	34.04	0	136,769	0		15.00
16.00	TRANSPLANT ICU	34.05	0	10,972	0		16.00
17.00	PEDS CANCER CARE	34.06	0	31,668	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	779	0		18.00
19.00	ADULTS & PEDIATRICS	30.00	0	471	0		19.00
20.00	OPERATING ROOM	50.00	0	1,034,222	0		20.00
21.00	ENDOSCOPY	50.01	0	13,708	0		21.00
22.00	RECOVERY ROOM	51.00	0	61,207	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,414,396	0		23.00
24.00	PULMONARY FUNCTION TESTING	53.01	0	14,957	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,000,558	0		25.00
26.00	RADIOISOTOPE	56.00	0	445,480	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	79,276	0		27.00
28.00	LABORATORY	60.00	0	265,633	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	907	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	3,184,869	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	25,972	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	16	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	14,785	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	2,932	0		34.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0		35.00
36.00	RENAL DIALYSIS	74.00	0	1,823,727	0		36.00
37.00	RH NBN ECMO IC	76.00	0	7,598	0		37.00
38.00	CARDIOLOGY	76.01	0	9,891	0		38.00
39.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	173	0		39.00
40.00	CARDIAC CATH	76.03	0	155,494	0		40.00
41.00	DAY SURGERY	76.04	0	48,389	0		41.00
42.00	AMB SVC-OB & GYN	90.01	0	474,392	0		42.00
43.00	IUSCC HEM/ONC	90.02	0	64,004,075	0		43.00
44.00	AMB SVC-OPTHALMOLOGY	90.03	0	83,418	0		44.00
45.00	AMB SVC-PSYCH ADULT	90.04	0	24	0		45.00
46.00	OUTPATIENT SURGERY	90.06	0	8,158	0		46.00
47.00	AMB SVC-RILEY CLINICS	90.07	0	750,507	0		47.00
48.00	MOTILITY LAB	90.08	0	135	0		48.00
49.00	ARTHRITIS CLINIC	90.14	0	5,694,996	0		49.00
50.00	PHYSICAL MEDICINE	90.17	0	173,647	0		50.00
51.00	DERMATOLOGY CLINIC	90.18	0	13,171	0		51.00
52.00	INFUSION/HEM/ONC	90.19	0	26,847	0		52.00
53.00	OP REHAB CLINIC	90.21	0	559,988	0		53.00
54.00	GASTROENTEROLOGY CLINIC	90.23	0	21,619	0		54.00
55.00	LIFE CARE CLINIC	90.24	0	85,998	0		55.00
56.00	EMERGENCY	91.00	0	242,369	0		56.00
57.00	HOME PROGRAM DIALYSIS	94.00	0	1,551,862	0		57.00
58.00	AMBULANCE SERVICES	95.00	0	88,834	0		58.00
59.00	HOME HEALTH AGENCY	101.00	0	134,891	0		59.00
60.00	KIDNEY ACQUISITION	105.00	0	33,190	0		60.00
61.00	HEART ACQUISITION	106.00	0	30,290	0		61.00
62.00	LIVER ACQUISITION	107.00	0	15,531	0		62.00
63.00	LUNG ACQUISITION	108.00	0	138,588	0		63.00
64.00	HOSPICE	116.00	0	1,057,128	0		64.00
65.00	RESEARCH-GCRC	191.01	0	10,656	0		65.00
66.00	OSA	191.02	0	686	0		66.00
67.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	4,297,040	0		67.00
68.00	RHI	192.07	0	9,946	0		68.00
69.00	CARDIO PHYSICIANS	192.10	0	361	0		69.00
	0		0	182,707,491			
	F - BLOOD						
1.00	LABORATORY	60.00	0	53,931	0		1.00
2.00	IUSCC HEM/ONC	90.02	0	145	0		2.00
	0		0	54,076			
	G - NURSERY & L&D						
1.00	ADULTS & PEDIATRICS	30.00	7,854,340	800,066	0		1.00
2.00		0.00	0	0	0		2.00
	0		7,854,340	800,066			
	H - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	166,125	0	0		1.00
	0		166,125	0			
	I - OB SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	340,937	3,233,169	0		1.00
2.00		0.00	0	0	0		2.00
	0		340,937	3,233,169			
	J - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	419,580	32,098	0		1.00
	0		419,580	32,098			
	K - PHARMACIST PARAMED						
1.00	PHARMACY	15.00	410,707	31,419	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	914	70	0		2.00
3.00	IUSCC HEM/ONC	90.02	16,155	1,236	0		3.00
4.00	EMERGENCY	91.00	5,603	429	0		4.00
	0		433,379	33,154			
	L - PHARMACY TECH PARAMED						
1.00	PHARMACY	15.00	15,498	1,186	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	13,798	1,056	0		2.00
	0		29,296	2,242			
	M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	157,217	12,027	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	8,388	642	0		2.00
	0		165,605	12,669			

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,565,833	234,887	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		1,565,833	234,887			
	O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	562,601	61,923	0		1.00
2.00	KIDNEY ACQUISITION	105.00	818,276	101,022	0		2.00
3.00	HEART ACQUISITION	106.00	357,299	36,480	0		3.00
4.00	LIVER ACQUISITION	107.00	926,701	185,625	0		4.00
5.00	PANCREAS ACQUISITION	109.00	196,851	23,182	0		5.00
6.00	INTESTINAL ACQUISITION	110.00	122,173	12,306	0		6.00
	0		2,983,901	420,538			
	R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	105,566	8,076	0		1.00
	0		105,566	8,076			
	S - RENAL ADMIN						
1.00	RENAL DIALYSIS	74.00	64,935	199,067	0		1.00
	0		64,935	199,067			
	T - PHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,075	0		1.00
2.00	OPERATION OF PLANT	7.00	0	17,512	0		2.00
3.00	HOUSEKEEPING - SAXONY	9.04	0	377	0		3.00
4.00	DIETARY	10.00	0	1,641	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	167	0		5.00
6.00	PHARMACY	15.00	0	759	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	3,442	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	759	0		8.00
9.00	OPERATING ROOM	50.00	0	24,385	0		9.00
10.00	PULMONARY FUNCTION TESTING	53.01	0	23	0		10.00
11.00	LABORATORY	60.00	0	2,003	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	1,079	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	232	0		13.00
14.00	OUTPATIENT RETAIL PHARMACY	73.03	0	653	0		14.00
15.00	CARDIAC CATH	76.03	0	5	0		15.00
16.00	IUSCC HEM/ONC	90.02	0	11,286	0		16.00
17.00	AMB SVC-RILEY CLINICS	90.07	0	374	0		17.00
18.00	PHYSICAL MEDICINE	90.17	0	1,841	0		18.00
19.00	GASTROENTEROLOGY CLINIC	90.23	0	1,505	0		19.00
20.00	EMERGENCY	91.00	0	1,222	0		20.00
21.00	HOME HEALTH AGENCY	101.00	0	25,762	0		21.00
22.00	KIDNEY ACQUISITION	105.00	0	1,942	0		22.00
23.00	LIVER ACQUISITION	107.00	0	898	0		23.00
24.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	718	0		24.00
	0		0	99,660			
	V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,003,688	0		1.00
2.00	RADIOISOTOPE	56.00	0	4,313,548	0		2.00
3.00	SPEECH PATHOLOGY	68.00	0	1,978	0		3.00
	0		0	5,319,214			
	W - PTO AS STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	360	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	44,201	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	8,902	0	0		3.00
4.00	OPERATION OF PLANT	7.00	9,317	0	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	2,022	0	0		5.00
6.00	DIETARY	10.00	52,915	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	147,042	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	53,587	0	0		8.00
9.00	PHARMACY	15.00	222,329	0	0		9.00
10.00	SOCIAL SERVICE	17.00	24,760	0	0		10.00
11.00	PATIENT TRANSPORTATION	18.00	13,780	0	0		11.00
12.00	PARAMED RESPIRATORY THERAPY	23.03	684	0	0		12.00
13.00	PARAMED LAB SCIENCE PRO	23.06	4,361	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	744,049	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	109,921	0	0		15.00
16.00	CORONARY CARE UNIT	32.00	103,696	0	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	136,435	0	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	14,425	0	0		18.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/30/2017 4:11 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
19.00	UH SURG 6IC	34.02	30,801	0	0	19.00
20.00	RH PED IC	34.04	76,093	0	0	20.00
21.00	TRANSPLANT ICU	34.05	12,143	0	0	21.00
22.00	PEDS CANCER CARE	34.06	9,916	0	0	22.00
23.00	SUBPROVIDER - IPF	40.00	13,525	0	0	23.00
24.00	ADULTS & PEDIATRICS	30.00	2,646	0	0	24.00
25.00	OPERATING ROOM	50.00	237,715	0	0	25.00
26.00	ENDOSCOPY	50.01	20,919	0	0	26.00
27.00	RECOVERY ROOM	51.00	30,448	0	0	27.00
28.00	ANESTHESIOLOGY	53.00	10,092	0	0	28.00
29.00	PULMONARY FUNCTION TESTING	53.01	17,061	0	0	29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	134,253	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	31,976	0	0	31.00
32.00	LABORATORY	60.00	242,709	0	0	32.00
33.00	TRANSPLANT IMMUNOLOGY	60.01	994	0	0	33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	23,414	0	0	34.00
35.00	RESPIRATORY THERAPY	65.00	189,725	0	0	35.00
36.00	PHYSICAL THERAPY	66.00	101,728	0	0	36.00
37.00	OCCUPATIONAL THERAPY	67.00	15,650	0	0	37.00
38.00	SPEECH PATHOLOGY	68.00	17,654	0	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	19,338	0	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	21,828	0	0	40.00
41.00	OUTPATIENT RETAIL PHARMACY	73.03	6,670	0	0	41.00
42.00	RENAL DIALYSIS	74.00	26,021	0	0	42.00
43.00	CARDIOLOGY	76.01	6,749	0	0	43.00
44.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	2,192	0	0	44.00
45.00	CARDIAC CATH	76.03	19,090	0	0	45.00
46.00	DAY SURGERY	76.04	37,590	0	0	46.00
47.00	ECMO-ADULT	76.08	6,821	0	0	47.00
48.00	AMB SVC-OB & GYN	90.01	14,471	0	0	48.00
49.00	IUSCC HEM/ONC	90.02	71,621	0	0	49.00
50.00	AMB SVC-OPTHALMOLOGY	90.03	1,883	0	0	50.00
51.00	AMB SVC-PSYCH ADULT	90.04	1,713	0	0	51.00
52.00	OUTPATIENT SURGERY	90.06	10,433	0	0	52.00
53.00	AMB SVC-RILEY CLINICS	90.07	27,185	0	0	53.00
54.00	SLEEP LAB	90.11	14,570	0	0	54.00
55.00	PHYSICAL MEDICINE	90.17	4,693	0	0	55.00
56.00	DERMATOLOGY CLINIC	90.18	11,883	0	0	56.00
57.00	INFUSION/HEM/ONC	90.19	2,835	0	0	57.00
58.00	EATING DISORDERS CLINIC	90.22	4,099	0	0	58.00
59.00	GASTROENTEROLOGY CLINIC	90.23	18,354	0	0	59.00
60.00	LIFE CARE CLINIC	90.24	5,287	0	0	60.00
61.00	EMERGENCY	91.00	202,860	0	0	61.00
62.00	HOME PROGRAM DIALYSIS	94.00	10,382	0	0	62.00
63.00	AMBULANCE SERVICES	95.00	43,091	0	0	63.00
64.00	HOME HEALTH AGENCY	101.00	57,976	0	0	64.00
65.00	KIDNEY ACQUISITION	105.00	25,792	0	0	65.00
66.00	LIVER ACQUISITION	107.00	5,480	0	0	66.00
67.00	LUNG ACQUISITION	108.00	6,551	0	0	67.00
68.00	OTHER ORGAN ACQUISITION	112.00	18,646	0	0	68.00
69.00	HOSPICE	116.00	9,312	0	0	69.00
70.00	OSA	191.02	2,739	0	0	70.00
71.00	OTHER NONREIMBURSABLE-METHODIST	192.01	22,704	0	0	71.00
72.00	RHI	192.07	1,340	0	0	72.00
73.00	NON-ALLOWABLE ADVERTISING	192.08	493	0	0	73.00
	0		3,654,940	0		
	Z - BLOOMINGTON WAGES					
1.00	HOME HEALTH AGENCY	101.00	2,323,806	0	0	1.00
2.00	HOSPICE	116.00	2,077,779	0	0	2.00
	TOTALS		4,401,585	0		
	AA - RESPIRATORY THERAPY PARAMED					
1.00	PULMONARY FUNCTION TESTING	53.01	33,473	2,561	0	1.00
2.00	RESPIRATORY THERAPY	65.00	199,324	15,248	0	2.00
3.00	SLEEP LAB	90.11	6,725	514	0	3.00
	TOTALS		239,522	18,323		
500.00	Grand Total: Decreases		22,425,544	579,879,389		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: 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	140,280,111	0	0	0	3,096,070	1.00
2.00	Land Improvements	38,673,293	0	0	0	12,133,414	2.00
3.00	Buildings and Fixtures	1,225,544,898	0	0	0	21,371,233	3.00
4.00	Building Improvements	762,047,975	4,063,295	0	4,063,295	6,260,877	4.00
5.00	Fixed Equipment	1,983,264	0	0	0	1,983,264	5.00
6.00	Movable Equipment	1,414,324,963	17,793,466	0	17,793,466	50,146,429	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,582,854,504	21,856,761	0	21,856,761	94,991,287	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,582,854,504	21,856,761	0	21,856,761	94,991,287	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	137,184,041	0	1.00
2.00	Land Improvements	26,539,879	0	2.00
3.00	Buildings and Fixtures	1,204,173,665	0	3.00
4.00	Building Improvements	759,850,393	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	1,381,972,000	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,509,719,978	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	3,509,719,978	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/30/2017 4:11 pm

	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
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
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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2017 4:11 pm

	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	1,959,445,723	0	1,959,445,723	0.558291	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,550,274,256	0	1,550,274,256	0.441709	0	2.00
3.00	Total (sum of lines 1-2)	3,509,719,979	0	3,509,719,979	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	62,721,486	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	80,458,400	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	143,179,886	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	62,721,486	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	80,458,400	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	143,179,886	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/30/2017 4:11 pm

	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
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)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-79,382,086			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	206,739,699			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		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	CATERING/FOOD REVENUE	B	-236,275	DIETARY	10.00	0	33.00
33.01	CATERING/FOOD REVENUE	B	-186,320	CAFETERIA	11.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	CLASS & LECTURE REVENUE	B	-7,733	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.02
33.03	CLASS & LECTURE REVENUE	B	-13,847	PARAMED ED ADMINISTRATION	13.01	0	33.03
33.04	CLASS & LECTURE REVENUE	B	-107,825	PARAMED RADIOLOGY-METHODIST	23.02	0	33.04
33.05	CLASS & LECTURE REVENUE	B	-374,282	PARAMED RESPIRATORY THERAPY	23.03	0	33.05
33.06	CLASS & LECTURE REVENUE	B	-44,119	PARAMED LAB SCIENCE PRO	23.06	0	33.06
33.07	CLASS & LECTURE REVENUE	B	-28,860	PARAMED SURGERY TECHNOLOGY	23.09	0	33.07
33.08	CLASS & LECTURE REVENUE	B	-27,944	PARAMED PHARMACY TECH	23.10	0	33.08
33.09	CLASS & LECTURE REVENUE	B	-2,190	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	CLASS & LECTURE REVENUE	B	-298	EMERGENCY	91.00	0	33.10
33.11	MISC OTHER OP REVENUE	B	582,044	OUTPATIENT RETAIL PHARMACY	73.03	0	33.11
33.12	MISC OTHER OP REVENUE	B	-75	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	MISC OTHER OP REVENUE	B	-569,847	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14	MISC OTHER OP REVENUE	B	-139,143	OPERATION OF PLANT	7.00	0	33.14
33.15	MISC OTHER OP REVENUE	B	-1,050	DIETARY	10.00	0	33.15
33.16	MISC OTHER OP REVENUE	B	-16,597	NURSING ADMINISTRATION	13.00	0	33.16
33.17	MISC OTHER OP REVENUE	B	7,000	PARAMED ED ADMINISTRATION	13.01	0	33.17
33.18	MISC OTHER OP REVENUE	B	-761,029	PHARMACY	15.00	0	33.18
33.19	MISC OTHER OP REVENUE	B	-167,485	SOCIAL SERVICE	17.00	0	33.19
33.20	MISC OTHER OP REVENUE	B	-14,660	PARAMED PASTORAL EDUCATION	23.05	0	33.20
33.21	MISC OTHER OP REVENUE	B	-173,689	ADULTS & PEDIATRICS	30.00	0	33.21
33.22	MISC OTHER OP REVENUE	B	-1,600	SUBPROVIDER - IPF	40.00	0	33.22
33.23	MISC OTHER OP REVENUE	B	-8,114	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	MISC OTHER OP REVENUE	B	-1,545	DELIVERY ROOM & LABOR ROOM	52.00	0	33.24
33.25	MISC OTHER OP REVENUE	B	-24,823	PULMONARY FUNCTION TESTING	53.01	0	33.25
33.26	MISC OTHER OP REVENUE	B	-29,685	RADIOLOGY-DIAGNOSTIC	54.00	0	33.26
33.27	MISC OTHER OP REVENUE	B	-4,534,807	LABORATORY	60.00	0	33.27
33.28	MISC OTHER OP REVENUE	B	-33,900	TRANSPLANT IMMUNOLOGY	60.01	0	33.28
33.29	MISC OTHER OP REVENUE	B	-42,426	PHYSICAL THERAPY	66.00	0	33.29
33.30	MISC OTHER OP REVENUE	B	-114,973	OCCUPATIONAL THERAPY	67.00	0	33.30
33.31	MISC OTHER OP REVENUE	B	-17,063	SPEECH PATHOLOGY	68.00	0	33.31
33.32	MISC OTHER OP REVENUE	B	-50,922	ELECTROCARDIOLOGY	69.00	0	33.32
33.33	MISC OTHER OP REVENUE	B	-57,036	CARDIAC CATH	76.03	0	33.33
33.34	MISC OTHER OP REVENUE	B	-54,323	IUSCC HEM/ONC	90.02	0	33.34
33.35	MISC OTHER OP REVENUE	B	-828	AMB SVC-OPTHALMOLOGY	90.03	0	33.35
33.36	MISC OTHER OP REVENUE	B	-4,352	SLEEP LAB	90.11	0	33.36
33.37	MISC OTHER OP REVENUE	B	-8,250	LIFE CARE CLINIC	90.24	0	33.37
33.38	MISC OTHER OP REVENUE	B	-407,270	EMERGENCY	91.00	0	33.38
33.39	MISC OTHER OP REVENUE	B	-39	AMBULANCE SERVICES	95.00	0	33.39
33.40	MISC OTHER OP REVENUE	B	-72,089	HOME HEALTH AGENCY	101.00	0	33.40
33.41	MISC OTHER OP REVENUE	B	-559,810	KIDNEY ACQUISITION	105.00	0	33.41
33.42	MISC OTHER OP REVENUE	B	-7,895	HOSPICE	116.00	0	33.42
33.43	OTHER INSTITUTIONAL REVENUE	B	-530,306	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.43
33.44	OTHER INSTITUTIONAL REVENUE	B	-146,470	MEDICAL RECORDS & LIBRARY	16.00	0	33.44
33.45	OTHER INSTITUTIONAL REVENUE	B	-266,667	SOCIAL SERVICE	17.00	0	33.45
33.46	OTHER INSTITUTIONAL REVENUE	B	-1,012,908	ADULTS & PEDIATRICS	30.00	0	33.46
33.47	OTHER INSTITUTIONAL REVENUE	B	-16,112	SPEECH PATHOLOGY	68.00	0	33.47
33.48	OTHER INSTITUTIONAL REVENUE	B	-44,151	CARDIAC CATH	76.03	0	33.48
33.49	REV- GIFT SHOPS	B	-544	OUTPATIENT RETAIL PHARMACY	73.03	0	33.49
33.50	VENDING REVENUE	B	-237	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.50
33.51	VENDING REVENUE	B	-1,213	DIETARY	10.00	0	33.51
33.52	VENDING REVENUE	B	-966	HOME HEALTH AGENCY	101.00	0	33.52
33.53	INTERCOMPANY REVENUE	B	-62,757	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.53
33.54	INTERCOMPANY REVENUE	B	-3,727,066	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.54
33.55	INTERCOMPANY REVENUE	B	-7,211	MAINTENANCE & REPAIRS	6.00	0	33.55
33.56	INTERCOMPANY REVENUE	B	-7,111	OPERATION OF PLANT	7.00	0	33.56
33.57	INTERCOMPANY REVENUE	B	-250,000	NURSING ADMINISTRATION	13.00	0	33.57
33.58	INTERCOMPANY REVENUE	B	-7,573,108	CENTRAL SERVICES & SUPPLY	14.00	0	33.58
33.59	INTERCOMPANY REVENUE	B	-392,784	PHARMACY	15.00	0	33.59
33.60	INTERCOMPANY REVENUE	B	-220,379	SOCIAL SERVICE	17.00	0	33.60
33.61	INTERCOMPANY REVENUE	B	-836,251	OPERATING ROOM	50.00	0	33.61
33.62	INTERCOMPANY REVENUE	B	-20,000	PULMONARY FUNCTION TESTING	53.01	0	33.62
33.63	INTERCOMPANY REVENUE	B	-743,269	RADIOLOGY-DIAGNOSTIC	54.00	0	33.63
33.64	INTERCOMPANY REVENUE	B	-88,340	RADIOLOGY-THERAPEUTIC	55.00	0	33.64
33.65	INTERCOMPANY REVENUE	B	-16,640	RADIOISOTOPE	56.00	0	33.65

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.66	INTERCOMPANY REVENUE	B	-106,768,285	LABORATORY	60.00	0	33.66
33.67	INTERCOMPANY REVENUE	B	-10,183,792	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.67
33.68	INTERCOMPANY REVENUE	B	-63,098	PHYSICAL THERAPY	66.00	0	33.68
33.69	INTERCOMPANY REVENUE	B	-93,645	SPEECH PATHOLOGY	68.00	0	33.69
33.70	INTERCOMPANY REVENUE	B	-799,437	ELECTROCARDIOLOGY	69.00	0	33.70
33.71	INTERCOMPANY REVENUE	B	-308,169	ELECTROENCEPHALOGRAPHY	70.00	0	33.71
33.72	INTERCOMPANY REVENUE	B	-96,785	OUTPATIENT RETAIL PHARMACY	73.03	0	33.72
33.73	INTERCOMPANY REVENUE	B	-398,443	AMB SVC-OB & GYN	90.01	0	33.73
33.74	INTERCOMPANY REVENUE	B	-1,211,688	IUSCC HEM/ONC	90.02	0	33.74
33.75	INTERCOMPANY REVENUE	B	-381,720	OUTPATIENT SURGERY	90.06	0	33.75
33.76	INTERCOMPANY REVENUE	B	-5,717,896	AMB SVC-RILEY CLINICS	90.07	0	33.76
33.77	INTERCOMPANY REVENUE	B	-45,343	MOTILITY LAB	90.08	0	33.77
33.78	INTERCOMPANY REVENUE	B	-2,126,332	SLEEP LAB	90.11	0	33.78
33.79	INTERCOMPANY REVENUE	B	-191,569	DERMATOLOGY CLINIC	90.18	0	33.79
33.80	INTERCOMPANY REVENUE	B	-798,350	GASTROENTEROLOGY CLINIC	90.23	0	33.80
33.81	INTERCOMPANY REVENUE	B	-827,794	AMBULANCE SERVICES	95.00	0	33.81
33.82	INTERCOMPANY REVENUE	B	-268,648	HOME HEALTH AGENCY	101.00	0	33.82
33.83	INTERCOMPANY REVENUE	B	-655,017	OSA	191.02	0	33.83
33.84	INTERCOMPANY REVENUE	B	-149,926	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.84
33.85	INTERCOMPANY REVENUE	B	-167	MHH RADIOLOGY	192.04	0	33.85
33.87	PARKING GARAGE	A	-82,187	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.87
33.88	PARKING GARAGE	A	-4,901,923	OPERATION OF PLANT	7.00	0	33.88
33.89	INTEREST EXPENSE	A	-339,738	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.89
33.90	INTEREST EXPENSE	A	-10,980	PHARMACY	15.00	0	33.90
33.91	INTEREST EXPENSE	A	-599	OPERATING ROOM	50.00	0	33.91
33.92	PARKING GARAGE DEPRECIATION	A	-858,264	CAP REL COSTS-BLDG & FIXT	1.00	9	33.92
33.93	PHARMACY RESEARCH	A	-114,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.93
33.94	PHARMACY RESEARCH	A	-776,682	PHARMACY	15.00	0	33.94
33.95	DEPRECIATION TO HOME OFFICE	A	-6,218,440	CAP REL COSTS-BLDG & FIXT	1.00	9	33.95
33.96	DEPRECIATION TO HOME OFFICE	A	1	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.96
33.97	PHONES TO HOME OFFICE	A	-99,659	NONPATIENT TELEPHONES	5.01	0	33.97
33.98	CONTRIBUTIONS EXPENSE	A	-21,393	OPERATING ROOM	50.00	0	33.98
33.99	CONTRIBUTIONS EXPENSE	A	-33,036	EMERGENCY	91.00	0	33.99
34.00	CONTRIBUTIONS EXPENSE	A	-4,852	HOME HEALTH AGENCY	101.00	0	34.00
34.01	FRINGE BENEFIT TO HOME OFFICE	A	-101,879,256	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.01
34.02	PTO TO HOME OFFICE	A	-78,930	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.02
34.03	PTO TO HOME OFFICE	A	-90,704	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.04	PTO TO HOME OFFICE	A	-11	ADULTS & PEDIATRICS	30.00	0	34.04
34.05	PTO TO HOME OFFICE	A	1,330	LABORATORY	60.00	0	34.05
34.06	PTO TO HOME OFFICE	A	-994	RESPIRATORY THERAPY	65.00	0	34.06
34.07	PTO TO HOME OFFICE	A	203	PHYSICAL THERAPY	66.00	0	34.07
34.08	PTO TO HOME OFFICE	A	-23,511	SLEEP LAB	90.11	0	34.08
34.09	PTO TO HOME OFFICE	A	-317,459	HOME HEALTH AGENCY	101.00	0	34.09
34.10	PTO TO HOME OFFICE	A	-20,171	HOSPICE	116.00	0	34.10
34.11	ACADEMIC SUPPORT	A	17,500,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.11
34.12	MEDICAID HAF FEES	A	54,375,975	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.12
34.13	MEDICAID HAF FEES	A	-54,375,975	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.13
34.14	OUR HOUSE UTILITIES	A	-48,818	OPERATION OF PLANT	7.00	0	34.14
34.15	CATERING/FOOD REVENUE	B	50	LABORATORY	60.00	0	34.15
34.16	H.O. PARAMED ED	A	1,430	PARAMED PHARMACY	23.07	0	34.16
34.17	BLOOMINGTON HHA	A	-2,724,175	HOME HEALTH AGENCY	101.00	0	34.17
34.18	BLOOMINGTON HHA	A	-302	CAP REL COSTS-BLDG & FIXT	1.00	9	34.18
34.19	BLOOMINGTON HHA	A	-458	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.19
34.20	BLOOMINGTON HHA	A	-486,799	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.20
34.21	BLOOMINGTON HHA	A	-36,446	CENTRAL SERVICES & SUPPLY	14.00	0	34.21
34.22	BLOOMINGTON HHA	A	-1,091	PHARMACY	15.00	0	34.22
34.23	BLOOMINGTON HHA	A	-83,461	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34.23
34.24	BLOOMINGTON HHA	A	-135	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34.24
34.25	BLOOMINGTON HHA	A	-148,479	DRUGS CHARGED TO PATIENTS	73.00	0	34.25

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.26	BLOOMINGTON HOSPICE	A	-2,933,534	HOSPICE	116.00	0	34.26
34.27	BLOOMINGTON HOSPICE	A	-887,807	CAP REL COSTS-BLDG & FIXT	1.00	9	34.27
34.28	BLOOMINGTON HOSPICE	A	697,953	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.28
34.29	BLOOMINGTON HOSPICE	A	-428,922	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.29
34.30	BLOOMINGTON HOSPICE	A	-107,248	CENTRAL SERVICES & SUPPLY	14.00	0	34.30
34.31	BLOOMINGTON HOSPICE	A	-2,061	PHARMACY	15.00	0	34.31
34.32	BLOOMINGTON HOSPICE	A	-36	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34.32
34.33	BLOOMINGTON HOSPICE	A	-196,393	DRUGS CHARGED TO PATIENTS	73.00	0	34.33
34.34	INTERCOMPANY REVENUE	B	-76,826	AMB SVC-OPTHALMOLOGY	90.03	0	34.34
34.35	INTERCOMPANY REVENUE	B	-300,481	PHYSICAL MEDICINE	90.17	0	34.35
34.36	FQHC OFFSET	A	-73,662	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	34.36
34.37	NRCC PHYSICIANS	A	-344,924	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.37
34.38	NRCC PHYSICIANS	A	-4,992,127	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.38
34.39	NRCC PHYSICIANS	A	-6,626,473	OTHER NONREIMBURSABLE - IUMC	192.02	0	34.39
34.40	NRCC PHYSICIANS	A	8,167	CARDIO PHYSICIANS	192.10	0	34.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-146,174,200				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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2017 4:11 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY EXPENSE	58,896,743	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	28,995,023	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	92,169,278	131,254	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	39,467	39,467	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	59,604,731	14,131	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	4,474,213	28,189	3.03
3.04	5.04	ADMITTING	INTERCOMPANY EXPENSE	14,096,252	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	37,215,248	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	135,874,209	306,467,679	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	10,625,832	0	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	54,205,646	97,331	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	3,579,791	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	3,658,126	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	5,396,613	0	3.11
3.12	10.00	DIETARY	INTERCOMPANY EXPENSE	1,282,751	1,282,751	3.12
3.13	11.00	CAFETERIA	INTERCOMPANY EXPENSE	954,094	0	3.13
3.14	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	7,330,476	5,801,847	3.14
3.15	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	38,178	38,178	3.15
3.16	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	12,369,226	0	3.16
3.17	17.00	SOCIAL SERVICE	INTERCOMPANY EXPENSE	3,983	3,983	3.17
3.18	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	1,589,116	1,589,116	3.18
3.19	23.03	PARAMED RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.19
3.20	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	19,069,083	19,069,083	3.20
3.21	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	500,000	500,000	3.21
3.22	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	110,800	110,800	3.22
3.23	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	9,000	9,000	3.23
3.24	34.04	RH PED IC	INTERCOMPANY EXPENSE	1,145,144	1,145,144	3.24
3.25	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	40,468	40,468	3.25
3.26	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	843,486	843,486	3.26
3.27	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	5,938,744	5,938,744	3.27
3.28	51.00	RECOVERY ROOM	INTERCOMPANY EXPENSE	29,375	29,375	3.28
3.29	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	506,756	506,756	3.29
3.30	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	8,912,872	8,912,872	3.30
3.31	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	150,076	150,076	3.31
3.32	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	969,293	973,414	3.32
3.33	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	2,648,804	2,648,804	3.33
3.34	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	212,993	212,993	3.34
3.35	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	188,261	188,261	3.35
3.36	60.00	LABORATORY	INTERCOMPANY EXPENSE	69,642,166	69,642,166	3.36
3.37	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	240,135	240,135	3.37
3.38	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	77,408	77,408	3.38
3.39	68.00	SPEECH PATHOLOGY	INTERCOMPANY EXPENSE	12,921	12,921	3.39
3.40	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,851,053	2,851,053	3.40
3.41	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	390,000	397,029	3.41
3.42	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	121,971	149,789	3.42
3.43	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	130,651	598,999	3.43
3.44	76.01	CARDIOLOGY	INTERCOMPANY EXPENSE	464,535	464,535	3.44
3.45	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	1,810,965	1,810,965	3.45
3.46	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	1,626,183	1,626,183	3.46
3.47	76.04	DAY SURGERY	INTERCOMPANY EXPENSE	126,330	126,330	3.47
3.48	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	62,280	62,280	3.48
3.49	90.02	IUSCC HEM/ONC	INTERCOMPANY EXPENSE	9,512,990	12,446,162	3.49
3.50	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	40,000	40,000	3.50
3.51	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	578,735	578,735	3.51
3.52	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	321,984	741,756	3.52
3.53	90.12	OP CARE ADULTS	INTERCOMPANY EXPENSE	401,137	401,137	3.53
3.54	90.14	ARTHRITIS CLINIC	INTERCOMPANY EXPENSE	60,725	60,725	3.54
3.55	90.18	DERMATOLOGY CLINIC	INTERCOMPANY EXPENSE	4,875	4,875	3.55
3.56	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	304,563	304,563	3.56
3.57	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	150,000	150,000	3.57
3.58	91.00	EMERGENCY	INTERCOMPANY EXPENSE	10,470,228	10,470,228	3.58
3.59	94.00	HOME PROGRAM DIALYSIS	INTERCOMPANY EXPENSE	62,404	62,404	3.59
3.60	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	0	1,428,972	3.60
3.61	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	108,653	4,984,792	3.61
3.62	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	74,192	74,192	3.62
3.63	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	22,917	22,917	3.63
3.64	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,710,958	1,710,958	3.64
3.65	116.00	HOSPICE	INTERCOMPANY EXPENSE	312,849	312,849	3.65
4.00	0.00			0	0	4.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/30/2017 4:11 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			675,382,959	468,643,260	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	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2017 4:11 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	58,896,743	9		1.00
2.00	28,995,023	9		2.00
3.00	92,038,024	0		3.00
3.01	0	0		3.01
3.02	59,590,600	0		3.02
3.03	4,446,024	0		3.03
3.04	14,096,252	0		3.04
3.05	37,215,248	0		3.05
3.06	-170,593,470	0		3.06
3.07	10,625,832	0		3.07
3.08	54,108,315	0		3.08
3.09	3,579,791	0		3.09
3.10	3,658,126	0		3.10
3.11	5,396,613	0		3.11
3.12	0	0		3.12
3.13	954,094	0		3.13
3.14	1,528,629	0		3.14
3.15	0	0		3.15
3.16	12,369,226	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	0	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	-4,121	0		3.32
3.33	0	0		3.33
3.34	0	0		3.34
3.35	0	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	-7,029	0		3.41
3.42	-27,818	0		3.42
3.43	-468,348	0		3.43
3.44	0	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	0	0		3.48
3.49	-2,933,172	0		3.49
3.50	0	0		3.50
3.51	0	0		3.51
3.52	-419,772	0		3.52
3.53	0	0		3.53
3.54	0	0		3.54
3.55	0	0		3.55
3.56	0	0		3.56
3.57	0	0		3.57
3.58	0	0		3.58
3.59	0	0		3.59
3.60	-1,428,972	0		3.60
3.61	-4,876,139	0		3.61
3.62	0	0		3.62
3.63	0	0		3.63
3.64	0	0		3.64
3.65	0	0		3.65
4.00	0	0		4.00
5.00	206,739,699			5.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/30/2017 4:11 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		

* 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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2017 4:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	8,345,305	8,345,305	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	438,800	438,800	0	0	0	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	50,000	50,000	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	3,224,702	3,224,702	0	0	0	4.00
5.00	23.03	PARAMED RESPIRATORY THERAPY	15,000	15,000	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	20,085,651	20,085,651	0	0	0	6.00
7.00	32.00	CORONARY CARE UNIT	500,000	500,000	0	0	0	7.00
8.00	32.01	NEONATAL INTENSIVE CARE UNIT	110,800	110,800	0	0	0	8.00
9.00	33.00	BURN INTENSIVE CARE UNIT	9,000	9,000	0	0	0	9.00
10.00	34.04	RH PED IC	1,145,144	1,145,144	0	0	0	10.00
11.00	34.06	PEDS CANCER CARE	40,468	40,468	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	620,000	620,000	0	0	0	12.00
13.00	50.00	OPERATING ROOM	5,678,061	5,678,061	0	0	0	13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	443,753	443,753	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	11,396,711	11,396,711	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	237,082	237,082	0	0	0	16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	1,534,434	1,534,434	0	0	0	17.00
18.00	56.00	RADIOISOTOPE	212,993	212,993	0	0	0	18.00
19.00	59.00	CARDIAC CATHETERIZATION	118	118	0	0	0	19.00
20.00	60.00	LABORATORY	-59,286	-59,286	0	0	0	20.00
21.00	60.01	TRANSPLANT IMMUNOLOGY	240,135	240,135	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	2,822,109	2,822,109	0	0	0	22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	4,210,473	4,210,473	0	0	0	23.00
24.00	74.00	RENAL DIALYSIS	130,651	130,651	0	0	0	24.00
25.00	76.01	CARDIOLOGY	441,425	441,425	0	0	0	25.00
26.00	76.03	CARDIAC CATH	4,000	4,000	0	0	0	26.00
27.00	90.01	AMB SVC-OB & GYN	62,280	62,280	0	0	0	27.00
28.00	90.02	IUSCC HEM/ONC	1,259,620	1,259,620	0	0	0	28.00
29.00	90.06	OUTPATIENT SURGERY	40,000	40,000	0	0	0	29.00
30.00	90.07	AMB SVC-RILEY CLINICS	9,000	9,000	0	0	0	30.00
31.00	90.11	SLEEP LAB	23,247	23,247	0	0	0	31.00
32.00	90.14	ARTHRITIS CLINIC	60,725	60,725	0	0	0	32.00
33.00	90.22	EATING DISORDERS CLINIC	304,563	304,563	0	0	0	33.00
34.00	90.24	LIFE CARE CLINIC	150,000	150,000	0	0	0	34.00
35.00	91.00	EMERGENCY	13,911,282	13,911,282	0	0	0	35.00
36.00	94.00	HOME PROGRAM DIALYSIS	62,404	62,404	0	0	0	36.00
37.00	105.00	KIDNEY ACQUISITION	74,192	74,192	0	0	0	37.00
38.00	106.00	HEART ACQUISITION	22,917	22,917	0	0	0	38.00
39.00	107.00	LIVER ACQUISITION	1,524,327	1,524,327	0	0	0	39.00
200.00			79,382,086	79,382,086	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	4.00
5.00	23.03	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	7.00
8.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	9.00
10.00	34.04	RH PED IC	0	0	0	0	0	10.00
11.00	34.06	PEDS CANCER CARE	0	0	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	12.00
13.00	50.00	OPERATING ROOM	0	0	0	0	0	13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	17.00
18.00	56.00	RADIOISOTOPE	0	0	0	0	0	18.00
19.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	19.00
20.00	60.00	LABORATORY	0	0	0	0	0	20.00
21.00	60.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	22.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2017 4:11 pm

	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	
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	23.00
24.00	74.00	RENAL DIALYSIS	0	0	0	0	0	24.00
25.00	76.01	CARDIOLOGY	0	0	0	0	0	25.00
26.00	76.03	CARDIAC CATH	0	0	0	0	0	26.00
27.00	90.01	AMB SVC-OB & GYN	0	0	0	0	0	27.00
28.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	28.00
29.00	90.06	OUTPATIENT SURGERY	0	0	0	0	0	29.00
30.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	0	0	30.00
31.00	90.11	SLEEP LAB	0	0	0	0	0	31.00
32.00	90.14	ARTHRITIS CLINIC	0	0	0	0	0	32.00
33.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	33.00
34.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	34.00
35.00	91.00	EMERGENCY	0	0	0	0	0	35.00
36.00	94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	36.00
37.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	37.00
38.00	106.00	HEART ACQUISITION	0	0	0	0	0	38.00
39.00	107.00	LIVER ACQUISITION	0	0	0	0	0	39.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	8,345,305		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	438,800		2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	50,000		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,224,702		4.00
5.00	23.03	PARAMED RESPIRATORY THERAPY	0	0	0	15,000		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	20,085,651		6.00
7.00	32.00	CORONARY CARE UNIT	0	0	0	500,000		7.00
8.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	110,800		8.00
9.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	9,000		9.00
10.00	34.04	RH PED IC	0	0	0	1,145,144		10.00
11.00	34.06	PEDS CANCER CARE	0	0	0	40,468		11.00
12.00	40.00	SUBPROVIDER - IPF	0	0	0	620,000		12.00
13.00	50.00	OPERATING ROOM	0	0	0	5,678,061		13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	443,753		14.00
15.00	53.00	ANESTHESIOLOGY	0	0	0	11,396,711		15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	237,082		16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,534,434		17.00
18.00	56.00	RADIOISOTOPE	0	0	0	212,993		18.00
19.00	59.00	CARDIAC CATHETERIZATION	0	0	0	118		19.00
20.00	60.00	LABORATORY	0	0	0	-59,286		20.00
21.00	60.01	TRANSPLANT IMMUNOLOGY	0	0	0	240,135		21.00
22.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,822,109		22.00
23.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,210,473		23.00
24.00	74.00	RENAL DIALYSIS	0	0	0	130,651		24.00
25.00	76.01	CARDIOLOGY	0	0	0	441,425		25.00
26.00	76.03	CARDIAC CATH	0	0	0	4,000		26.00
27.00	90.01	AMB SVC-OB & GYN	0	0	0	62,280		27.00
28.00	90.02	IUSCC HEM/ONC	0	0	0	1,259,620		28.00
29.00	90.06	OUTPATIENT SURGERY	0	0	0	40,000		29.00
30.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	9,000		30.00
31.00	90.11	SLEEP LAB	0	0	0	23,247		31.00
32.00	90.14	ARTHRITIS CLINIC	0	0	0	60,725		32.00
33.00	90.22	EATING DISORDERS CLINIC	0	0	0	304,563		33.00
34.00	90.24	LIFE CARE CLINIC	0	0	0	150,000		34.00
35.00	91.00	EMERGENCY	0	0	0	13,911,282		35.00
36.00	94.00	HOME PROGRAM DIALYSIS	0	0	0	62,404		36.00
37.00	105.00	KIDNEY ACQUISITION	0	0	0	74,192		37.00
38.00	106.00	HEART ACQUISITION	0	0	0	22,917		38.00
39.00	107.00	LIVER ACQUISITION	0	0	0	1,524,327		39.00
200.00			0	0	0	79,382,086		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	62,721,486	62,721,486				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	80,458,400		80,458,400			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	93,918,578	23,431	3,331	93,945,340		4.00
5.01	00540	NONPATIENT TELEPHONES	54,213	0	1,992	0	56,205	5.01
5.02	00550	DATA PROCESSING	59,611,696	28,258	104,424	2,125	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	4,798,292	30,658	139,172	4,238	0	5.03
5.04	00570	ADMITTING	14,150,855	19,268	7,718	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	37,215,248	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	152,312,344	2,847,443	2,078,599	1,852,490	849	5.06
6.00	00600	MAINTENANCE & REPAIRS	37,960,861	815,318	2,494,803	658,085	393	6.00
7.00	00700	OPERATION OF PLANT	64,305,976	2,574,540	451,499	652,151	538	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,346	301,297	680	3,339	6	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,579,791	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,658,126	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,396,613	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	499,001	21,912	24,476	58,884	82	9.04
9.05	00905	HOUSEKEEPING - MORGAN	541,237	0	0	62,126	95	9.05
10.00	01000	DIETARY	9,719,085	597,956	155,669	941,959	963	10.00
11.00	01100	CAFETERIA	1,202,071	104,979	15,593	20,348	25	11.00
13.00	01300	NURSING ADMINISTRATION	25,709,237	806,965	262,895	3,182,305	1,292	13.00
13.01	01851	PARAMED ED ADMINISTRATION	184,054	137,089	6,588	20,165	13	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	112,973,253	1,167,762	1,183,601	1,271,593	1,413	14.00
15.00	01500	PHARMACY	38,607,756	878,845	1,559,040	4,211,248	1,983	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,729,298	59,500	0	21,727	13	16.00
17.00	01700	SOCIAL SERVICE	5,461,848	76,233	0	623,064	456	17.00
18.00	01850	PATIENT TRANSPORTATION	1,910,763	13,953	85,414	266,076	310	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	38,801,103	15,729	0	5,077,198	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,040,637	695,165	701	15,019	13	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	598,172	52,462	0	97,844	57	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	242,160	50,374	0	79,381	51	23.03
23.04	02304	PARAMED EMERGENCY	92,974	48,964	14,404	12,993	6	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	833,539	0	0	115,443	95	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	392,464	0	0	60,434	32	23.06
23.07	02307	PARAMED PHARMACY	1,221,148	0	2,116	165,134	120	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	245,760	31,038	0	37,905	25	23.09
23.10	02310	PARAMED PHARMACY TECH	229,468	30,347	0	35,485	19	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	125,761,602	9,643,208	5,237,315	16,036,491	10,957	30.00
31.00	03100	INTENSIVE CARE UNIT	15,723,579	684,806	157,052	2,032,969	1,210	31.00
32.00	03200	CORONARY CARE UNIT	16,386,985	703,925	388,886	2,031,913	1,254	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	18,187,375	965,166	1,536,257	2,518,036	1,666	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,884,216	206,528	382,636	260,345	146	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,294,054	338,016	85,326	448,864	279	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,560,098	663,639	350,137	1,148,631	722	34.04
34.05	03404	TRANSPLANT ICU	3,445,966	182,500	8,536	277,025	171	34.05
34.06	03407	PEDS CANCER CARE	1,707,149	575,379	384,288	231,795	158	34.06
40.00	04000	SUBPROVIDER - IPF	3,463,560	516,353	9,918	464,338	304	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,565,365	5,058	0	255,282	158	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,197,586	3,763,211	15,843,236	5,231,903	3,313	50.00
50.01	05001	ENDOSCOPY	1,827,340	90,755	827,058	230,785	133	50.01
51.00	05100	RECOVERY ROOM	8,520,655	996,991	463,897	1,113,713	678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,425,557	671,273	290,266	1,064,462	659	52.00
53.00	05300	ANESTHESIOLOGY	1,579,824	139,136	607,678	212,985	146	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,969,864	238,149	395,059	398,006	241	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,968,288	3,643,031	15,655,776	3,948,272	2,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,534,157	606,729	3,386,280	682,531	386	55.00
56.00	05600	RADIOISOTOPE	1,331,882	264,631	655,169	157,823	82	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,242,161	153,414	1,125,481	167,388	76	59.00
60.00	06000	LABORATORY	37,352,009	847,373	6,946,877	6,857,571	5,328	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
60.01	06001	TRANSPLANT IMMUNOLOGY	2,419,073	60,612	32,934	139,661	82	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,191,127	35,513	125,983	442,060	260	63.00
65.00	06500	RESPIRATORY THERAPY	20,535,980	311,616	1,450,113	2,643,433	1,685	65.00
66.00	06600	PHYSICAL THERAPY	15,288,226	627,665	360,277	1,962,764	1,166	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,546,896	123,109	1,204	366,190	222	67.00
68.00	06800	SPEECH PATHOLOGY	3,781,449	357,949	212,414	533,841	323	68.00
69.00	06900	ELECTROCARDIOLOGY	3,381,556	144,058	814,563	558,863	412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,235,806	756,075	1,075,871	608,160	342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,141,055	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,873,087	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	176,587,832	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	92,734,627	125,848	204,146	1,048,601	538	73.03
74.00	07400	RENAL DIALYSIS	7,058,489	423,171	605,378	838,267	564	74.00
76.00	03020	RH NBN ECMO IC	821,813	0	25,507	113,557	44	76.00
76.01	03140	CARDIOLOGY	2,473,984	154,865	777,370	107,330	63	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,030,800	12,136	35,869	301,587	19	76.02
76.03	03950	CARDIAC CATH	5,442,447	930,060	1,065,480	746,802	285	76.03
76.04	03951	DAY SURGERY	3,960,358	312,334	63,144	515,470	342	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	830,833	5,926	13,265	115,298	57	76.08
76.97	07697	CARDIAC REHABILITATION	638,877	114,227	2,165	64,221	38	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,448,918	0	0	585,157	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,431,314	275,520	210,932	250,066	209	90.01
90.02	09002	IUSCC HEM/ONC	24,187,988	1,839,441	1,662,781	3,014,304	1,267	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	295,463	4,543	327,496	48,018	44	90.03
90.04	09004	AMB SVC-PSYCH ADULT	690,599	321,311	278	95,378	70	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	1,895,851	186,853	213,202	300,965	203	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-237,121	590,267	152,782	727,652	481	90.07
90.08	09008	MOTILITY LAB	92,111	5,275	77,390	19,118	6	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2,905	0	521	279	0	90.10
90.11	09023	SLEEP LAB	2,669,910	56,110	127,276	557,866	329	90.11
90.12	09024	OP CARE ADULTS	401,135	20,638	672	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	331,919	0	6,073	25,878	13	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	645,031	189,022	5,457	124,969	133	90.17
90.18	09016	DERMATOLOGY CLINIC	807,109	115,380	37,697	133,478	108	90.18
90.19	09017	INFUSION/HEM/ONC	827,660	0	7,996	63,660	44	90.19
90.20	09025	IUMG - MH	25,656	58,402	0	3,581	0	90.20
90.21	09019	OP REHAB CLINIC	185,420	28,164	4,440	14,109	6	90.21
90.22	09020	EATING DISORDERS CLINIC	1,294,687	0	30,833	132,762	82	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	519,042	222,027	16,878	165,073	146	90.23
90.24	09021	LIFE CARE CLINIC	1,271,456	117,929	623	177,109	127	90.24
91.00	09100	EMERGENCY	22,526,442	1,858,466	2,102,073	2,957,329	1,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,126,573	162,662	47,135	111,290	63	94.00
95.00	09500	AMBULANCE SERVICES	21,497,952	0	4,020,167	1,436,706	957	95.00
101.00	10100	HOME HEALTH AGENCY	46,914,434	14,468	74,954	3,203,584	2,046	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,725,285	109,752	159,364	370,518	203	105.00
106.00	10600	HEART ACQUISITION	1,993,260	9,166	17,143	51,909	25	106.00
107.00	10700	LIVER ACQUISITION	10,028,489	62,144	91,421	175,741	108	107.00
108.00	10800	LUNG ACQUISITION	4,050,473	17,641	35,740	90,507	51	108.00
109.00	10900	PANCREAS ACQUISITION	3,005,797	18,604	38,436	39,242	19	109.00
110.00	11000	INTESTINAL ACQUISITION	1,147,412	7,092	6,976	26,641	13	110.00
112.00	08600	OTHER ORGAN ACQUISITION	205,848	0	0	28,462	13	112.00
112.01	08601	POST TRANSPLANT EXPENSES	3,404,439	129,821	205,876	448,638	247	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,696,401	66,131	18,292	648,995	450	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,892,415,298	48,310,750	79,896,430	92,454,976	55,161	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	977	167,571	0	0	82	190.00
191.00	19100	RESEARCH	2,665,484	374,926	3,465	10,381	0	191.00
191.01	19101	RESEARCH-GCRC	39,273	258,895	0	0	0	191.01
191.02	19102	OSA	4,706,078	0	249	250,682	158	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,606,834	700,698	4,186	47,297	19	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	10,858,402	1,266,069	429,180	883,811	741	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	2,226,539	0	73,197	238,606	6	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	192	7,945,633	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	122,840	0	0	16,595	6	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	196,412	0	49,513	25,575	19	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	3,753,236	32,530	0	16,103	13	192.08
192.09	19209	ARTHRITIS CLINIC - NR	6,285	0	0	868	0	192.09
192.10	19212	CARDIO PHYSICIANS	51,341	61,005	2,180	446	0	192.10
192.11	19211	UNUSED SPACE	0	3,603,409	0	0	0	192.11
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)	1,920,649,191	62,721,486	80,458,400	93,945,340	56,205	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	59,746,503					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	4,972,360				5.03
5.04	00570	ADMITTING	0	0	14,177,841			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	37,215,248		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	902,393	5,280	0	0	159,999,398	5.06
6.00	00600	MAINTENANCE & REPAIRS	417,525	82	0	0	42,347,067	6.00
7.00	00700	OPERATION OF PLANT	572,414	671	0	0	68,557,789	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,734	2,131	0	0	338,533	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,579,791	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,658,126	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,396,613	9.03
9.04	00904	HOUSEKEEPING - SAXONY	87,546	40	0	0	691,941	9.04
9.05	00905	HOUSEKEEPING - MORGAN	101,014	212	0	0	704,684	9.05
10.00	01000	DIETARY	1,023,610	174	0	0	12,439,416	10.00
11.00	01100	CAFETERIA	26,937	0	0	0	1,369,953	11.00
13.00	01300	NURSING ADMINISTRATION	1,373,792	831	0	0	31,337,317	13.00
13.01	01851	PARAMED ED ADMINISTRATION	13,469	2	0	0	361,380	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,501,744	45,536	0	0	118,144,902	14.00
15.00	01500	PHARMACY	2,107,829	47,184	0	0	47,413,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,469	0	0	0	13,824,007	16.00
17.00	01700	SOCIAL SERVICE	484,868	2	0	0	6,646,471	17.00
18.00	01850	PATIENT TRANSPORTATION	329,980	82	0	0	2,606,578	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	43,894,030	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,469	33	0	0	19,765,037	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	60,608	0	0	0	809,143	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	53,874	49	0	0	425,889	23.03
23.04	02304	PARAMED EMERGENCY	6,734	0	0	0	176,075	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	101,014	0	0	0	1,050,091	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	33,671	184	0	0	486,785	23.06
23.07	02307	PARAMED PHARMACY	127,951	0	0	0	1,516,469	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	26,937	1	0	0	341,666	23.09
23.10	02310	PARAMED PHARMACY TECH	20,203	33	0	0	315,555	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,643,559	248,523	2,131,796	3,356,193	174,069,644	30.00
31.00	03100	INTENSIVE CARE UNIT	1,286,247	40,498	265,230	382,310	20,573,901	31.00
32.00	03200	CORONARY CARE UNIT	1,333,387	51,756	249,027	358,954	21,506,087	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,771,115	28,251	501,532	722,922	26,232,320	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	154,888	3,885	29,583	42,642	2,964,869	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	296,308	13,542	59,041	85,104	4,620,534	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	767,708	18,989	146,588	211,296	11,867,808	34.04
34.05	03404	TRANSPLANT ICU	181,825	8,208	34,220	49,325	4,187,776	34.05
34.06	03407	PEDS CANCER CARE	168,357	2,665	44,943	64,782	3,179,516	34.06
40.00	04000	SUBPROVIDER - IPF	323,245	981	49,452	71,281	4,899,432	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	168,357	0	33,103	47,715	3,075,038	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,522,027	420,327	1,906,734	4,194,591	78,082,928	50.00
50.01	05001	ENDOSCOPY	141,420	16,864	60,204	133,769	3,328,328	50.01
51.00	05100	RECOVERY ROOM	720,568	11,342	186,574	636,665	12,651,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	700,365	0	192,887	311,877	15,657,346	52.00
53.00	05300	ANESTHESIOLOGY	154,888	56,717	156,694	327,850	3,235,918	53.00
53.01	05301	PULMONARY FUNCTION TESTING	255,903	18,049	15,801	179,272	4,470,344	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,491,682	90,804	798,042	2,841,669	62,439,908	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	410,791	2,918	25,650	732,603	13,382,045	55.00
56.00	05600	RADIOISOTOPE	87,546	1,506	21,897	187,260	2,707,796	56.00
59.00	05900	CARDIAC CATHETERIZATION	80,811	11,861	51,811	297,279	3,130,282	59.00
60.00	06000	LABORATORY	5,663,527	808,646	1,184,992	3,195,821	62,862,144	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	87,546	28,202	5,884	54,849	2,828,843	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	276,105	36,514	265,249	433,541	6,806,352	63.00
65.00	06500	RESPIRATORY THERAPY	1,791,318	56,993	437,791	647,874	27,876,803	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
66.00	06600	PHYSICAL THERAPY	1,239,107	15,205	179,290	368,941	20,042,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	235,700	2,433	41,739	75,779	3,393,272	67.00
68.00	06800	SPEECH PATHOLOGY	343,448	3,614	29,124	98,501	5,360,663	68.00
69.00	06900	ELECTROCARDIOLOGY	437,728	2,250	200,199	514,427	6,054,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	363,651	4,716	99,905	218,335	7,362,861	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	909,999	386,816	1,021,287	43,459,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,671,124	1,283,543	2,468,879	86,296,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,933,242	5,493,815	184,014,889	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	572,414	4,679	0	582,457	95,273,310	73.03
74.00	07400	RENAL DIALYSIS	599,351	39,500	62,293	252,202	9,879,215	74.00
76.00	03020	RH NBN ECMO IC	47,140	3,107	10,052	14,490	1,035,710	76.00
76.01	03140	CARDIOLOGY	67,343	9,211	45,970	230,438	3,866,574	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,203	715	3,368	23,382	2,428,079	76.02
76.03	03950	CARDIAC CATH	303,042	38,787	186,906	768,920	9,482,729	76.03
76.04	03951	DAY SURGERY	363,651	14,647	0	21,498	5,251,444	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	60,608	0	11,912	17,234	1,055,133	76.08
76.97	07697	CARDIAC REHABILITATION	40,406	122	35	14,004	874,095	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	25,364	6,059,439	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	222,231	1,482	237	33,149	2,425,140	90.01
90.02	09002	IUSCC HEM/ONC	1,346,855	16,003	2,623	472,695	32,543,957	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	47,140	289	1	10,469	733,463	90.03
90.04	09004	AMB SVC-PSYCH ADULT	74,077	38	0	24,892	1,206,643	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	215,497	849	36,312	126,842	2,976,574	90.06
90.07	09007	AMB SVC-RILEY CLINICS	511,805	4,698	1,394	70,643	1,822,601	90.07
90.08	09008	MOTILITY LAB	6,734	1,746	37	4,932	207,349	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	3,705	90.10
90.11	09023	SLEEP LAB	350,182	3,130	93	100,453	3,865,349	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	422,445	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	13,469	648	18	22,851	400,869	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	141,420	397	17	6,952	1,113,398	90.17
90.18	09016	DERMATOLOGY CLINIC	114,483	1,927	9	21,733	1,231,924	90.18
90.19	09017	INFUSION/HEM/ONC	47,140	784	56	47,792	995,132	90.19
90.20	09025	IUMG - MH	0	0	0	0	87,639	90.20
90.21	09019	OP REHAB CLINIC	6,734	94	30	3,833	242,830	90.21
90.22	09020	EATING DISORDERS CLINIC	87,546	17	9	22,894	1,568,830	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	154,888	301	34	7,133	1,085,522	90.23
90.24	09021	LIFE CARE CLINIC	134,686	53	0	0	1,701,983	90.24
91.00	09100	EMERGENCY	2,121,297	61,291	444,663	2,652,948	34,726,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	67,343	42,333	8	92,186	1,649,593	94.00
95.00	09500	AMBULANCE SERVICES	1,016,876	6,719	193	510,369	28,489,939	95.00
101.00	10100	HOME HEALTH AGENCY	2,175,171	8,024	0	588,915	52,981,596	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	215,497	3,736	120,611	174,544	11,879,510	105.00
106.00	10600	HEART ACQUISITION	26,937	6	25,411	36,628	2,160,485	106.00
107.00	10700	LIVER ACQUISITION	114,483	2,293	135,008	194,605	10,804,292	107.00
108.00	10800	LUNG ACQUISITION	53,874	12	37,095	53,470	4,338,863	108.00
109.00	10900	PANCREAS ACQUISITION	20,203	416	32,833	47,326	3,202,876	109.00
110.00	11000	INTESTINAL ACQUISITION	13,469	163	12,030	17,340	1,231,136	110.00
112.00	08600	OTHER ORGAN ACQUISITION	13,469	0	0	0	247,792	112.00
112.01	08601	POST TRANSPLANT EXPENSES	262,637	3,480	0	0	4,455,138	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	478,134	3,229	0	92,257	8,003,889	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,635,347	4,964,835	14,177,841	37,215,248	1,874,832,503	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,546	0	0	0	256,176	190.00
191.00	19100	RESEARCH	0	136	0	0	3,054,392	191.00
191.01	19101	RESEARCH-GCRC	0	1,490	0	0	299,658	191.01
191.02	19102	OSA	168,357	723	0	0	5,126,247	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,203	0	0	0	4,379,237	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	787,910	4,063	0	0	14,230,176	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	6,734	0	0	0	2,545,082	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	7,945,825	192.03
192.04	19204	MHH RADIOLOGY	6,734	1	0	0	146,176	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	20,203	1,090	0	0	292,812	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	13,469	1	0	0	3,815,352	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	7,153	192.09
192.10	19212	CARDIO PHYSICIANS	0	21	0	0	114,993	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	3,603,409	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	59,746,503	4,972,360	14,177,841	37,215,248	1,920,649,191	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	159,999,398					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,848,290	46,195,357				6.00
7.00	00700	OPERATION OF PLANT	6,230,189	2,017,260	76,805,238			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,764	236,078	410,431	1,015,806		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	325,314	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	332,432	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	490,417	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	62,880	17,169	29,850	16	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	64,038	0	0	0	0	9.05
10.00	01000	DIETARY	1,130,432	468,523	814,545	0	0	10.00
11.00	01100	CAFETERIA	124,494	82,256	143,004	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,847,779	632,291	1,099,261	22	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	32,840	107,415	186,744	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	10,736,418	914,990	1,590,743	11,984	0	14.00
15.00	01500	PHARMACY	4,308,737	688,612	1,197,177	5	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,256,257	46,621	81,052	0	0	16.00
17.00	01700	SOCIAL SERVICE	603,998	59,731	103,845	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	236,873	10,933	19,007	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,988,870	12,325	21,427	262	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,796,148	544,691	946,965	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	73,531	41,107	71,465	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	38,703	39,470	68,621	0	0	23.03
23.04	02304	PARAMED EMERGENCY	16,001	38,365	66,700	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	95,427	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	44,237	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	137,809	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	31,049	24,320	42,281	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	28,676	23,778	41,339	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,818,579	7,555,856	13,136,133	464,191	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,869,653	536,574	932,853	34,665	0	31.00
32.00	03200	CORONARY CARE UNIT	1,954,366	551,554	958,898	29,876	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,383,862	756,248	1,314,765	26,051	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	269,432	161,823	281,336	8,893	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	419,891	264,850	460,451	9,800	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	1,078,487	519,989	904,020	21,549	0	34.04
34.05	03404	TRANSPLANT ICU	380,564	142,996	248,604	7,223	0	34.05
34.06	03407	PEDS CANCER CARE	288,939	450,833	783,790	8,819	0	34.06
40.00	04000	SUBPROVIDER - IPF	445,236	404,585	703,385	5,512	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	279,444	3,963	6,890	9,530	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,095,786	2,948,633	5,126,306	84,246	0	50.00
50.01	05001	ENDOSCOPY	302,462	71,110	123,628	4,161	0	50.01
51.00	05100	RECOVERY ROOM	1,149,667	781,184	1,358,117	16,501	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,422,861	525,970	914,419	24,121	0	52.00
53.00	05300	ANESTHESIOLOGY	294,064	109,019	189,533	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	406,243	186,600	324,410	4,681	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,674,227	2,854,467	4,962,595	69,275	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,216,093	475,397	826,496	6,041	0	55.00
56.00	05600	RADIOISOTOPE	246,071	207,350	360,485	5,311	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	284,464	120,207	208,984	133	0	59.00
60.00	06000	LABORATORY	5,712,597	663,952	1,154,305	1,434	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	257,071	47,492	82,566	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	618,527	27,826	48,376	36	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,533,304	244,164	424,488	1,881	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	1,821,375	491,802	855,015	6,309	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	308,364	96,461	167,700	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	487,150	280,468	487,604	160	0	68.00
69.00	06900	ELECTROCARDIOLOGY	550,162	112,876	196,238	4,682	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	669,100	592,417	1,029,938	3,829	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,949,351	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,842,207	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,722,701	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	8,657,962	98,607	171,432	0	0	73.03
74.00	07400	RENAL DIALYSIS	897,774	331,572	576,451	3,767	0	74.00
76.00	03020	RH NBN ECMO IC	94,120	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	351,375	121,343	210,960	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	220,652	9,509	16,532	0	0	76.02
76.03	03950	CARDIAC CATH	861,743	728,741	1,266,943	13,572	0	76.03
76.04	03951	DAY SURGERY	477,225	244,727	425,467	14,350	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	95,885	4,643	8,072	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	79,433	89,502	155,602	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	550,652	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	220,385	215,881	375,317	2,511	0	90.01
90.02	09002	IUSCC HEM/ONC	2,957,432	1,441,279	2,505,716	5,323	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	66,653	3,559	6,188	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	109,654	251,760	437,695	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	270,496	146,407	254,534	1,180	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	165,629	462,499	804,072	3,963	0	90.07
90.08	09008	MOTILITY LAB	18,843	4,133	7,185	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	337	0	0	0	0	90.10
90.11	09023	SLEEP LAB	351,264	43,965	76,434	0	0	90.11
90.12	09024	OP CARE ADULTS	38,390	16,171	28,113	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	36,429	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	101,180	148,107	257,489	348	0	90.17
90.18	09016	DERMATOLOGY CLINIC	111,951	90,405	157,172	775	0	90.18
90.19	09017	INFUSION/HEM/ONC	90,433	0	0	0	0	90.19
90.20	09025	IUMG - MH	7,964	45,760	79,556	0	0	90.20
90.21	09019	OP REHAB CLINIC	22,067	22,067	38,365	72	0	90.21
90.22	09020	EATING DISORDERS CLINIC	142,567	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	98,647	173,967	302,448	488	0	90.23
90.24	09021	LIFE CARE CLINIC	154,668	92,402	160,644	0	0	90.24
91.00	09100	EMERGENCY	3,155,771	1,456,185	2,531,632	92,161	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	149,907	127,453	221,581	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,589,023	0	0	116	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,814,703	11,336	19,709	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,079,550	85,995	149,506	0	0	105.00
106.00	10600	HEART ACQUISITION	196,334	7,182	12,487	0	0	106.00
107.00	10700	LIVER ACQUISITION	981,840	48,693	84,654	0	0	107.00
108.00	10800	LUNG ACQUISITION	394,294	13,823	24,031	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	291,061	14,577	25,343	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	111,879	5,557	9,660	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	22,518	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	404,861	101,720	176,844	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	727,353	51,816	90,084	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,835,807	34,903,944	57,174,703	1,009,825	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,280	131,299	228,268	0	0	190.00
191.00	19100	RESEARCH	277,568	293,770	510,730	0	0	191.00
191.01	19101	RESEARCH-GCRC	27,231	202,855	352,671	4,493	0	191.01
191.02	19102	OSA	465,848	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	397,963	549,026	954,501	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,293,167	992,018	1,724,660	1,488	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	231,284	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	722,077	6,225,735	10,823,668	0	0	192.03
192.04	19204	MHH RADIOLOGY	13,284	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	26,609	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	346,720	25,488	44,313	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	650	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	10,450	47,800	83,102	0	0	192.10
192.11	19211	UNUSED SPACE	327,460	2,823,422	4,908,622	0	0	192.11
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)	159,999,398	46,195,357	76,805,238	1,015,806	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,905,105					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	3,990,558				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	5,887,030			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	801,856		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	768,722	9.05
10.00	01000	DIETARY	48,190	10,275	73,607	11,754	25,958	10.00
11.00	01100	CAFETERIA	0	0	0	18,584	12,443	11.00
13.00	01300	NURSING ADMINISTRATION	19,802	59,078	135,535	0	1,991	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	36,107	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	94,125	118,497	70,578	26,773	7,600	14.00
15.00	01500	PHARMACY	79,702	46,258	88,124	18,369	5,785	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,722	0	0	0	20,054	16.00
17.00	01700	SOCIAL SERVICE	416	10,087	9,939	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	3,238	0	621	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,305	3,011	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,267	11,723	155,459	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	13,818	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	13,268	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	12,896	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	8,175	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	7,993	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	648,965	921,794	860,562	106,504	99,470	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,647	176,841	0	0	31.00
32.00	03200	CORONARY CARE UNIT	68,305	44,141	78,239	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	231,529	30,407	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	56,274	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	94,292	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	180,826	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	50,909	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	156,778	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,661	94,027	43,542	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	1,332	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	327,214	240,481	320,004	66,257	95,794	50.00
50.01	05001	ENDOSCOPY	0	0	23,903	0	0	50.01
51.00	05100	RECOVERY ROOM	32,201	103,156	50,892	75,404	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	176,802	0	0	52.00
53.00	05300	ANESTHESIOLOGY	900	31,206	5,632	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	15,947	30,825	16,793	1,000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	279,962	215,590	389,050	41,372	87,375	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	104,051	0	61,560	0	0	55.00
56.00	05600	RADIOISOTOPE	28,876	8,003	31,575	2,888	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,345	0	59.00
60.00	06000	LABORATORY	76,086	56,001	55,996	23,829	25,463	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	15,964	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,470	0	7,021	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,366	24,263	38,907	1,746	7,028	65.00
66.00	06600	PHYSICAL THERAPY	13,462	4,785	116,835	16,359	22,181	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	12,622	12,392	4,350	0	6,893	67.00
68.00	06800	SPEECH PATHOLOGY	19,855	52,461	24,818	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,733	27,328	0	9,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,862	188,638	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	33,146	0	0	73.03
74.00	07400	RENAL DIALYSIS	70,208	15,425	30,253	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	5,046	37,269	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,196	0	0	76.02
76.03	03950	CARDIAC CATH	972	16,308	228,284	0	0	76.03
76.04	03951	DAY SURGERY	83,595	0	3,336	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	1,561	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	4,254	18,164	10,192	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	76,858	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	427,535	19,829	61,642	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,267	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	84,628	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	44,366	0	7,325	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	160,834	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,437	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	2,336	11,503	0	90.11
90.12	09024	OP CARE ADULTS	0	0	5,436	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	52,729	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	32,186	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	15,382	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	7,674	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	45,565	15,991	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1,596	0	29,553	0	0	90.24
91.00	09100	EMERGENCY	25,063	151,439	241,830	43,336	50,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	45,376	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,014	0	2,854	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	16,303	85	13,432	0	0	105.00
106.00	10600	HEART ACQUISITION	1,362	7	1,121	0	0	106.00
107.00	10700	LIVER ACQUISITION	9,233	48	7,607	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,621	15	2,161	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,761	15	2,275	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,055	4	868	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	19,283	100	15,889	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,077	0	15,457	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,027,982	3,169,183	4,186,937	521,187	488,855	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,626	36,733	0	0	2,357	190.00
191.00	19100	RESEARCH	1,740	0	97,106	0	0	191.00
191.01	19101	RESEARCH-GCRC	59,458	0	12,053	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,134	0	0	1,878	277,510	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	22,449	9,721	302,869	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	542,873	526,160	797,626	253,197	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	8,568	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	16,068	0	0	192.10
192.11	19211	UNUSED SPACE	227,843	248,761	465,803	25,594	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,905,105	3,990,558	5,887,030	801,856	768,722	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	15,022,700					10.00
11.00	01100	CAFETERIA	0	1,750,734				11.00
13.00	01300	NURSING ADMINISTRATION	0	42,487	36,175,563			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	417	0	724,903		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	46,445	0	0	131,763,055	14.00
15.00	01500	PHARMACY	0	65,189	11,532	0	1,264,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	417	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,996	11,532	0	50	17.00
18.00	01850	PATIENT TRANSPORTATION	0	10,205	0	0	2,207	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	417	0	0	886	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	1,874	0	119,998	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	1,666	0	0	1,326	23.03
23.04	02304	PARAMED EMERGENCY	0	208	0	18,651	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	3,124	0	167,215	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	1,041	0	78,731	4,943	23.06
23.07	02307	PARAMED PHARMACY	0	3,957	0	244,974	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	833	0	49,301	30	23.09
23.10	02310	PARAMED PHARMACY TECH	0	625	0	46,033	883	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,641,890	360,096	13,815,213	0	6,659,178	30.00
31.00	03100	INTENSIVE CARE UNIT	477,322	39,780	1,960,423	0	1,085,142	31.00
32.00	03200	CORONARY CARE UNIT	392,645	41,238	2,041,146	0	1,386,808	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	145,420	54,776	2,756,124	0	756,993	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	83,768	4,790	207,574	0	104,106	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	16,930	9,164	438,212	0	362,870	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	82,416	23,743	1,176,254	0	508,799	34.04
34.05	03404	TRANSPLANT ICU	35,704	5,623	276,766	0	219,924	34.05
34.06	03407	PEDS CANCER CARE	91,828	5,207	230,638	0	71,421	34.06
40.00	04000	SUBPROVIDER - IPF	573,622	9,997	253,702	0	26,289	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	5,207	253,702	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	108,926	2,940,634	0	11,262,638	50.00
50.01	05001	ENDOSCOPY	0	4,374	184,510	0	451,870	50.01
51.00	05100	RECOVERY ROOM	31,281	22,285	1,003,275	0	303,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,660	934,084	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,790	196,042	0	1,519,734	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	7,914	69,191	0	483,611	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,061	738,041	0	2,433,080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,705	172,978	0	78,188	55.00
56.00	05600	RADIOISOTOPE	0	2,708	0	0	40,364	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,499	69,191	0	317,824	59.00
60.00	06000	LABORATORY	0	175,157	57,659	0	21,667,640	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	2,708	0	0	755,667	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,539	0	0	978,399	63.00
65.00	06500	RESPIRATORY THERAPY	0	55,400	0	0	1,527,118	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	38,322	0	0	407,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,290	0	0	65,183	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,622	57,659	0	96,849	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,538	46,128	0	60,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,247	0	0	126,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	24,383,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	44,779,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	17,703	0	0	125,385	73.03
74.00	07400	RENAL DIALYSIS	0	18,536	495,872	0	1,058,397	74.00
76.00	03020	RH NBN ECMO IC	0	1,458	69,191	0	83,239	76.00
76.01	03140	CARDIOLOGY	0	2,083	69,191	0	246,795	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	625	23,064	0	19,157	76.02
76.03	03950	CARDIAC CATH	0	9,372	299,829	0	1,039,285	76.03
76.04	03951	DAY SURGERY	0	11,247	449,744	0	392,460	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	1,874	46,128	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,250	46,128	0	3,269	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	6,873	115,319	0	39,705	90.01
90.02	09002	IUSCC HEM/ONC	0	41,654	795,701	0	428,800	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,458	0	0	7,746	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,291	11,532	0	1,029	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	6,665	103,787	0	22,743	90.06
90.07	09007	AMB SVC-RILEY CLINICS	590	15,829	380,553	0	125,888	90.07
90.08	09008	MOTILITY LAB	0	208	11,532	0	46,775	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	1,032	10,830	0	0	83,872	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	417	11,532	0	17,358	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	4,374	57,659	0	10,633	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3,541	103,787	0	51,639	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,458	57,659	0	21,019	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	208	11,532	0	2,522	90.21
90.22	09020	EATING DISORDERS CLINIC	0	2,708	11,532	0	449	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	4,790	126,851	0	8,072	90.23
90.24	09021	LIFE CARE CLINIC	0	4,165	80,723	0	1,433	90.24
91.00	09100	EMERGENCY	376,009	65,606	2,306,380	0	1,642,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,083	69,191	0	1,134,310	94.00
95.00	09500	AMBULANCE SERVICES	0	31,449	265,234	0	180,048	95.00
101.00	10100	HOME HEALTH AGENCY	0	67,272	0	0	215,013	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,665	0	0	100,106	105.00
106.00	10600	HEART ACQUISITION	0	833	11,532	0	156	106.00
107.00	10700	LIVER ACQUISITION	0	3,541	0	0	61,436	107.00
108.00	10800	LUNG ACQUISITION	0	1,666	0	0	318	108.00
109.00	10900	PANCREAS ACQUISITION	0	625	0	0	11,155	109.00
110.00	11000	INTESTINAL ACQUISITION	0	417	0	0	4,356	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	417	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	8,123	0	0	93,252	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	14,787	0	0	86,510	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,950,457	1,716,368	35,933,393	724,903	131,561,458	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,708	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	3,634	191.00
191.01	19101	RESEARCH-GCRC	72,243	0	0	0	39,917	191.01
191.02	19102	OSA	0	5,207	34,596	0	19,366	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	625	23,064	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	24,368	172,978	0	108,870	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	208	11,532	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	208	0	0	18	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	625	0	0	29,204	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	417	0	0	18	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	570	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	15,022,700	1,750,734	36,175,563	724,903	131,763,055	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	55,187,661					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,232,130				16.00
17.00	01700	SOCIAL SERVICE	0	0	7,461,065			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	2,889,662		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	47,921,230	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	49	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,765	1,373,731	5,237,088	260,682	13,215,059	30.00
31.00	03100	INTENSIVE CARE UNIT	30,741	156,484	438,627	29,695	1,381,026	31.00
32.00	03200	CORONARY CARE UNIT	52,124	146,924	391,472	27,881	38,902	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	39,542	295,901	655,203	56,151	348,563	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,046	17,454	44,222	3,312	29,566	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	134,601	34.00
34.02	03401	UH SURG 6IC	4,206	34,834	94,425	6,610	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	28,085	86,486	194,579	16,412	241,971	34.04
34.05	03404	TRANSPLANT ICU	2,059	20,189	60,697	3,831	101,146	34.05
34.06	03407	PEDS CANCER CARE	6,503	26,516	68,304	5,032	0	34.06
40.00	04000	SUBPROVIDER - IPF	160	29,176	138,625	5,537	103,480	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,024	19,531	137,823	3,706	45,126	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,957	1,716,897	0	325,802	4,452,741	50.00
50.01	05001	ENDOSCOPY	2,264	54,753	0	10,390	91,031	50.01
51.00	05100	RECOVERY ROOM	12,569	260,595	0	49,451	115,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,347	127,655	0	24,224	314,329	52.00
53.00	05300	ANESTHESIOLOGY	89,802	134,193	0	25,465	3,895,662	53.00
53.01	05301	PULMONARY FUNCTION TESTING	188	73,378	0	13,924	62,243	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,043	1,163,130	0	220,718	2,971,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,919	299,863	0	56,903	104,258	55.00
56.00	05600	RADIOISOTOPE	1,748	76,648	0	14,545	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	946	121,680	0	23,090	71,580	59.00
60.00	06000	LABORATORY	22,387	1,308,088	0	248,226	1,508,626	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	22,451	0	4,260	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	186	177,454	0	33,674	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,031	265,183	0	50,322	0	65.00
66.00	06600	PHYSICAL THERAPY	162	151,012	0	28,656	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	31,017	0	5,886	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,388	40,318	0	7,651	0	68.00
69.00	06900	ELECTROCARDIOLOGY	591	210,561	0	39,957	497,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	89,367	0	16,958	4,081,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	418,025	0	79,325	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,010,542	0	191,763	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,414,724	2,248,159	0	425,795	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	16,773,773	238,407	0	45,241	0	73.03
74.00	07400	RENAL DIALYSIS	20,518	103,229	0	19,589	141,604	74.00
76.00	03020	RH NBN ECMO IC	1,560	5,931	0	1,125	0	76.00
76.01	03140	CARDIOLOGY	1,664	94,321	0	17,899	487,833	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	36	9,571	0	1,816	0	76.02
76.03	03950	CARDIAC CATH	7,264	314,728	0	59,724	0	76.03
76.04	03951	DAY SURGERY	9,937	8,799	0	1,670	112,816	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	7,054	0	1,339	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	5,732	0	1,088	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	10,382	0	1,970	262,979	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1	13,568	0	2,575	176,616	90.01
90.02	09002	IUSCC HEM/ONC	122,421	193,480	0	36,715	961,661	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	11	4,285	0	813	778	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5	10,189	0	1,933	732,917	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	55,241	90.05
90.06	09006	OUTPATIENT SURGERY	101	51,918	0	9,852	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	11,802	28,915	0	5,487	1,328,120	90.07
90.08	09008	MOTILITY LAB	26	2,019	0	383	1,167,065	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	10,115	90.10
90.11	09023	SLEEP LAB	0	41,117	0	7,802	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	390,578	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	335,337	90.13
90.14	09012	ARTHRITIS CLINIC	3,301	9,353	0	1,775	326,778	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	29	2,846	0	540	0	90.17
90.18	09016	DERMATOLOGY CLINIC	18	8,896	0	1,688	178,950	90.18
90.19	09017	INFUSION/HEM/ONC	5,513	19,562	0	3,712	196,845	90.19
90.20	09025	IUMG - MH	0	0	0	0	51,351	90.20
90.21	09019	OP REHAB CLINIC	30	1,569	0	298	176,616	90.21
90.22	09020	EATING DISORDERS CLINIC	0	9,371	0	1,778	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	5	2,920	0	554	606,874	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	48,766	1,085,884	0	206,060	3,049,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,778	37,733	0	7,160	0	94.00
95.00	09500	AMBULANCE SERVICES	2,884	208,900	0	39,641	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	241,050	0	45,742	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2	71,443	0	13,557	0	105.00
106.00	10600	HEART ACQUISITION	0	14,992	0	2,845	0	106.00
107.00	10700	LIVER ACQUISITION	1	79,654	0	15,115	0	107.00
108.00	10800	LUNG ACQUISITION	0	21,886	0	4,153	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	19,371	0	3,676	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	7,098	0	1,347	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	149,394	37,762	0	7,166	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,175,398	15,232,130	7,461,065	2,889,662	44,556,194	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	3,118,397	191.00
191.01	19101	RESEARCH-GCRC	216	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	224,076	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	11,876	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	14,783	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	171	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	7,780	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	55,187,661	15,232,130	7,461,065	2,889,662	47,921,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,238,593					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				1,130,936		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					588,945	23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,408,420	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	669,706	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	18,865	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	169,030	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	14,337	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	65,273	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	117,340	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	49,049	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	50,181	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	21,883	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,159,282	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	44,144	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	55,840	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	152,429	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,889,136	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	30,184	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,440,904	0	0	1,130,936	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	50,558	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	34,711	0	0	0	0	59.00
60.00	06000	LABORATORY	731,583	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

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		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	588,945	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	241,094	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,979,310	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	68,668	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	236,566	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	54,708	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	127,527	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	85,647	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	466,341	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	377	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	355,416	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	26,788	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	644,049	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	565,948	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,905	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	189,404	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	162,616	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	158,466	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	86,779	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	95,457	0	0	0	0	90.19
90.20	09025	IUMG - MH	24,902	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	85,647	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	294,293	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	1,479,012	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
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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,606,775	0	0	1,130,936	588,945	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,512,214	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	108,662	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	7,169	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	3,773	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	23,238,593	0	0	1,130,936	588,945	202.00

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		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	328,896					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		1,315,857				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			615,737			23.06
23.07	02307	PARAMED PHARMACY				1,903,209		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	923,629	0	4,510	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77,358	0	1,060	0	31.00
32.00	03200	CORONARY CARE UNIT	0	69,041	0	1,798	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	115,554	0	1,364	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,799	0	71	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	16,653	0	145	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	34,317	0	969	0	34.04
34.05	03404	TRANSPLANT ICU	0	10,705	0	71	0	34.05
34.06	03407	PEDS CANCER CARE	0	12,046	0	224	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	24,448	0	6	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	24,307	0	70	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,585	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	78	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	433	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	150	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,097	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	6	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,795	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	66	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	60	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33	0	59.00
60.00	06000	LABORATORY	0	0	615,737	772	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	174	0	65.00

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		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY	0	0	0	6	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	48	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	1,290,264	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	578,488	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	708	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	54	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	57	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	251	0	76.03
76.04	03951	DAY SURGERY	0	0	0	343	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	4,222	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	3	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	407	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	1	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	114	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	1	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	190	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	1	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	328,896	0	0	1,682	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	130	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	99	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	5,152	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	328,896	1,315,857	615,737	1,902,786	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
191.01	19101	RESEARCH-GCRC	0	0	0	7	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	410	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	6	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	328,896	1,315,857	615,737	1,903,209	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	497,655					23.09
23.10	02310	PARAMED PHARMACY TECH		464,931				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	274,711,959	-19,623,479	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	30,475,498	-2,050,732	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	29,800,310	-57,767	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	36,369,803	-517,593	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,261,672	-43,903	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	199,874	-199,874	34.00
34.02	03401	UH SURG 6IC	0	0	0	6,853,867	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	17,084,050	-359,311	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	5,803,836	-150,195	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	5,386,394	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,812,603	-153,661	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	3,889,576	-67,009	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	497,655	0	0	117,929,766	-6,612,023	50.00
50.01	05001	ENDOSCOPY	0	0	0	4,697,006	-135,175	50.01
51.00	05100	RECOVERY ROOM	0	0	0	18,073,002	-170,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	20,300,397	-466,758	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,624,193	-5,784,798	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	6,197,482	-92,427	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,272,876	-4,412,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	16,849,121	-154,816	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,734,428	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,422,969	-106,291	59.00
60.00	06000	LABORATORY	0	0	0	96,967,682	-2,240,209	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	4,017,022	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,708,866	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	33,659,123	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,016,326	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,111,430	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,927,714	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,069,389	-738,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,162,512	-6,060,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	72,289,256	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	140,120,283	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	464,931	0	242,581,463	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	122,013,454	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	13,731,786	-210,272	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	1,292,388	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	5,748,976	-724,399	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,732,238	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	14,329,745	0	76.03
76.04	03951	DAY SURGERY	0	0	0	7,541,868	-167,524	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	1,221,689	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,288,709	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	7,012,949	-390,506	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	3,756,396	-262,263	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	43,013,708	-1,428,002	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	826,598	-1,155	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	3,205,692	-1,088,333	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	82,029	-82,029	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	3,895,951	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	5,961,238	-1,972,169	90.07
90.08	09008	MOTILITY LAB	0	0	0	2,032,904	-1,733,013	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	19,062	-15,020	90.10
90.11	09023	SLEEP LAB	0	0	0	4,495,504	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	1,090,537	-579,982	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	497,953	-497,953	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	966,392	-485,244	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,749,333	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	2,059,712	-265,729	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	1,486,980	-292,302	90.19
90.20	09025	IUMG - MH	0	0	0	312,554	-76,253	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	611,498	-262,263	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	1,737,235	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,766,987	-901,167	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	2,227,167	0	90.24
91.00	09100	EMERGENCY	0	0	0	53,065,112	-4,528,941	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	3,448,295	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	31,807,333	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	58,400,289	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	13,416,154	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,409,336	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	12,096,114	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	4,803,831	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	3,573,735	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	1,373,377	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	270,727	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	5,275,210	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	9,191,447	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	497,655	464,931	0	1,830,221,940	-66,162,969	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	688,447	0	190.00
191.00	19100	RESEARCH	0	0	0	8,869,551	-4,630,611	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	1,070,802	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA	0	0	0	5,651,264	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,931,676	-332,738	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	18,895,050	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	2,788,106	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	27,837,161	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	181,638	-21,952	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	349,427	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	4,252,429	-11,553	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	7,803	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	272,983	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	12,630,914	0	192.11
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)	497,655	464,931	0	1,920,649,191	-71,159,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING & STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY			9.01
9.02	00902	HOUSEKEEPING - RILEY			9.02
9.03	00903	HOUSEKEEPING - METHODIST			9.03
9.04	00904	HOUSEKEEPING - SAXONY			9.04
9.05	00905	HOUSEKEEPING - MORGAN			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01851	PARAMED ED ADMINISTRATION			13.01
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	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY			23.03
23.04	02304	PARAMED EMERGENCY			23.04
23.05	02312	PARAMED PASTORAL EDUCATION			23.05
23.06	02306	PARAMED LAB SCIENCE PRO			23.06
23.07	02307	PARAMED PHARMACY			23.07
23.08	02308	PARAMED MEDICAL ASSIST			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY			23.09
23.10	02310	PARAMED PHARMACY TECH			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	255,088,480		30.00
31.00	03100	INTENSIVE CARE UNIT	28,424,766		31.00
32.00	03200	CORONARY CARE UNIT	29,742,543		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	35,852,210		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,217,769		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	6,853,867		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	16,724,739		34.04
34.05	03404	TRANSPLANT ICU	5,653,641		34.05
34.06	03407	PEDS CANCER CARE	5,386,394		34.06
40.00	04000	SUBPROVIDER - IPF	7,658,942		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	3,822,567		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	111,317,743		50.00
50.01	05001	ENDOSCOPY	4,561,831		50.01
51.00	05100	RECOVERY ROOM	17,902,012		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,833,639		52.00
53.00	05300	ANESTHESIOLOGY	5,839,395		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,105,055		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,860,625		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,694,305		55.00
56.00	05600	RADIOISOTOPE	3,734,428		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,316,678		59.00
60.00	06000	LABORATORY	94,727,473		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,017,022		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,708,866		63.00
65.00	06500	RESPIRATORY THERAPY	33,659,123		65.00
66.00	06600	PHYSICAL THERAPY	24,016,326		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,111,430		67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	6,927,714		68.00
69.00	06900	ELECTROCARDIOLOGY	7,331,125		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,101,588		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,289,256		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,120,283		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	242,581,463		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	122,013,454		73.03
74.00	07400	RENAL DIALYSIS	13,521,514		74.00
76.00	03020	RH NBN ECMO IC	1,292,388		76.00
76.01	03140	CARDIOLOGY	5,024,577		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,732,238		76.02
76.03	03950	CARDIAC CATH	14,329,745		76.03
76.04	03951	DAY SURGERY	7,374,344		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	1,221,689		76.08
76.97	07697	CARDIAC REHABILITATION	1,288,709		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,622,443		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	3,494,133		90.01
90.02	09002	IUSCC HEM/ONC	41,585,706		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,443		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,117,359		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	3,895,951		90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,989,069		90.07
90.08	09008	MOTILITY LAB	299,891		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	4,042		90.10
90.11	09023	SLEEP LAB	4,495,504		90.11
90.12	09024	OP CARE ADULTS	510,555		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	ARTHRITIS CLINIC	481,148		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	1,749,333		90.17
90.18	09016	DERMATOLOGY CLINIC	1,793,983		90.18
90.19	09017	INFUSION/HEM/ONC	1,194,678		90.19
90.20	09025	IUMG - MH	236,301		90.20
90.21	09019	OP REHAB CLINIC	349,235		90.21
90.22	09020	EATING DISORDERS CLINIC	1,737,235		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,865,820		90.23
90.24	09021	LIFE CARE CLINIC	2,227,167		90.24
91.00	09100	EMERGENCY	48,536,171		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	3,448,295		94.00
95.00	09500	AMBULANCE SERVICES	31,807,333		95.00
101.00	10100	HOME HEALTH AGENCY	58,400,289		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	13,416,154		105.00
106.00	10600	HEART ACQUISITION	2,409,336		106.00
107.00	10700	LIVER ACQUISITION	12,096,114		107.00
108.00	10800	LUNG ACQUISITION	4,803,831		108.00
109.00	10900	PANCREAS ACQUISITION	3,573,735		109.00
110.00	11000	INTESTINAL ACQUISITION	1,373,377		110.00
112.00	08600	OTHER ORGAN ACQUISITION	270,727		112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,275,210		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	9,191,447		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,764,058,971		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	688,447		190.00
191.00	19100	RESEARCH	4,238,940		191.00
191.01	19101	RESEARCH-GCRC	1,070,802		191.01
191.02	19102	OSA	5,651,264		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,598,938		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	18,895,050		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	2,788,106		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	27,837,161		192.03
192.04	19204	MHH RADIOLOGY	159,686		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	349,427		192.07

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		Cost Center Description	Total		
			26.00		
192.08	19208	NON-ALLOWABLE ADVERTISING	4,240,876		192.08
192.09	19209	ARTHRITIS CLINIC - NR	7,803		192.09
192.10	19212	CARDIO PHYSICIANS	272,983		192.10
192.11	19211	UNUSED SPACE	12,630,914		192.11
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	1,849,489,368		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,431	3,331	26,762	26,762	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	1,992	1,992	0	5.01
5.02	00550	DATA PROCESSING	0	28,258	104,424	132,682	1	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	30,658	139,172	169,830	1	5.03
5.04	00570	ADMITTING	0	19,268	7,718	26,986	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,847,443	2,078,599	4,926,042	530	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	815,318	2,494,803	3,310,121	188	6.00
7.00	00700	OPERATION OF PLANT	0	2,574,540	451,499	3,026,039	187	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	301,297	680	301,977	1	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	21,912	24,476	46,388	17	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	18	9.05
10.00	01000	DIETARY	0	597,956	155,669	753,625	269	10.00
11.00	01100	CAFETERIA	0	104,979	15,593	120,572	6	11.00
13.00	01300	NURSING ADMINISTRATION	0	806,965	262,895	1,069,860	910	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	137,089	6,588	143,677	6	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,167,762	1,183,601	2,351,363	364	14.00
15.00	01500	PHARMACY	0	878,845	1,559,040	2,437,885	1,204	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,500	0	59,500	6	16.00
17.00	01700	SOCIAL SERVICE	0	76,233	0	76,233	178	17.00
18.00	01850	PATIENT TRANSPORTATION	0	13,953	85,414	99,367	76	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,729	0	15,729	1,452	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	695,165	701	695,866	4	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	52,462	0	52,462	28	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	50,374	0	50,374	23	23.03
23.04	02304	PARAMED EMERGENCY	0	48,964	14,404	63,368	4	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	33	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	17	23.06
23.07	02307	PARAMED PHARMACY	0	0	2,116	2,116	47	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	31,038	0	31,038	11	23.09
23.10	02310	PARAMED PHARMACY TECH	0	30,347	0	30,347	10	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,643,208	5,237,315	14,880,523	4,482	30.00
31.00	03100	INTENSIVE CARE UNIT	0	684,806	157,052	841,858	581	31.00
32.00	03200	CORONARY CARE UNIT	0	703,925	388,886	1,092,811	581	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	965,166	1,536,257	2,501,423	720	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	206,528	382,636	589,164	74	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	338,016	85,326	423,342	128	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	663,639	350,137	1,013,776	329	34.04
34.05	03404	TRANSPLANT ICU	0	182,500	8,536	191,036	79	34.05
34.06	03407	PEDS CANCER CARE	0	575,379	384,288	959,667	66	34.06
40.00	04000	SUBPROVIDER - IPF	0	516,353	9,918	526,271	133	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	5,058	0	5,058	73	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,763,211	15,843,236	19,606,447	1,496	50.00
50.01	05001	ENDOSCOPY	0	90,755	827,058	917,813	66	50.01
51.00	05100	RECOVERY ROOM	0	996,991	463,897	1,460,888	319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	671,273	290,266	961,539	304	52.00
53.00	05300	ANESTHESIOLOGY	0	139,136	607,678	746,814	61	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	238,149	395,059	633,208	114	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,643,031	15,655,776	19,298,807	1,129	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	606,729	3,386,280	3,993,009	195	55.00
56.00	05600	RADIOISOTOPE	0	264,631	655,169	919,800	45	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	153,414	1,125,481	1,278,895	48	59.00
60.00	06000	LABORATORY	0	847,373	6,946,877	7,794,250	1,961	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	60,612	32,934	93,546	40	60.01

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		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	35,513	125,983	161,496	126	63.00
65.00	06500	RESPIRATORY THERAPY	0	311,616	1,450,113	1,761,729	756	65.00
66.00	06600	PHYSICAL THERAPY	0	627,665	360,277	987,942	561	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	123,109	1,204	124,313	105	67.00
68.00	06800	SPEECH PATHOLOGY	0	357,949	212,414	570,363	153	68.00
69.00	06900	ELECTROCARDIOLOGY	0	144,058	814,563	958,621	160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	756,075	1,075,871	1,831,946	174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	125,848	204,146	329,994	300	73.03
74.00	07400	RENAL DIALYSIS	0	423,171	605,378	1,028,549	240	74.00
76.00	03020	RH NBN ECMO IC	0	0	25,507	25,507	32	76.00
76.01	03140	CARDIOLOGY	0	154,865	777,370	932,235	31	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	12,136	35,869	48,005	86	76.02
76.03	03950	CARDIAC CATH	0	930,060	1,065,480	1,995,540	214	76.03
76.04	03951	DAY SURGERY	0	312,334	63,144	375,478	147	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	5,926	13,265	19,191	33	76.08
76.97	07697	CARDIAC REHABILITATION	0	114,227	2,165	116,392	18	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	167	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	275,520	210,932	486,452	72	90.01
90.02	09002	IUSCC HEM/ONC	0	1,839,441	1,662,781	3,502,222	862	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	4,543	327,496	332,039	14	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	321,311	278	321,589	27	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	186,853	213,202	400,055	86	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	590,267	152,782	743,049	208	90.07
90.08	09008	MOTILITY LAB	0	5,275	77,390	82,665	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	521	521	0	90.10
90.11	09023	SLEEP LAB	0	56,110	127,276	183,386	160	90.11
90.12	09024	OP CARE ADULTS	0	20,638	672	21,310	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	6,073	6,073	7	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	189,022	5,457	194,479	36	90.17
90.18	09016	DERMATOLOGY CLINIC	0	115,380	37,697	153,077	38	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	7,996	7,996	18	90.19
90.20	09025	IUMG - MH	0	58,402	0	58,402	1	90.20
90.21	09019	OP REHAB CLINIC	0	28,164	4,440	32,604	4	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	30,833	30,833	38	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	222,027	16,878	238,905	47	90.23
90.24	09021	LIFE CARE CLINIC	0	117,929	623	118,552	51	90.24
91.00	09100	EMERGENCY	0	1,858,466	2,102,073	3,960,539	846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	162,662	47,135	209,797	32	94.00
95.00	09500	AMBULANCE SERVICES	0	0	4,020,167	4,020,167	411	95.00
101.00	10100	HOME HEALTH AGENCY	0	14,468	74,954	89,422	916	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	109,752	159,364	269,116	106	105.00
106.00	10600	HEART ACQUISITION	0	9,166	17,143	26,309	15	106.00
107.00	10700	LIVER ACQUISITION	0	62,144	91,421	153,565	50	107.00
108.00	10800	LUNG ACQUISITION	0	17,641	35,740	53,381	26	108.00
109.00	10900	PANCREAS ACQUISITION	0	18,604	38,436	57,040	11	109.00
110.00	11000	INTESTINAL ACQUISITION	0	7,092	6,976	14,068	8	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	8	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	129,821	205,876	335,697	128	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	66,131	18,292	84,423	186	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	48,310,750	79,896,430	128,207,180	26,335	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	167,571	0	167,571	0	190.00

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		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	374,926	3,465	378,391	3	191.00
191.01	19101	RESEARCH-GCRC	0	258,895	0	258,895	0	191.01
191.02	19102	OSA	0	0	249	249	72	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	700,698	4,186	704,884	14	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,266,069	429,180	1,695,249	253	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	73,197	73,197	68	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	7,945,633	0	7,945,633	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	5	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	49,513	49,513	7	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	32,530	0	32,530	5	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	61,005	2,180	63,185	0	192.10
192.11	19211	UNUSED SPACE	0	3,603,409	0	3,603,409	0	192.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	62,721,486	80,458,400	143,179,886	26,762	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,992					5.01
5.02	00550	DATA PROCESSING	0	132,683				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	169,831			5.03
5.04	00570	ADMITTING	0	0	0	26,986		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	30	2,004	180	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	14	927	3	0	0	6.00
7.00	00700	OPERATION OF PLANT	19	1,271	23	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15	73	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	3	194	1	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	3	224	7	0	0	9.05
10.00	01000	DIETARY	34	2,273	6	0	0	10.00
11.00	01100	CAFETERIA	1	60	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	46	3,051	28	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	30	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	50	3,335	1,554	0	0	14.00
15.00	01500	PHARMACY	70	4,681	1,611	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16	1,077	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	11	733	3	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	30	1	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	2	135	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2	120	2	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	15	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	3	224	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1	75	6	0	0	23.06
23.07	02307	PARAMED PHARMACY	4	284	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	1	60	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	1	45	1	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	390	25,854	8,483	4,938	0	30.00
31.00	03100	INTENSIVE CARE UNIT	43	2,856	1,382	485	0	31.00
32.00	03200	CORONARY CARE UNIT	44	2,961	1,767	456	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	59	3,933	964	918	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	5	344	133	54	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	10	658	462	108	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	26	1,705	648	268	0	34.04
34.05	03404	TRANSPLANT ICU	6	404	280	63	0	34.05
34.06	03407	PEDS CANCER CARE	6	374	91	82	0	34.06
40.00	04000	SUBPROVIDER - IPF	11	718	33	91	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	6	374	0	61	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	117	7,822	14,347	3,490	0	50.00
50.01	05001	ENDOSCOPY	5	314	576	110	0	50.01
51.00	05100	RECOVERY ROOM	24	1,600	387	342	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23	1,555	0	353	0	52.00
53.00	05300	ANESTHESIOLOGY	5	344	1,936	287	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	9	568	616	29	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	83	5,533	3,099	1,461	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14	912	100	47	0	55.00
56.00	05600	RADIOISOTOPE	3	194	51	40	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3	179	405	95	0	59.00
60.00	06000	LABORATORY	189	12,577	27,602	2,169	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3	194	963	11	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9	613	1,246	486	0	63.00
65.00	06500	RESPIRATORY THERAPY	60	3,978	1,945	801	0	65.00

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	41	2,752	519	328	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	523	83	76	0	67.00
68.00	06800	SPEECH PATHOLOGY	11	763	123	53	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15	972	77	366	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	808	161	183	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	31,061	708	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	57,150	2,349	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,539	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	19	1,271	160	0	0	73.03
74.00	07400	RENAL DIALYSIS	20	1,331	1,348	114	0	74.00
76.00	03020	RH NBN ECMO IC	2	105	106	18	0	76.00
76.01	03140	CARDIOLOGY	2	150	314	84	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	45	24	6	0	76.02
76.03	03950	CARDIAC CATH	10	673	1,324	342	0	76.03
76.04	03951	DAY SURGERY	12	808	500	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2	135	0	22	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	90	4	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	7	494	51	0	0	90.01
90.02	09002	IUSCC HEM/ONC	45	2,991	546	5	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2	105	10	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2	165	1	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	7	479	29	66	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	17	1,137	160	3	0	90.07
90.08	09008	MOTILITY LAB	0	15	60	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	12	778	107	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	30	22	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	5	314	14	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	4	254	66	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	2	105	27	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	15	3	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	3	194	1	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	5	344	10	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4	299	2	0	0	90.24
91.00	09100	EMERGENCY	71	4,711	2,092	814	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2	150	1,445	0	0	94.00
95.00	09500	AMBULANCE SERVICES	34	2,258	229	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	73	4,831	274	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7	479	128	221	0	105.00
106.00	10600	HEART ACQUISITION	1	60	0	47	0	106.00
107.00	10700	LIVER ACQUISITION	4	254	78	247	0	107.00
108.00	10800	LUNG ACQUISITION	2	120	0	68	0	108.00
109.00	10900	PANCREAS ACQUISITION	1	45	14	60	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	30	6	22	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	30	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9	583	119	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	16	1,062	110	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,955	130,215	169,573	26,986	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	194	0	0	0	190.00
191.00	19100	RESEARCH	0	0	5	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	51	0	0	191.01
191.02	19102	OSA	6	374	25	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	45	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	26	1,750	139	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	15	0	0	0	192.02

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	15	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	1	45	37	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	30	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	1	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,992	132,683	169,831	26,986	0	202.00

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		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,928,786					5.06
6.00	00600	MAINTENANCE & REPAIRS	118,529	3,429,782				6.00
7.00	00700	OPERATION OF PLANT	191,893	149,772	3,369,204			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	948	17,528	18,004	338,546		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	10,020	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	10,239	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	15,105	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,937	1,275	1,309	5	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,972	0	0	0	0	9.05
10.00	01000	DIETARY	34,818	34,786	35,732	0	0	10.00
11.00	01100	CAFETERIA	3,834	6,107	6,273	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	87,713	46,945	48,221	7	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	1,012	7,975	8,192	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	330,688	67,934	69,781	3,994	0	14.00
15.00	01500	PHARMACY	132,711	51,126	52,516	2	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,693	3,461	3,555	0	0	16.00
17.00	01700	SOCIAL SERVICE	18,603	4,435	4,555	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	7,296	812	834	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	122,859	915	940	87	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	55,322	40,441	41,540	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	2,265	3,052	3,135	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	1,192	2,930	3,010	0	0	23.03
23.04	02304	PARAMED EMERGENCY	493	2,848	2,926	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	2,939	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1,363	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	4,245	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	956	1,806	1,855	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	883	1,765	1,813	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	487,221	560,984	576,246	154,706	0	30.00
31.00	03100	INTENSIVE CARE UNIT	57,586	39,838	40,921	11,553	0	31.00
32.00	03200	CORONARY CARE UNIT	60,196	40,950	42,064	9,957	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	73,424	56,148	57,675	8,682	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	8,299	12,015	12,341	2,964	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	12,933	19,664	20,199	3,266	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	33,218	38,607	39,656	7,182	0	34.04
34.05	03404	TRANSPLANT ICU	11,722	10,617	10,905	2,407	0	34.05
34.06	03407	PEDS CANCER CARE	8,899	33,472	34,382	2,939	0	34.06
40.00	04000	SUBPROVIDER - IPF	13,714	30,038	30,855	1,837	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8,607	294	302	3,176	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	218,554	218,922	224,875	28,077	0	50.00
50.01	05001	ENDOSCOPY	9,316	5,280	5,423	1,387	0	50.01
51.00	05100	RECOVERY ROOM	35,410	57,999	59,576	5,499	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,825	39,051	40,113	8,039	0	52.00
53.00	05300	ANESTHESIOLOGY	9,057	8,094	8,314	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	12,512	13,854	14,231	1,560	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,769	211,930	217,693	23,088	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	37,456	35,296	36,256	2,013	0	55.00
56.00	05600	RADIOISOTOPE	7,579	15,395	15,813	1,770	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	8,762	8,925	9,167	44	0	59.00
60.00	06000	LABORATORY	175,951	49,295	50,636	478	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	7,918	3,526	3,622	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,051	2,066	2,122	12	0	63.00
65.00	06500	RESPIRATORY THERAPY	78,027	18,128	18,621	627	0	65.00

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		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	56,099	36,514	37,507	2,103	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,498	7,162	7,356	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,004	20,823	21,390	53	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,945	8,380	8,608	1,561	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,609	43,984	45,180	1,276	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	121,642	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	241,544	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	515,794	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	266,670	7,321	7,520	0	0	73.03
74.00	07400	RENAL DIALYSIS	27,652	24,618	25,287	1,256	0	74.00
76.00	03020	RH NBN ECMO IC	2,899	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	10,823	9,009	9,254	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,796	706	725	0	0	76.02
76.03	03950	CARDIAC CATH	26,542	54,106	55,577	4,523	0	76.03
76.04	03951	DAY SURGERY	14,699	18,170	18,664	4,783	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2,953	345	354	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,447	6,645	6,826	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	16,960	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	6,788	16,028	16,464	837	0	90.01
90.02	09002	IUSCC HEM/ONC	91,091	107,008	109,918	1,774	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,053	264	271	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,377	18,692	19,200	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	8,331	10,870	11,166	393	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,101	34,338	35,272	1,321	0	90.07
90.08	09008	MOTILITY LAB	580	307	315	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	10	0	0	0	0	90.10
90.11	09023	SLEEP LAB	10,819	3,264	3,353	0	0	90.11
90.12	09024	OP CARE ADULTS	1,182	1,201	1,233	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,122	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,116	10,996	11,295	116	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3,448	6,712	6,895	258	0	90.18
90.19	09017	INFUSION/HEM/ONC	2,785	0	0	0	0	90.19
90.20	09025	IUMG - MH	245	3,397	3,490	0	0	90.20
90.21	09019	OP REHAB CLINIC	680	1,638	1,683	24	0	90.21
90.22	09020	EATING DISORDERS CLINIC	4,391	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,038	12,916	13,267	163	0	90.23
90.24	09021	LIFE CARE CLINIC	4,764	6,860	7,047	0	0	90.24
91.00	09100	EMERGENCY	97,199	108,115	111,055	30,715	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	4,617	9,463	9,720	0	0	94.00
95.00	09500	AMBULANCE SERVICES	79,743	0	0	39	0	95.00
101.00	10100	HOME HEALTH AGENCY	148,295	842	865	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	33,251	6,385	6,558	0	0	105.00
106.00	10600	HEART ACQUISITION	6,047	533	548	0	0	106.00
107.00	10700	LIVER ACQUISITION	30,241	3,615	3,713	0	0	107.00
108.00	10800	LUNG ACQUISITION	12,144	1,026	1,054	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	8,965	1,082	1,112	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3,446	413	424	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	694	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	12,470	7,552	7,758	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	22,403	3,847	3,952	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,800,546	2,591,448	2,508,075	336,553	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	717	9,748	10,013	0	0	190.00
191.00	19100	RESEARCH	8,549	21,811	22,404	0	0	191.00
191.01	19101	RESEARCH-GCRC	839	15,061	15,471	1,497	0	191.01
191.02	19102	OSA	14,348	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,257	40,763	41,871	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	39,830	73,653	75,655	496	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	7,124	0	0	0	0	192.02

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		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	22,240	462,231	474,800	0	0	192.03
192.04	19204	MHH RADIOLOGY	409	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	820	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	10,679	1,892	1,944	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	20	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	322	3,549	3,645	0	0	192.10
192.11	19211	UNUSED SPACE	10,086	209,626	215,326	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,928,786	3,429,782	3,369,204	338,546	0	202.00

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY	10,020					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	10,239				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	15,105			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	51,129		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	2,224	9.05
10.00	01000	DIETARY	124	26	189	749	75	10.00
11.00	01100	CAFETERIA	0	0	0	1,185	36	11.00
13.00	01300	NURSING ADMINISTRATION	51	152	348	0	6	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	93	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	242	304	181	1,707	22	14.00
15.00	01500	PHARMACY	205	119	226	1,171	17	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10	0	0	0	58	16.00
17.00	01700	SOCIAL SERVICE	1	26	26	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	8	0	2	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3	8	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	44	30	399	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	35	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	34	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	33	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	21	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	21	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,664	2,364	2,204	6,791	288	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9	454	0	0	31.00
32.00	03200	CORONARY CARE UNIT	175	113	201	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	594	78	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	144	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	242	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	464	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	131	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	402	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	4	241	112	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	3	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	840	617	821	4,225	277	50.00
50.01	05001	ENDOSCOPY	0	0	61	0	0	50.01
51.00	05100	RECOVERY ROOM	83	265	131	4,808	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	454	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	80	14	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	41	79	43	64	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	718	553	998	2,638	253	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	267	0	158	0	0	55.00
56.00	05600	RADIOISOTOPE	74	21	81	184	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,381	0	59.00
60.00	06000	LABORATORY	195	144	144	1,519	74	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	41	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	0	18	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	37	62	100	111	20	65.00
66.00	06600	PHYSICAL THERAPY	35	12	300	1,043	64	66.00

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	32	32	11	0	20	67.00
68.00	06800	SPEECH PATHOLOGY	51	135	64	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12	70	0	29	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28	484	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	85	0	0	73.03
74.00	07400	RENAL DIALYSIS	180	40	78	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	13	96	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	8	0	0	76.02
76.03	03950	CARDIAC CATH	2	42	586	0	0	76.03
76.04	03951	DAY SURGERY	215	0	9	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	4	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	11	1,158	29	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	197	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,097	51	158	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	3	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	217	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	114	0	19	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	413	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	4	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	6	733	0	90.11
90.12	09024	OP CARE ADULTS	0	0	14	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	135	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	83	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	39	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	20	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	117	41	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4	0	76	0	0	90.24
91.00	09100	EMERGENCY	64	389	621	2,763	147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	116	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3	0	7	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	42	0	34	0	0	105.00
106.00	10600	HEART ACQUISITION	3	0	3	0	0	106.00
107.00	10700	LIVER ACQUISITION	24	0	20	0	0	107.00
108.00	10800	LUNG ACQUISITION	7	0	6	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	7	0	6	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3	0	2	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	49	0	41	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5	0	40	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,768	8,132	10,743	33,230	1,415	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20	94	0	0	7	190.00
191.00	19100	RESEARCH	4	0	249	0	0	191.00
191.01	19101	RESEARCH-GCRC	153	0	31	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39	0	0	120	802	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	58	25	777	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,393	1,350	2,047	16,147	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	22	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	41	0	0	192.10
192.11	19211	UNUSED SPACE	585	638	1,195	1,632	0	192.11
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)	10,020	10,239	15,105	51,129	2,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	862,706					10.00
11.00	01100	CAFETERIA	0	138,074				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,351	1,260,689			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	33	0	161,018		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,663	0	0	2,835,182	14.00
15.00	01500	PHARMACY	0	5,141	402	0	27,204	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,183	402	0	1	17.00
18.00	01850	PATIENT TRANSPORTATION	0	805	0	0	47	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	33	0	0	19	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	148	0	26,655	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	131	0	0	29	23.03
23.04	02304	PARAMED EMERGENCY	0	16	0	4,143	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	246	0	37,142	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	82	0	17,488	106	23.06
23.07	02307	PARAMED PHARMACY	0	312	0	54,414	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	66	0	10,951	1	23.09
23.10	02310	PARAMED PHARMACY TECH	0	49	0	10,225	19	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	725,985	28,400	481,449	0	143,289	30.00
31.00	03100	INTENSIVE CARE UNIT	27,411	3,137	68,319	0	23,350	31.00
32.00	03200	CORONARY CARE UNIT	22,548	3,252	71,132	0	29,841	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,351	4,320	96,049	0	16,289	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,811	378	7,234	0	2,240	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	972	723	15,271	0	7,808	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	4,733	1,873	40,991	0	10,948	34.04
34.05	03404	TRANSPLANT ICU	2,050	443	9,645	0	4,732	34.05
34.06	03407	PEDS CANCER CARE	5,273	411	8,038	0	1,537	34.06
40.00	04000	SUBPROVIDER - IPF	32,941	788	8,841	0	566	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	411	8,841	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,591	102,479	0	242,345	50.00
50.01	05001	ENDOSCOPY	0	345	6,430	0	9,723	50.01
51.00	05100	RECOVERY ROOM	1,796	1,758	34,963	0	6,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,708	32,552	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	378	6,832	0	32,701	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	624	2,411	0	10,406	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,077	25,720	0	52,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,002	6,028	0	1,682	55.00
56.00	05600	RADIOISOTOPE	0	214	0	0	869	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	197	2,411	0	6,839	59.00
60.00	06000	LABORATORY	0	13,814	2,009	0	466,235	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	214	0	0	16,260	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	673	0	0	21,053	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,369	0	0	32,860	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	3,022	0	0	8,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	575	0	0	1,403	67.00
68.00	06800	SPEECH PATHOLOGY	0	838	2,009	0	2,084	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,068	1,608	0	1,297	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	887	0	0	2,719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	524,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	963,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,396	0	0	2,698	73.03
74.00	07400	RENAL DIALYSIS	0	1,462	17,281	0	22,774	74.00
76.00	03020	RH NBN ECMO IC	0	115	2,411	0	1,791	76.00
76.01	03140	CARDIOLOGY	0	164	2,411	0	5,310	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	49	804	0	412	76.02
76.03	03950	CARDIAC CATH	0	739	10,449	0	22,363	76.03
76.04	03951	DAY SURGERY	0	887	15,673	0	8,445	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	148	1,608	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	99	1,608	0	70	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	542	4,019	0	854	90.01
90.02	09002	IUSCC HEM/ONC	0	3,285	27,730	0	9,227	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	115	0	0	167	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	181	402	0	22	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	526	3,617	0	489	90.06
90.07	09007	AMB SVC-RILEY CLINICS	34	1,248	13,262	0	2,709	90.07
90.08	09008	MOTILITY LAB	0	16	402	0	1,006	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	59	854	0	0	1,805	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	33	402	0	374	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	345	2,009	0	229	90.17
90.18	09016	DERMATOLOGY CLINIC	0	279	3,617	0	1,111	90.18
90.19	09017	INFUSION/HEM/ONC	0	115	2,009	0	452	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	16	402	0	54	90.21
90.22	09020	EATING DISORDERS CLINIC	0	214	402	0	10	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	378	4,421	0	174	90.23
90.24	09021	LIFE CARE CLINIC	0	329	2,813	0	31	90.24
91.00	09100	EMERGENCY	21,593	5,174	80,375	0	35,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	164	2,411	0	24,408	94.00
95.00	09500	AMBULANCE SERVICES	0	2,480	9,243	0	3,874	95.00
101.00	10100	HOME HEALTH AGENCY	0	5,305	0	0	4,627	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	526	0	0	2,154	105.00
106.00	10600	HEART ACQUISITION	0	66	402	0	3	106.00
107.00	10700	LIVER ACQUISITION	0	279	0	0	1,322	107.00
108.00	10800	LUNG ACQUISITION	0	131	0	0	7	108.00
109.00	10900	PANCREAS ACQUISITION	0	49	0	0	240	109.00
110.00	11000	INTESTINAL ACQUISITION	0	33	0	0	94	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	33	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	641	0	0	2,007	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,166	0	0	1,861	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	858,557	135,364	1,252,249	161,018	2,830,845	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	214	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	78	191.00
191.01	19101	RESEARCH-GCRC	4,149	0	0	0	859	191.01
191.02	19102	OSA	0	411	1,206	0	417	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49	804	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,922	6,028	0	2,343	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	16	402	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	16	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	49	0	0	628	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	33	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	12	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	862,706	138,074	1,260,689	161,018	2,835,182	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,716,291					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	105,346				16.00
17.00	01700	SOCIAL SERVICE	0	0	106,736			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	109,994		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	141,993	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	2	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,436	9,234	74,920	9,944		30.00
31.00	03100	INTENSIVE CARE UNIT	1,513	1,052	6,275	1,133		31.00
32.00	03200	CORONARY CARE UNIT	2,565	988	5,600	1,064		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,946	1,989	9,373	2,142		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	101	117	633	126		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02	03401	UH SURG 6IC	207	234	1,351	252		34.02
34.03	03402	UH NS 3IC	0	0	0	0		34.03
34.04	03403	RH PED IC	1,382	581	2,784	626		34.04
34.05	03404	TRANSPLANT ICU	101	136	868	146		34.05
34.06	03407	PEDS CANCER CARE	320	178	977	192		34.06
40.00	04000	SUBPROVIDER - IPF	8	196	1,983	211		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	100	131	1,972	141		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,689	11,541	0	12,428		50.00
50.01	05001	ENDOSCOPY	111	368	0	396		50.01
51.00	05100	RECOVERY ROOM	619	1,752	0	1,886		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214	858	0	924		52.00
53.00	05300	ANESTHESIOLOGY	4,420	902	0	971		53.00
53.01	05301	PULMONARY FUNCTION TESTING	9	493	0	531		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,989	7,818	0	8,420		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	94	2,016	0	2,171		55.00
56.00	05600	RADIOISOTOPE	86	515	0	555		56.00
59.00	05900	CARDIAC CATHETERIZATION	47	818	0	881		59.00
60.00	06000	LABORATORY	1,102	8,793	0	9,469		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	151	0	163		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9	1,193	0	1,285		63.00
65.00	06500	RESPIRATORY THERAPY	248	1,783	0	1,920		65.00
66.00	06600	PHYSICAL THERAPY	8	1,015	0	1,093		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	208	0	225		67.00
68.00	06800	SPEECH PATHOLOGY	68	271	0	292		68.00
69.00	06900	ELECTROCARDIOLOGY	29	1,415	0	1,524		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	601	0	647		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,810	0	3,026		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,793	0	7,315		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,841,534	18,069	0	16,005		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	825,582	1,603	0	1,726		73.03
74.00	07400	RENAL DIALYSIS	1,010	694	0	747		74.00
76.00	03020	RH NBN ECMO IC	77	40	0	43		76.00
76.01	03140	CARDIOLOGY	82	634	0	683		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	64	0	69		76.02
76.03	03950	CARDIAC CATH	358	2,116	0	2,278		76.03
76.04	03951	DAY SURGERY	489	59	0	64		76.04
76.05	03480	ONCOLOGY	0	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	47	0	51		76.08
76.97	07697	CARDIAC REHABILITATION	0	39	0	41		76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	70	0	75		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	91	0	98		90.01
90.02	09002	IUSCC HEM/ONC	6,025	1,301	0	1,401		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1	29	0	31		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	68	0	74		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	5	349	0	376		90.06
90.07	09007	AMB SVC-RILEY CLINICS	581	194	0	209		90.07
90.08	09008	MOTILITY LAB	1	14	0	15		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		90.10
90.11	09023	SLEEP LAB	0	276	0	298		90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	162	63	0	68		90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	1	19	0	21		90.17
90.18	09016	DERMATOLOGY CLINIC	1	60	0	64		90.18
90.19	09017	INFUSION/HEM/ONC	271	131	0	142		90.19
90.20	09025	IUMG - MH	0	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	1	11	0	11		90.21
90.22	09020	EATING DISORDERS CLINIC	0	63	0	68		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	20	0	21		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0		90.24
91.00	09100	EMERGENCY	2,400	7,299	0	7,861		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	186	254	0	273		94.00
95.00	09500	AMBULANCE SERVICES	142	1,404	0	1,512		95.00
101.00	10100	HOME HEALTH AGENCY	0	1,620	0	1,745		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	480	0	517		105.00
106.00	10600	HEART ACQUISITION	0	101	0	109		106.00
107.00	10700	LIVER ACQUISITION	0	535	0	577		107.00
108.00	10800	LUNG ACQUISITION	0	147	0	158		108.00
109.00	10900	PANCREAS ACQUISITION	0	130	0	140		109.00
110.00	11000	INTESTINAL ACQUISITION	0	48	0	51		110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0		112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,353	254	0	273		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,715,687	105,346	106,736	109,994	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	RESEARCH-GCRC	11	0	0	0		191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.02	19102	OSA	0	0	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	585	0	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0		192.06
192.07	19207	RHI	8	0	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0		192.10
192.11	19211	UNUSED SPACE	0	0	0	0		192.11
200.00		Cross Foot Adjustments					141,993	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,716,291	105,346	106,736	109,994	141,993	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	833,729					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				87,917		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					57,847	23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
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
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
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
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
191.01	19101	RESEARCH-GCRC						191.01

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		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	833,729	0	0	87,917	57,847	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	833,729	0	0	87,917	57,847	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	73,846					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		40,587				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			19,138			23.06
23.07	02307	PARAMED PHARMACY				61,422		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
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 PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
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
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
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
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
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	73,846	40,587	19,138	61,422	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	73,846	40,587	19,138	61,422	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	46,766					23.09
23.10	02310	PARAMED PHARMACY TECH		45,181				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				18,196,795	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,129,756	0	31.00
32.00	03200	CORONARY CARE UNIT				1,389,266	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT				2,845,077	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				641,177	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
34.02	03401	UH SURG 6IC				507,830	0	34.02
34.03	03402	UH NS 3IC				0	0	34.03
34.04	03403	RH PED IC				1,199,797	0	34.04
34.05	03404	TRANSPLANT ICU				245,771	0	34.05
34.06	03407	PEDS CANCER CARE				1,057,306	0	34.06
40.00	04000	SUBPROVIDER - IPF				649,592	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
43.00	04300	NURSERY				29,550	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				20,712,000	0	50.00
50.01	05001	ENDOSCOPY				957,724	0	50.01
51.00	05100	RECOVERY ROOM				1,676,645	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,131,512	0	52.00
53.00	05300	ANESTHESIOLOGY				821,212	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING				691,402	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				20,047,130	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				4,118,716	0	55.00
56.00	05600	RADIOISOTOPE				963,289	0	56.00
59.00	05900	CARDIAC CATHETERIZATION				1,320,097	0	59.00
60.00	06000	LABORATORY				8,618,606	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY				126,652	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB				0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				211,464	0	63.00
65.00	06500	RESPIRATORY THERAPY				1,926,182	0	65.00
66.00	06600	PHYSICAL THERAPY				1,139,724	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				151,630	0	67.00
68.00	06800	SPEECH PATHOLOGY				634,548	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,002,757	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,949,699	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				683,919	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,278,650	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,394,941	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				1,446,345	0	73.03
74.00	07400	RENAL DIALYSIS				1,154,681	0	74.00
76.00	03020	RH NBN ECMO IC				33,146	0	76.00
76.01	03140	CARDIOLOGY				971,295	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				57,802	0	76.02
76.03	03950	CARDIAC CATH				2,177,784	0	76.03
76.04	03951	DAY SURGERY				459,102	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				24,893	0	76.08
76.97	07697	CARDIAC REHABILITATION				135,478	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				17,272	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				532,994	0	90.01
90.02	09002	IUSCC HEM/ONC				3,866,737	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY				335,104	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				364,017	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				436,977	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				839,256	0	90.07
90.08	09008	MOTILITY LAB				85,405	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				531	0	90.10
90.11	09023	SLEEP LAB				205,910	0	90.11
90.12	09024	OP CARE ADULTS				24,940	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	ARTHRITIS CLINIC				8,356	0	90.14
90.15	09013	NEUROLOGY UH				0	0	90.15
90.16	09014	ORTHOPEDICS UH				0	0	90.16
90.17	09015	PHYSICAL MEDICINE				223,130	0	90.17
90.18	09016	DERMATOLOGY CLINIC				175,967	0	90.18
90.19	09017	INFUSION/HEM/ONC				14,053	0	90.19
90.20	09025	IUMG - MH				65,574	0	90.20
90.21	09019	OP REHAB CLINIC				37,166	0	90.21
90.22	09020	EATING DISORDERS CLINIC				36,217	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				273,867	0	90.23
90.24	09021	LIFE CARE CLINIC				140,832	0	90.24
91.00	09100	EMERGENCY				4,480,181	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				263,038	0	94.00
95.00	09500	AMBULANCE SERVICES				4,121,536	0	95.00
101.00	10100	HOME HEALTH AGENCY				258,825	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				320,004	0	105.00
106.00	10600	HEART ACQUISITION				34,247	0	106.00
107.00	10700	LIVER ACQUISITION				194,524	0	107.00
108.00	10800	LUNG ACQUISITION				68,277	0	108.00
109.00	10900	PANCREAS ACQUISITION				68,902	0	109.00
110.00	11000	INTESTINAL ACQUISITION				18,648	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION				765	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				367,054	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				126,951	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	124,918,199	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				188,581	0	190.00
191.00	19100	RESEARCH				431,494	0	191.00
191.01	19101	RESEARCH-GCRC				297,017	0	191.01

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		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA				17,108	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES				801,649	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				1,898,789	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC				80,822	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES				8,925,841	0	192.03
192.04	19204	MHH RADIOLOGY				445	0	192.04
192.06	19206	BELTWAY SURGERY				0	0	192.06
192.07	19207	RHI				51,108	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING				47,135	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR				20	0	192.09
192.10	19212	CARDIO PHYSICIANS				70,755	0	192.10
192.11	19211	UNUSED SPACE				4,042,497	0	192.11
200.00		Cross Foot Adjustments	46,766	45,181	0	1,408,426	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	46,766	45,181	0	143,179,886	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING & STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY			9.01
9.02	00902	HOUSEKEEPING - RILEY			9.02
9.03	00903	HOUSEKEEPING - METHODIST			9.03
9.04	00904	HOUSEKEEPING - SAXONY			9.04
9.05	00905	HOUSEKEEPING - MORGAN			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01851	PARAMED ED ADMINISTRATION			13.01
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	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY			23.03
23.04	02304	PARAMED EMERGENCY			23.04
23.05	02312	PARAMED PASTORAL EDUCATION			23.05
23.06	02306	PARAMED LAB SCIENCE PRO			23.06
23.07	02307	PARAMED PHARMACY			23.07
23.08	02308	PARAMED MEDICAL ASSIST			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY			23.09
23.10	02310	PARAMED PHARMACY TECH			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	18,196,795		30.00
31.00	03100	INTENSIVE CARE UNIT	1,129,756		31.00
32.00	03200	CORONARY CARE UNIT	1,389,266		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,845,077		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	641,177		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	507,830		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	1,199,797		34.04
34.05	03404	TRANSPLANT ICU	245,771		34.05
34.06	03407	PEDS CANCER CARE	1,057,306		34.06
40.00	04000	SUBPROVIDER - IPF	649,592		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	29,550		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	20,712,000		50.00
50.01	05001	ENDOSCOPY	957,724		50.01
51.00	05100	RECOVERY ROOM	1,676,645		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,131,512		52.00
53.00	05300	ANESTHESIOLOGY	821,212		53.00
53.01	05301	PULMONARY FUNCTION TESTING	691,402		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,047,130		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,118,716		55.00
56.00	05600	RADIOISOTOPE	963,289		56.00
59.00	05900	CARDIAC CATHETERIZATION	1,320,097		59.00
60.00	06000	LABORATORY	8,618,606		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	126,652		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	211,464		63.00
65.00	06500	RESPIRATORY THERAPY	1,926,182		65.00
66.00	06600	PHYSICAL THERAPY	1,139,724		66.00
67.00	06700	OCCUPATIONAL THERAPY	151,630		67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	634,548		68.00
69.00	06900	ELECTROCARDIOLOGY	1,002,757		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,949,699		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	683,919		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,278,650		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,394,941		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,446,345		73.03
74.00	07400	RENAL DIALYSIS	1,154,681		74.00
76.00	03020	RH NBN ECMO IC	33,146		76.00
76.01	03140	CARDIOLOGY	971,295		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,802		76.02
76.03	03950	CARDIAC CATH	2,177,784		76.03
76.04	03951	DAY SURGERY	459,102		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	24,893		76.08
76.97	07697	CARDIAC REHABILITATION	135,478		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,272		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	532,994		90.01
90.02	09002	IUSCC HEM/ONC	3,866,737		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335,104		90.03
90.04	09004	AMB SVC-PSYCH ADULT	364,017		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	436,977		90.06
90.07	09007	AMB SVC-RILEY CLINICS	839,256		90.07
90.08	09008	MOTILITY LAB	85,405		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	531		90.10
90.11	09023	SLEEP LAB	205,910		90.11
90.12	09024	OP CARE ADULTS	24,940		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	ARTHRITIS CLINIC	8,356		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	223,130		90.17
90.18	09016	DERMATOLOGY CLINIC	175,967		90.18
90.19	09017	INFUSION/HEM/ONC	14,053		90.19
90.20	09025	IUMG - MH	65,574		90.20
90.21	09019	OP REHAB CLINIC	37,166		90.21
90.22	09020	EATING DISORDERS CLINIC	36,217		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	273,867		90.23
90.24	09021	LIFE CARE CLINIC	140,832		90.24
91.00	09100	EMERGENCY	4,480,181		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	263,038		94.00
95.00	09500	AMBULANCE SERVICES	4,121,536		95.00
101.00	10100	HOME HEALTH AGENCY	258,825		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	320,004		105.00
106.00	10600	HEART ACQUISITION	34,247		106.00
107.00	10700	LIVER ACQUISITION	194,524		107.00
108.00	10800	LUNG ACQUISITION	68,277		108.00
109.00	10900	PANCREAS ACQUISITION	68,902		109.00
110.00	11000	INTESTINAL ACQUISITION	18,648		110.00
112.00	08600	OTHER ORGAN ACQUISITION	765		112.00
112.01	08601	POST TRANSPLANT EXPENSES	367,054		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	126,951		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,918,199		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	188,581		190.00
191.00	19100	RESEARCH	431,494		191.00
191.01	19101	RESEARCH-GCRC	297,017		191.01
191.02	19102	OSA	17,108		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	801,649		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,898,789		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	80,822		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	8,925,841		192.03
192.04	19204	MHH RADIOLOGY	445		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	51,108		192.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total		
			26.00		
192.08	19208	NON-ALLOWABLE ADVERTISING	47,135		192.08
192.09	19209	ARTHRITIS CLINIC - NR	20		192.09
192.10	19212	CARDIO PHYSICIANS	70,755		192.10
192.11	19211	UNUSED SPACE	4,042,497		192.11
200.00		Cross Foot Adjustments	1,408,426		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	143,179,886		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,625,580					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		50,645,744				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,728	2,097	624,833,741			4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,254	0	8,872		5.01
5.02	00550	DATA PROCESSING	2,084	65,731	14,131	0	8,872	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	2,261	87,604	28,189	0	0	5.03
5.04	00570	ADMITTING	1,421	4,858	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	209,993	1,308,405	12,320,937	134	134	5.06
6.00	00600	MAINTENANCE & REPAIRS	60,128	1,570,391	4,376,936	62	62	6.00
7.00	00700	OPERATION OF PLANT	189,867	284,203	4,337,464	85	85	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,220	428	22,209	1	1	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,616	15,407	391,640	13	13	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	413,198	15	15	9.05
10.00	01000	DIETARY	44,098	97,988	6,264,985	152	152	10.00
11.00	01100	CAFETERIA	7,742	9,815	135,338	4	4	11.00
13.00	01300	NURSING ADMINISTRATION	59,512	165,483	21,165,557	204	204	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	4,147	134,121	2	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	86,120	745,035	8,457,382	223	223	14.00
15.00	01500	PHARMACY	64,813	981,361	28,009,073	313	313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,388	0	144,504	2	2	16.00
17.00	01700	SOCIAL SERVICE	5,622	0	4,144,010	72	72	17.00
18.00	01850	PATIENT TRANSPORTATION	1,029	53,765	1,769,678	49	49	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,160	0	33,768,517	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	51,267	441	99,890	2	2	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	3,869	0	650,762	9	9	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,715	0	527,962	8	8	23.03
23.04	02304	PARAMED EMERGENCY	3,611	9,067	86,417	1	1	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	767,811	15	15	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	401,948	5	5	23.06
23.07	02307	PARAMED PHARMACY	0	1,332	1,098,311	19	19	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	0	252,105	4	4	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	0	236,013	3	3	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	711,167	3,296,706	106,660,831	1,729	1,729	30.00
31.00	03100	INTENSIVE CARE UNIT	50,503	98,859	13,521,309	191	191	31.00
32.00	03200	CORONARY CARE UNIT	51,913	244,790	13,514,282	198	198	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	71,179	967,020	16,747,495	263	263	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,231	240,856	1,731,556	23	23	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	24,928	53,710	2,985,398	44	44	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	48,942	220,399	7,639,563	114	114	34.04
34.05	03404	TRANSPLANT ICU	13,459	5,373	1,842,500	27	27	34.05
34.06	03407	PEDS CANCER CARE	42,433	241,896	1,541,672	25	25	34.06
40.00	04000	SUBPROVIDER - IPF	38,080	6,243	3,088,319	48	48	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	373	0	1,697,884	25	25	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	277,529	9,972,767	34,797,460	523	523	50.00
50.01	05001	ENDOSCOPY	6,693	520,604	1,534,956	21	21	50.01
51.00	05100	RECOVERY ROOM	73,526	292,007	7,407,324	107	107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,505	182,712	7,079,753	104	104	52.00
53.00	05300	ANESTHESIOLOGY	10,261	382,512	1,416,566	23	23	53.00
53.01	05301	PULMONARY FUNCTION TESTING	17,563	248,676	2,647,141	38	38	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	268,666	9,854,761	26,260,015	370	370	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,745	2,131,544	4,539,525	61	61	55.00
56.00	05600	RADIOISOTOPE	19,516	412,406	1,049,680	13	13	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,314	708,451	1,113,300	12	12	59.00
60.00	06000	LABORATORY	62,492	4,372,815	45,609,805	841	841	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	20,731	928,890	13	13	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,619	79,302	2,940,148	41	41	63.00
65.00	06500	RESPIRATORY THERAPY	22,981	912,795	17,581,513	266	266	65.00
66.00	06600	PHYSICAL THERAPY	46,289	226,782	13,054,372	184	184	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,079	758	2,435,534	35	35	67.00
68.00	06800	SPEECH PATHOLOGY	26,398	133,707	3,550,586	51	51	68.00
69.00	06900	ELECTROCARDIOLOGY	10,624	512,739	3,717,003	65	65	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,759	677,223	4,044,883	54	54	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	9,281	128,503	6,974,261	85	85	73.03
74.00	07400	RENAL DIALYSIS	31,208	381,064	5,575,329	89	89	74.00
76.00	03020	RH NBN ECMO IC	0	16,056	755,271	7	7	76.00
76.01	03140	CARDIOLOGY	11,421	489,327	713,854	10	10	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	895	22,578	2,005,861	3	3	76.02
76.03	03950	CARDIAC CATH	68,590	670,682	4,966,991	45	45	76.03
76.04	03951	DAY SURGERY	23,034	39,747	3,428,401	54	54	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	8,350	766,847	9	9	76.08
76.97	07697	CARDIAC REHABILITATION	8,424	1,363	427,138	6	6	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	3,891,890	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,319	132,774	1,663,190	33	33	90.01
90.02	09002	IUSCC HEM/ONC	135,655	1,046,662	20,048,178	200	200	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335	206,147	319,368	7	7	90.03
90.04	09004	AMB SVC-PSYCH ADULT	23,696	175	634,358	11	11	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,780	134,203	2,001,721	32	32	90.06
90.07	09007	AMB SVC-RILEY CLINICS	43,531	96,171	4,839,624	76	76	90.07
90.08	09008	MOTILITY LAB	389	48,714	127,152	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	328	1,855	0	0	90.10
90.11	09023	SLEEP LAB	4,138	80,116	3,710,373	52	52	90.11
90.12	09024	OP CARE ADULTS	1,522	423	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3,823	172,116	2	2	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,940	3,435	831,168	21	21	90.17
90.18	09016	DERMATOLOGY CLINIC	8,509	23,729	887,767	17	17	90.18
90.19	09017	INFUSION/HEM/ONC	0	5,033	423,402	7	7	90.19
90.20	09025	IUMG - MH	4,307	0	23,818	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,077	2,795	93,837	1	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	19,408	883,005	13	13	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,374	10,624	1,097,906	23	23	90.23
90.24	09021	LIFE CARE CLINIC	8,697	392	1,177,956	20	20	90.24
91.00	09100	EMERGENCY	137,058	1,323,181	19,669,238	315	315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	11,996	29,670	740,192	10	10	94.00
95.00	09500	AMBULANCE SERVICES	0	2,530,554	9,555,550	151	151	95.00
101.00	10100	HOME HEALTH AGENCY	1,067	47,181	21,307,086	323	323	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,094	100,314	2,464,320	32	32	105.00
106.00	10600	HEART ACQUISITION	676	10,791	345,248	4	4	106.00
107.00	10700	LIVER ACQUISITION	4,583	57,546	1,168,853	17	17	107.00
108.00	10800	LUNG ACQUISITION	1,301	22,497	601,963	8	8	108.00
109.00	10900	PANCREAS ACQUISITION	1,372	24,194	260,997	3	3	109.00
110.00	11000	INTESTINAL ACQUISITION	523	4,391	177,192	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	189,303	2	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,574	129,592	2,983,901	39	39	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,877	11,514	4,316,477	71	71	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,562,818	50,292,003	614,921,308	8,707	8,707	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,358	0	0	13	13	190.00
191.00	19100	RESEARCH	27,650	2,181	69,044	0	0	191.00
191.01	19101	RESEARCH-GCRC	19,093	0	0	0	0	191.01
191.02	19102	OSA	0	157	1,667,292	25	25	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,675	2,635	314,571	3	3	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	93,370	270,154	5,878,243	117	117	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	46,075	1,586,970	1	1	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	585,974	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	110,374	1	1	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	31,167	170,102	3	3	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	2,399	0	107,099	2	2	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	5,772	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	4,499	1,372	2,966	0	0	192.10
192.11	19211	UNUSED SPACE	265,744	0	0	0	0	192.11
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)	62,721,486	80,458,400	93,945,340	56,205	59,746,503	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.559702	1.588651	0.150353	6.335099	6,734.276713	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,762	1,992	132,683	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000043	0.224527	14.955252	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	224,802,682					5.03
5.04	00570	ADMITTING	0	4,325,753,796				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	7,876,480,804			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	238,721	0	0	-159,999,398	1,760,649,793	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,727	0	0	0	42,347,067	6.00
7.00	00700	OPERATION OF PLANT	30,334	0	0	0	68,557,789	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,322	0	0	0	338,533	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,579,791	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,658,126	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,396,613	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,788	0	0	0	691,941	9.04
9.05	00905	HOUSEKEEPING - MORGAN	9,579	0	0	0	704,684	9.05
10.00	01000	DIETARY	7,844	0	0	0	12,439,416	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,369,953	11.00
13.00	01300	NURSING ADMINISTRATION	37,548	0	0	0	31,337,317	13.00
13.01	01851	PARAMED ED ADMINISTRATION	68	0	0	0	361,380	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,058,665	0	0	0	118,144,902	14.00
15.00	01500	PHARMACY	2,133,176	0	0	0	47,413,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	13,824,007	16.00
17.00	01700	SOCIAL SERVICE	85	0	0	0	6,646,471	17.00
18.00	01850	PATIENT TRANSPORTATION	3,723	0	0	0	2,606,578	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	43,894,030	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,495	0	0	0	19,765,037	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	809,143	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2,237	0	0	0	425,889	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	176,075	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	1,050,091	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	8,340	0	0	0	486,785	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	1,516,469	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	50	0	0	0	341,666	23.09
23.10	02310	PARAMED PHARMACY TECH	1,490	0	0	0	315,555	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,235,744	650,939,202	710,305,456	0	174,069,644	30.00
31.00	03100	INTENSIVE CARE UNIT	1,830,913	80,912,101	80,912,101	0	20,573,901	31.00
32.00	03200	CORONARY CARE UNIT	2,339,901	75,969,076	75,969,076	0	21,506,087	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,277,241	152,999,443	152,999,443	0	26,232,320	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	175,654	9,024,662	9,024,662	0	2,964,869	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	612,255	18,011,366	18,011,366	0	4,620,534	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	858,474	44,718,824	44,718,824	0	11,867,808	34.04
34.05	03404	TRANSPLANT ICU	371,069	10,439,214	10,439,214	0	4,187,776	34.05
34.06	03407	PEDS CANCER CARE	120,505	13,710,469	13,710,469	0	3,179,516	34.06
40.00	04000	SUBPROVIDER - IPF	44,357	15,085,989	15,085,989	0	4,899,432	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	10,098,517	10,098,517	0	3,075,038	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,002,962	581,675,901	887,744,132	0	78,082,928	50.00
50.01	05001	ENDOSCOPY	762,420	18,366,213	28,310,871	0	3,328,328	50.01
51.00	05100	RECOVERY ROOM	512,788	56,916,961	134,743,888	0	12,651,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,842,987	66,005,744	0	15,657,346	52.00
53.00	05300	ANESTHESIOLOGY	2,564,181	47,801,812	69,386,144	0	3,235,918	53.00
53.01	05301	PULMONARY FUNCTION TESTING	815,976	4,820,369	37,941,187	0	4,470,344	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,105,231	243,453,907	601,411,340	0	62,439,908	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	131,924	7,824,811	155,048,333	0	13,382,045	55.00
56.00	05600	RADIOISOTOPE	68,105	6,679,893	39,631,844	0	2,707,796	56.00
59.00	05900	CARDIAC CATHETERIZATION	536,250	15,805,613	62,916,225	0	3,130,282	59.00
60.00	06000	LABORATORY	36,558,873	361,498,575	676,364,171	0	62,862,144	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,275,004	1,794,986	11,608,327	0	2,828,843	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

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		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,650,810	80,917,803	91,754,677	0	6,806,352	63.00
65.00	06500	RESPIRATORY THERAPY	2,576,640	133,554,293	137,116,085	0	27,876,803	65.00
66.00	06600	PHYSICAL THERAPY	687,396	54,694,877	78,082,817	0	20,042,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,981	12,733,198	16,037,929	0	3,393,272	67.00
68.00	06800	SPEECH PATHOLOGY	163,409	8,884,600	20,846,732	0	5,360,663	68.00
69.00	06900	ELECTROCARDIOLOGY	101,740	61,073,638	108,873,454	0	6,054,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	213,221	30,477,343	46,208,379	0	7,362,861	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,141,055	118,003,807	216,145,303	0	43,459,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,553,873	391,562,825	522,514,123	0	86,296,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	589,762,644	1,162,950,009	0	184,014,889	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	211,556	0	123,271,277	0	95,273,310	73.03
74.00	07400	RENAL DIALYSIS	1,785,788	19,003,215	53,376,062	0	9,879,215	74.00
76.00	03020	RH NBN ECMO IC	140,446	3,066,595	3,066,595	0	1,035,710	76.00
76.01	03140	CARDIOLOGY	416,407	14,023,687	48,769,912	0	3,866,574	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,323	1,027,318	4,948,656	0	2,428,079	76.02
76.03	03950	CARDIAC CATH	1,753,541	57,018,390	162,734,411	0	9,482,729	76.03
76.04	03951	DAY SURGERY	662,181	0	4,549,834	0	5,251,444	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	3,633,898	3,647,476	0	1,055,133	76.08
76.97	07697	CARDIAC REHABILITATION	5,516	10,560	2,963,871	0	874,095	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	5,368,033	0	6,059,439	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	66,993	72,312	7,015,604	0	2,425,140	90.01
90.02	09002	IUSCC HEM/ONC	723,496	800,038	100,041,357	0	32,543,957	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	13,070	450	2,215,585	0	733,463	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,736	0	5,268,125	0	1,206,643	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	38,373	11,077,404	26,844,875	0	2,976,574	90.06
90.07	09007	AMB SVC-RILEY CLINICS	212,405	425,340	14,950,942	0	1,822,601	90.07
90.08	09008	MOTILITY LAB	78,922	11,140	1,043,791	0	207,349	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	3,705	90.10
90.11	09023	SLEEP LAB	141,514	28,433	21,259,877	0	3,865,349	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	422,445	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	29,288	5,378	4,836,266	0	400,869	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	17,940	5,318	1,471,318	0	1,113,398	90.17
90.18	09016	DERMATOLOGY CLINIC	87,129	2,790	4,599,559	0	1,231,924	90.18
90.19	09017	INFUSION/HEM/ONC	35,464	16,988	10,114,693	0	995,132	90.19
90.20	09025	IUMG - MH	0	0	0	0	87,639	90.20
90.21	09019	OP REHAB CLINIC	4,256	9,035	811,316	0	242,830	90.21
90.22	09020	EATING DISORDERS CLINIC	758	2,600	4,845,237	0	1,568,830	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	13,620	10,400	1,509,624	0	1,085,522	90.23
90.24	09021	LIFE CARE CLINIC	2,417	0	0	0	1,701,983	90.24
91.00	09100	EMERGENCY	2,770,971	135,650,594	561,470,427	0	34,726,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,913,873	2,483	19,510,184	0	1,649,593	94.00
95.00	09500	AMBULANCE SERVICES	303,788	58,939	108,014,616	0	28,489,939	95.00
101.00	10100	HOME HEALTH AGENCY	362,782	0	124,638,053	0	52,981,596	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	168,904	36,794,030	36,940,591	0	11,879,510	105.00
106.00	10600	HEART ACQUISITION	263	7,751,916	7,751,916	0	2,160,485	106.00
107.00	10700	LIVER ACQUISITION	103,659	41,186,234	41,186,234	0	10,804,292	107.00
108.00	10800	LUNG ACQUISITION	537	11,316,352	11,316,352	0	4,338,863	108.00
109.00	10900	PANCREAS ACQUISITION	18,821	10,016,146	10,016,146	0	3,202,876	109.00
110.00	11000	INTESTINAL ACQUISITION	7,350	3,669,894	3,669,894	0	1,231,136	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	247,792	112.00
112.01	08601	POST TRANSPLANT EXPENSES	157,340	0	0	0	4,455,138	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	145,965	0	19,525,264	0	8,003,889	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	224,462,536	4,325,753,796	7,876,480,804	-159,999,398	1,714,833,105	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	256,176	190.00
191.00	19100	RESEARCH	6,131	0	0	0	3,054,392	191.00
191.01	19101	RESEARCH-GCRC	67,351	0	0	0	299,658	191.01

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		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
191.02	19102	OSA	32,675	0	0	0	5,126,247	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,379,237	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	183,691	0	0	0	14,230,176	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	2,545,082	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	7,945,825	192.03
192.04	19204	MHH RADIOLOGY	31	0	0	0	146,176	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	49,275	0	0	0	292,812	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	31	0	0	0	3,815,352	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	7,153	192.09
192.10	19212	CARDIO PHYSICIANS	961	0	0	0	114,993	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	3,603,409	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,972,360	14,177,841	37,215,248		159,999,398	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.022119	0.003278	0.004725		0.090875	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	169,831	26,986	0		4,928,786	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000755	0.000006	0.000000		0.002799	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,347,965					6.00
7.00	00700	OPERATION OF PLANT	189,867	4,158,098				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,220	22,220	7,298,209			8.00
9.00	00900	HOUSEKEEPING	0	0	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	1,032,397	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,616	1,616	113	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	0	9.05
10.00	01000	DIETARY	44,098	44,098	0	0	12,740	10.00
11.00	01100	CAFETERIA	7,742	7,742	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	59,512	59,512	160	0	5,235	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	10,110	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	86,120	86,120	86,100	0	24,884	14.00
15.00	01500	PHARMACY	64,813	64,813	37	0	21,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,388	4,388	0	0	984	16.00
17.00	01700	SOCIAL SERVICE	5,622	5,622	0	0	110	17.00
18.00	01850	PATIENT TRANSPORTATION	1,029	1,029	0	0	856	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,160	1,160	1,883	0	345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	51,267	51,267	0	0	4,565	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	3,869	3,869	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,715	3,715	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	3,611	3,611	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	2,289	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	2,238	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	711,167	711,167	3,335,061	0	171,567	30.00
31.00	03100	INTENSIVE CARE UNIT	50,503	50,503	249,058	0	0	31.00
32.00	03200	CORONARY CARE UNIT	51,913	51,913	214,647	0	18,058	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	71,179	71,179	187,170	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,231	15,231	63,893	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	24,928	24,928	70,406	0	24,928	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	48,942	48,942	154,825	0	0	34.04
34.05	03404	TRANSPLANT ICU	13,459	13,459	51,893	0	13,459	34.05
34.06	03407	PEDS CANCER CARE	42,433	42,433	63,361	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	38,080	38,080	39,605	0	439	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	373	373	68,469	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	277,529	277,529	605,273	0	86,506	50.00
50.01	05001	ENDOSCOPY	6,693	6,693	29,893	0	0	50.01
51.00	05100	RECOVERY ROOM	73,526	73,526	118,552	0	8,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,505	49,505	173,300	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,261	10,261	0	0	238	53.00
53.01	05301	PULMONARY FUNCTION TESTING	17,563	17,563	33,628	0	4,216	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	268,666	268,666	497,714	0	74,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,745	44,745	43,402	0	27,508	55.00
56.00	05600	RADIOISOTOPE	19,516	19,516	38,158	0	7,634	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,314	11,314	958	0	0	59.00
60.00	06000	LABORATORY	62,492	62,492	10,304	0	20,115	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	4,470	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,619	2,619	260	0	653	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
65.00	06500	RESPIRATORY THERAPY	22,981	22,981	13,511	0	3,798	65.00
66.00	06600	PHYSICAL THERAPY	46,289	46,289	45,325	0	3,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,079	9,079	0	0	3,337	67.00
68.00	06800	SPEECH PATHOLOGY	26,398	26,398	1,151	0	5,249	68.00
69.00	06900	ELECTROCARDIOLOGY	10,624	10,624	33,641	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,759	55,759	27,510	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	9,281	9,281	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	31,208	31,208	27,068	0	18,561	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	11,421	11,421	0	0	1,334	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	895	895	0	0	0	76.02
76.03	03950	CARDIAC CATH	68,590	68,590	97,510	0	257	76.03
76.04	03951	DAY SURGERY	23,034	23,034	103,101	0	22,100	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	437	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	8,424	8,424	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	20,319	20,319	18,041	0	20,319	90.01
90.02	09002	IUSCC HEM/ONC	135,655	135,655	38,246	0	113,028	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335	335	0	0	335	90.03
90.04	09004	AMB SVC-PSYCH ADULT	23,696	23,696	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,780	13,780	8,475	0	11,729	90.06
90.07	09007	AMB SVC-RILEY CLINICS	43,531	43,531	28,476	0	0	90.07
90.08	09008	MOTILITY LAB	389	389	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,138	4,138	0	0	0	90.11
90.12	09024	OP CARE ADULTS	1,522	1,522	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,940	13,940	2,498	0	13,940	90.17
90.18	09016	DERMATOLOGY CLINIC	8,509	8,509	5,565	0	8,509	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	4,307	4,307	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,077	2,077	515	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,374	16,374	3,506	0	12,046	90.23
90.24	09021	LIFE CARE CLINIC	8,697	8,697	0	0	422	90.24
91.00	09100	EMERGENCY	137,058	137,058	662,140	0	6,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	11,996	11,996	0	0	11,996	94.00
95.00	09500	AMBULANCE SERVICES	0	0	835	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,067	1,067	0	0	268	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,094	8,094	0	0	4,310	105.00
106.00	10600	HEART ACQUISITION	676	676	0	0	360	106.00
107.00	10700	LIVER ACQUISITION	4,583	4,583	0	0	2,441	107.00
108.00	10800	LUNG ACQUISITION	1,301	1,301	0	0	693	108.00
109.00	10900	PANCREAS ACQUISITION	1,372	1,372	0	0	730	109.00
110.00	11000	INTESTINAL ACQUISITION	523	523	0	0	279	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,574	9,574	0	0	5,098	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,877	4,877	0	0	549	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,285,203	3,095,336	7,255,237	0	800,511	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,358	12,358	0	0	2,016	190.00
191.00	19100	RESEARCH	27,650	27,650	0	0	460	191.00
191.01	19101	RESEARCH-GCRC	19,093	19,093	32,279	0	15,719	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,675	51,675	0	0	4,001	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	93,370	93,370	10,691	0	5,935	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	585,974	585,974	0	0	143,520	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	2,399	2,399	2	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	4,499	4,499	0	0	0	192.10
192.11	19211	UNUSED SPACE	265,744	265,744	0	0	60,235	192.11
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)	46,195,357	76,805,238	1,015,806	0	3,905,105	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.624593	18.471243	0.139186	0.000000	3.782561	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,429,782	3,369,204	338,546	0	10,020	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.788825	0.810275	0.046388	0.000000	0.009706	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY	1,080,074					9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	1,648,382				9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	242,927			9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	130,482		9.05
10.00	01000	DIETARY	2,781	20,610	3,561	4,406	611,361	10.00
11.00	01100	CAFETERIA	0	0	5,630	2,112	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,990	37,950	0	338	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	10,110	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	32,072	19,762	8,111	1,290	0	14.00
15.00	01500	PHARMACY	12,520	24,675	5,565	982	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,404	0	16.00
17.00	01700	SOCIAL SERVICE	2,730	2,783	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	174	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	815	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,173	43,529	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	3,869	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	3,715	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	3,611	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	2,289	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	2,238	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	249,491	240,959	32,266	16,884	514,472	30.00
31.00	03100	INTENSIVE CARE UNIT	987	49,516	0	0	19,425	31.00
32.00	03200	CORONARY CARE UNIT	11,947	21,907	0	0	15,979	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	62,665	8,514	0	0	5,918	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,231	0	0	0	3,409	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	0	689	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	48,942	0	0	0	3,354	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	1,453	34.05
34.06	03407	PEDS CANCER CARE	42,433	0	0	0	3,737	34.06
40.00	04000	SUBPROVIDER - IPF	25,449	12,192	0	0	23,344	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	373	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,088	89,602	20,073	16,260	0	50.00
50.01	05001	ENDOSCOPY	0	6,693	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,920	14,250	22,844	0	1,273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,505	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,446	1,577	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8,343	4,702	303	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,351	108,935	12,534	14,831	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,237	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,166	8,841	875	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,314	0	0	59.00
60.00	06000	LABORATORY	15,157	15,679	7,219	4,322	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,470	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,966	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
65.00	06500	RESPIRATORY THERAPY	6,567	10,894	529	1,193	0	65.00
66.00	06600	PHYSICAL THERAPY	1,295	32,714	4,956	3,765	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,354	1,218	0	1,170	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,199	6,949	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,281	7,652	0	1,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,940	52,819	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	9,281	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	4,175	8,471	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	10,087	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	895	0	0	0	76.02
76.03	03950	CARDIAC CATH	4,414	63,920	0	0	0	76.03
76.04	03951	DAY SURGERY	0	934	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	437	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,191	5,503	1,730	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	5,367	17,260	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	23,696	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	2,051	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	43,531	0	0	0	24	90.07
90.08	09008	MOTILITY LAB	389	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	654	3,485	0	42	90.11
90.12	09024	OP CARE ADULTS	0	1,522	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	4,307	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,077	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,328	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	8,275	0	0	0	90.24
91.00	09100	EMERGENCY	40,988	67,713	13,129	8,601	15,302	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
101.00	10100	HOME HEALTH AGENCY	0	799	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	23	3,761	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2	314	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	13	2,130	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4	605	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	637	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1	243	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	27	4,449	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,328	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	857,763	1,172,352	157,897	82,978	608,421	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,942	0	0	400	0	190.00
191.00	19100	RESEARCH	0	27,190	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	3,375	0	0	2,940	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	569	47,104	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,631	84,804	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	142,409	223,337	76,707	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	2,399	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	4,499	0	0	0	192.10
192.11	19211	UNUSED SPACE	67,329	130,426	7,754	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,990,558	5,887,030	801,856	768,722	15,022,700	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.694708	3.571399	3.300811	5.891403	24.572552	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,239	15,105	51,129	2,224	862,706	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009480	0.009164	0.210471	0.017044	1.411124	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,406					11.00
13.00	01300	NURSING ADMINISTRATION	204	3,137				13.00
13.01	01851	PARAMED ED ADMINISTRATION	2	0	3,613,525			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	223	0	0	222,318,086		14.00
15.00	01500	PHARMACY	313	1	0	2,133,176	268,750,445	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	72	1	0	85	0	17.00
18.00	01850	PATIENT TRANSPORTATION	49	0	0	3,723	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2	0	0	1,495	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	9	0	598,172	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	8	0	0	2,237	8	23.03
23.04	02304	PARAMED EMERGENCY	1	0	92,974	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	15	0	833,539	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	5	0	392,464	8,340	0	23.06
23.07	02307	PARAMED PHARMACY	19	0	1,221,148	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	4	0	245,760	50	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	0	229,468	1,490	239	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,729	1,198	0	11,235,744	636,792	30.00
31.00	03100	INTENSIVE CARE UNIT	191	170	0	1,830,913	149,703	31.00
32.00	03200	CORONARY CARE UNIT	198	177	0	2,339,901	253,830	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	263	239	0	1,277,241	192,562	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	23	18	0	175,654	9,962	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	44	38	0	612,255	20,481	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	114	102	0	858,474	136,769	34.04
34.05	03404	TRANSPLANT ICU	27	24	0	371,069	10,025	34.05
34.06	03407	PEDS CANCER CARE	25	20	0	120,505	31,668	34.06
40.00	04000	SUBPROVIDER - IPF	48	22	0	44,357	779	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	25	22	0	0	9,855	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	523	255	0	19,002,962	365,022	50.00
50.01	05001	ENDOSCOPY	21	16	0	762,420	11,025	50.01
51.00	05100	RECOVERY ROOM	107	87	0	512,788	61,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104	81	0	0	21,171	52.00
53.00	05300	ANESTHESIOLOGY	23	17	0	2,564,181	437,313	53.00
53.01	05301	PULMONARY FUNCTION TESTING	38	6	0	815,976	915	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	370	64	0	4,105,231	394,661	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	61	15	0	131,924	9,345	55.00
56.00	05600	RADIOISOTOPE	13	0	0	68,105	8,512	56.00
59.00	05900	CARDIAC CATHETERIZATION	12	6	0	536,250	4,608	59.00
60.00	06000	LABORATORY	841	5	0	36,558,873	109,017	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	13	0	0	1,275,004	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41	0	0	1,650,810	907	63.00
65.00	06500	RESPIRATORY THERAPY	266	0	0	2,576,640	24,499	65.00
66.00	06600	PHYSICAL THERAPY	184	0	0	687,396	788	66.00
67.00	06700	OCCUPATIONAL THERAPY	35	0	0	109,981	0	67.00
68.00	06800	SPEECH PATHOLOGY	51	5	0	163,409	6,761	68.00
69.00	06900	ELECTROCARDIOLOGY	65	4	0	101,740	2,879	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54	0	0	213,221	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,141,055	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	75,553,873	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	182,200,547	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	85	0	0	211,556	81,684,222	73.03
74.00	07400	RENAL DIALYSIS	89	43	0	1,785,788	99,920	74.00
76.00	03020	RH NBN ECMO IC	7	6	0	140,446	7,598	76.00
76.01	03140	CARDIOLOGY	10	6	0	416,407	8,103	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	2	0	32,323	173	76.02
76.03	03950	CARDIAC CATH	45	26	0	1,753,541	35,376	76.03
76.04	03951	DAY SURGERY	54	39	0	662,181	48,389	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	9	4	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	6	4	0	5,516	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	33	10	0	66,993	5	90.01
90.02	09002	IUSCC HEM/ONC	200	69	0	723,496	596,159	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	7	0	0	13,070	55	90.03
90.04	09004	AMB SVC-PSYCH ADULT	11	1	0	1,736	24	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	32	9	0	38,373	491	90.06
90.07	09007	AMB SVC-RILEY CLINICS	76	33	0	212,405	57,471	90.07
90.08	09008	MOTILITY LAB	1	1	0	78,922	129	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	52	0	0	141,514	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2	1	0	29,288	16,074	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	21	5	0	17,940	140	90.17
90.18	09016	DERMATOLOGY CLINIC	17	9	0	87,129	88	90.18
90.19	09017	INFUSION/HEM/ONC	7	5	0	35,464	26,847	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	1	0	4,256	145	90.21
90.22	09020	EATING DISORDERS CLINIC	13	1	0	758	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	23	11	0	13,620	24	90.23
90.24	09021	LIFE CARE CLINIC	20	7	0	2,417	0	90.24
91.00	09100	EMERGENCY	315	200	0	2,770,971	237,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	10	6	0	1,913,873	18,397	94.00
95.00	09500	AMBULANCE SERVICES	151	23	0	303,788	14,042	95.00
101.00	10100	HOME HEALTH AGENCY	323	0	0	362,782	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	32	0	0	168,904	10	105.00
106.00	10600	HEART ACQUISITION	4	1	0	263	0	106.00
107.00	10700	LIVER ACQUISITION	17	0	0	103,659	3	107.00
108.00	10800	LUNG ACQUISITION	8	0	0	537	0	108.00
109.00	10900	PANCREAS ACQUISITION	3	0	0	18,821	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	0	7,350	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	2	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	39	0	0	157,340	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	71	0	0	145,965	727,514	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,241	3,116	3,613,525	221,977,940	268,690,729	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	6,131	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	67,351	1,052	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
191.02	19102	OSA	25	3	0	32,675	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3	2	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	117	15	0	183,691	57,832	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1	1	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	1	0	0	31	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	3	0	0	49,275	832	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	2	0	0	31	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	961	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,750,734	36,175,563	724,903	131,763,055	55,187,661	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	208.271949	11,531.897673	0.200608	0.592678	0.205349	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	138,074	1,260,689	161,018	2,835,182	2,716,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.425648	401.877271	0.044560	0.012753	0.010107	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,876,480,804					16.00
17.00	01700	SOCIAL SERVICE	0	325,623				17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	7,876,480,804			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	61,592		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		61,592	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0			23.03
23.04	02304	PARAMED EMERGENCY	0	0	0			23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0			23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0			23.06
23.07	02307	PARAMED PHARMACY	0	0	0			23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	710,305,456	228,562	710,305,456	16,985	16,985	30.00
31.00	03100	INTENSIVE CARE UNIT	80,912,101	19,143	80,912,101	1,775	1,775	31.00
32.00	03200	CORONARY CARE UNIT	75,969,076	17,085	75,969,076	50	50	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	152,999,443	28,595	152,999,443	448	448	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,024,662	1,930	9,024,662	38	38	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	173	173	34.00
34.02	03401	UH SURG 6IC	18,011,366	4,121	18,011,366	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	44,718,824	8,492	44,718,824	311	311	34.04
34.05	03404	TRANSPLANT ICU	10,439,214	2,649	10,439,214	130	130	34.05
34.06	03407	PEDS CANCER CARE	13,710,469	2,981	13,710,469	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	15,085,989	6,050	15,085,989	133	133	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	10,098,517	6,015	10,098,517	58	58	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	887,744,132	0	887,744,132	5,723	5,723	50.00
50.01	05001	ENDOSCOPY	28,310,871	0	28,310,871	117	117	50.01
51.00	05100	RECOVERY ROOM	134,743,888	0	134,743,888	148	148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,005,744	0	66,005,744	404	404	52.00
53.00	05300	ANESTHESIOLOGY	69,386,144	0	69,386,144	5,007	5,007	53.00
53.01	05301	PULMONARY FUNCTION TESTING	37,941,187	0	37,941,187	80	80	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	601,411,340	0	601,411,340	3,819	3,819	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	155,048,333	0	155,048,333	134	134	55.00
56.00	05600	RADIOISOTOPE	39,631,844	0	39,631,844	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	62,916,225	0	62,916,225	92	92	59.00
60.00	06000	LABORATORY	676,364,171	0	676,364,171	1,939	1,939	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	11,608,327	0	11,608,327	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	91,754,677	0	91,754,677	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	137,116,085	0	137,116,085	0	0	65.00
66.00	06600	PHYSICAL THERAPY	78,082,817	0	78,082,817	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,037,929	0	16,037,929	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,846,732	0	20,846,732	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	108,873,454	0	108,873,454	639	639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,208,379	0	46,208,379	5,246	5,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	216,145,303	0	216,145,303	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	522,514,123	0	522,514,123	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,162,950,009	0	1,162,950,009	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	123,271,277	0	123,271,277	0	0	73.03
74.00	07400	RENAL DIALYSIS	53,376,062	0	53,376,062	182	182	74.00
76.00	03020	RH NBN ECMO IC	3,066,595	0	3,066,595	0	0	76.00
76.01	03140	CARDIOLOGY	48,769,912	0	48,769,912	627	627	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,948,656	0	4,948,656	0	0	76.02
76.03	03950	CARDIAC CATH	162,734,411	0	162,734,411	0	0	76.03
76.04	03951	DAY SURGERY	4,549,834	0	4,549,834	145	145	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	3,647,476	0	3,647,476	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,963,871	0	2,963,871	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,368,033	0	5,368,033	338	338	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	7,015,604	0	7,015,604	227	227	90.01
90.02	09002	IUSCC HEM/ONC	100,041,357	0	100,041,357	1,236	1,236	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,215,585	0	2,215,585	1	1	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,268,125	0	5,268,125	942	942	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	71	71	90.05
90.06	09006	OUTPATIENT SURGERY	26,844,875	0	26,844,875	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	14,950,942	0	14,950,942	1,707	1,707	90.07
90.08	09008	MOTILITY LAB	1,043,791	0	1,043,791	1,500	1,500	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	13	13	90.10
90.11	09023	SLEEP LAB	21,259,877	0	21,259,877	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	502	502	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	431	431	90.13
90.14	09012	ARTHRITIS CLINIC	4,836,266	0	4,836,266	420	420	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,471,318	0	1,471,318	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	4,599,559	0	4,599,559	230	230	90.18
90.19	09017	INFUSION/HEM/ONC	10,114,693	0	10,114,693	253	253	90.19
90.20	09025	IUMG - MH	0	0	0	66	66	90.20
90.21	09019	OP REHAB CLINIC	811,316	0	811,316	227	227	90.21
90.22	09020	EATING DISORDERS CLINIC	4,845,237	0	4,845,237	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,509,624	0	1,509,624	780	780	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	561,470,427	0	561,470,427	3,920	3,920	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	19,510,184	0	19,510,184	0	0	94.00
95.00	09500	AMBULANCE SERVICES	108,014,616	0	108,014,616	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	124,638,053	0	124,638,053	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	36,940,591	0	36,940,591	0	0	105.00
106.00	10600	HEART ACQUISITION	7,751,916	0	7,751,916	0	0	106.00
107.00	10700	LIVER ACQUISITION	41,186,234	0	41,186,234	0	0	107.00
108.00	10800	LUNG ACQUISITION	11,316,352	0	11,316,352	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	10,016,146	0	10,016,146	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3,669,894	0	3,669,894	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19,525,264	0	19,525,264	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,876,480,804	325,623	7,876,480,804	57,267	57,267	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
	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	4,008	4,008	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	288	288	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	19	19	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	10	10	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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)	15,232,130	7,461,065	2,889,662	47,921,230	23,238,593	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001934	22.913200	0.000367	778.043090	377.298886	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	105,346	106,736	109,994	141,993	833,729	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000013	0.327790	0.000014	2.305381	13.536320	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMED ED HEALTH SCIENCES		0				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			100			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				100		23.03
23.04	02304	PARAMED EMERGENCY					100	23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
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
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM CO ST)	PARAMED RADIOLOGY-METH ODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	100	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
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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	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
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
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	1,130,936	588,945	328,896	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	11,309.360000	5,889.450000	3,288.960000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	87,917	57,847	73,846	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	879.170000	578.470000	738.460000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
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	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION	325,623					23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100				23.06
23.07	02307	PARAMED PHARMACY			268,750,198			23.07
23.08	02308	PARAMED MEDICAL ASSIST				0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					100	23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	228,562	0	636,792	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,143	0	149,703	0	0	31.00
32.00	03200	CORONARY CARE UNIT	17,085	0	253,830	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,595	0	192,562	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,930	0	9,962	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	4,121	0	20,481	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,492	0	136,769	0	0	34.04
34.05	03404	TRANSPLANT ICU	2,649	0	10,025	0	0	34.05
34.06	03407	PEDS CANCER CARE	2,981	0	31,668	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	6,050	0	779	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	6,015	0	9,855	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	365,022	0	100	50.00
50.01	05001	ENDOSCOPY	0	0	11,025	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	61,206	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	21,171	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	437,313	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	915	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	394,661	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,345	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	8,512	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,608	0	0	59.00
60.00	06000	LABORATORY	0	100	109,017	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	907	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	24,499	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	788	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,761	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,879	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	182,200,547	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	81,684,222	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	99,920	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	7,598	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	8,103	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	173	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	35,376	0	0	76.03
76.04	03951	DAY SURGERY	0	0	48,389	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	5	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	596,159	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	55	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	24	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	491	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	57,471	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	129	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	16,074	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	140	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	88	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	26,847	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	145	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	24	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	237,481	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	18,397	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	14,042	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	10	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	3	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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	727,514	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	325,623	100	268,690,482	0	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
191.01	19101	RESEARCH-GCRC	0	0	1,052	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	57,832	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	832	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,315,857	615,737	1,903,209	0	497,655	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.041044	6,157.370000	0.007082	0.000000	4,976.550000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,587	19,138	61,422	0	46,766	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.124644	191.380000	0.000229	0.000000	467.660000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
			23.10	23.11		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
9.04	00904	HOUSEKEEPING - SAXONY				9.04
9.05	00905	HOUSEKEEPING - MORGAN				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01851	PARAMED ED ADMINISTRATION				13.01
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	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				23.03
23.04	02304	PARAMED EMERGENCY				23.04
23.05	02312	PARAMED PASTORAL EDUCATION				23.05
23.06	02306	PARAMED LAB SCIENCE PRO				23.06
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				23.09
23.10	02310	PARAMED PHARMACY TECH	100			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	03401	UH SURG 6IC	0	0		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	0	0		34.04
34.05	03404	TRANSPLANT ICU	0	0		34.05
34.06	03407	PEDS CANCER CARE	0	0		34.06
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
			23.10	23.11		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0		112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	0		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
191.01	19101	RESEARCH-GCRC	0	0		191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
			23.10	23.11		
191.02	19102	OSA	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0		192.06
192.07	19207	RHI	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	0		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
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)	464,931	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,649.310000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	45,181	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	451.810000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

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		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	255,088,480		255,088,480	0	255,088,480	30.00
31.00	03100	INTENSIVE CARE UNIT	28,424,766		28,424,766	0	28,424,766	31.00
32.00	03200	CORONARY CARE UNIT	29,742,543		29,742,543	0	29,742,543	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	35,852,210		35,852,210	0	35,852,210	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,217,769		4,217,769	0	4,217,769	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	6,853,867		6,853,867	0	6,853,867	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	16,724,739		16,724,739	0	16,724,739	34.04
34.05	03404	TRANSPLANT ICU	5,653,641		5,653,641	0	5,653,641	34.05
34.06	03407	PEDS CANCER CARE	5,386,394		5,386,394	0	5,386,394	34.06
40.00	04000	SUBPROVIDER - IPF	7,658,942		7,658,942	0	7,658,942	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	3,822,567		3,822,567	0	3,822,567	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	111,317,743		111,317,743	0	111,317,743	50.00
50.01	05001	ENDOSCOPY	4,561,831		4,561,831	0	4,561,831	50.01
51.00	05100	RECOVERY ROOM	17,902,012		17,902,012	0	17,902,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,833,639		19,833,639	0	19,833,639	52.00
53.00	05300	ANESTHESIOLOGY	5,839,395		5,839,395	0	5,839,395	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,105,055		6,105,055	0	6,105,055	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,860,625		82,860,625	0	82,860,625	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,694,305		16,694,305	0	16,694,305	55.00
56.00	05600	RADIOISOTOPE	3,734,428		3,734,428	0	3,734,428	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,316,678		4,316,678	0	4,316,678	59.00
60.00	06000	LABORATORY	94,727,473		94,727,473	0	94,727,473	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,017,022		4,017,022	0	4,017,022	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,708,866		8,708,866	0	8,708,866	63.00
65.00	06500	RESPIRATORY THERAPY	33,659,123	0	33,659,123	0	33,659,123	65.00
66.00	06600	PHYSICAL THERAPY	24,016,326	0	24,016,326	0	24,016,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,111,430	0	4,111,430	0	4,111,430	67.00
68.00	06800	SPEECH PATHOLOGY	6,927,714	0	6,927,714	0	6,927,714	68.00
69.00	06900	ELECTROCARDIOLOGY	7,331,125		7,331,125	0	7,331,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,101,588		10,101,588	0	10,101,588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,289,256		72,289,256	0	72,289,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,120,283		140,120,283	0	140,120,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	242,581,463		242,581,463	0	242,581,463	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	122,013,454		122,013,454	0	122,013,454	73.03
74.00	07400	RENAL DIALYSIS	13,521,514		13,521,514	0	13,521,514	74.00
76.00	03020	RH NBN ECMO IC	1,292,388		1,292,388	0	1,292,388	76.00
76.01	03140	CARDIOLOGY	5,024,577		5,024,577	0	5,024,577	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,732,238		2,732,238	0	2,732,238	76.02
76.03	03950	CARDIAC CATH	14,329,745		14,329,745	0	14,329,745	76.03
76.04	03951	DAY SURGERY	7,374,344		7,374,344	0	7,374,344	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	1,221,689		1,221,689	0	1,221,689	76.08
76.97	07697	CARDIAC REHABILITATION	1,288,709		1,288,709	0	1,288,709	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,622,443		6,622,443	0	6,622,443	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,494,133		3,494,133	0	3,494,133	90.01
90.02	09002	IUSCC HEM/ONC	41,585,706		41,585,706	0	41,585,706	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,443		825,443	0	825,443	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,117,359		2,117,359	0	2,117,359	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,895,951		3,895,951	0	3,895,951	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,989,069		3,989,069	0	3,989,069	90.07
90.08	09008	MOTILITY LAB	299,891		299,891	0	299,891	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,042		4,042	0	4,042	90.10
90.11	09023	SLEEP LAB	4,495,504		4,495,504	0	4,495,504	90.11
90.12	09024	OP CARE ADULTS	510,555		510,555	0	510,555	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	481,148		481,148	0	481,148	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.17	09015	PHYSICAL MEDICINE	1,749,333		1,749,333	0	1,749,333	90.17
90.18	09016	DERMATOLOGY CLINIC	1,793,983		1,793,983	0	1,793,983	90.18
90.19	09017	INFUSION/HEM/ONC	1,194,678		1,194,678	0	1,194,678	90.19
90.20	09025	IUMG - MH	236,301		236,301	0	236,301	90.20
90.21	09019	OP REHAB CLINIC	349,235		349,235	0	349,235	90.21
90.22	09020	EATING DISORDERS CLINIC	1,737,235		1,737,235	0	1,737,235	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,865,820		1,865,820	0	1,865,820	90.23
90.24	09021	LIFE CARE CLINIC	2,227,167		2,227,167	0	2,227,167	90.24
91.00	09100	EMERGENCY	48,536,171		48,536,171	0	48,536,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,982,992		23,982,992		23,982,992	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,448,295		3,448,295	0	3,448,295	94.00
95.00	09500	AMBULANCE SERVICES	31,807,333		31,807,333	0	31,807,333	95.00
101.00	10100	HOME HEALTH AGENCY	58,400,289		58,400,289		58,400,289	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,416,154		13,416,154		13,416,154	105.00
106.00	10600	HEART ACQUISITION	2,409,336		2,409,336		2,409,336	106.00
107.00	10700	LIVER ACQUISITION	12,096,114		12,096,114		12,096,114	107.00
108.00	10800	LUNG ACQUISITION	4,803,831		4,803,831		4,803,831	108.00
109.00	10900	PANCREAS ACQUISITION	3,573,735		3,573,735		3,573,735	109.00
110.00	11000	INTESTINAL ACQUISITION	1,373,377		1,373,377		1,373,377	110.00
112.00	08600	OTHER ORGAN ACQUISITION	270,727		270,727		270,727	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,275,210		5,275,210		5,275,210	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,191,447		9,191,447		9,191,447	116.00
200.00		Subtotal (see instructions)	1,788,041,963	0	1,788,041,963	0	1,788,041,963	200.00
201.00		Less Observation Beds	23,982,992		23,982,992		23,982,992	201.00
202.00		Total (see instructions)	1,764,058,971	0	1,764,058,971	0	1,764,058,971	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

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		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	647,725,858		647,725,858			30.00
31.00	03100	INTENSIVE CARE UNIT	80,912,101		80,912,101			31.00
32.00	03200	CORONARY CARE UNIT	75,969,076		75,969,076			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	152,999,443		152,999,443			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,024,662		9,024,662			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	18,011,366		18,011,366			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	44,718,824		44,718,824			34.04
34.05	03404	TRANSPLANT ICU	10,439,214		10,439,214			34.05
34.06	03407	PEDS CANCER CARE	13,710,469		13,710,469			34.06
40.00	04000	SUBPROVIDER - IPF	15,085,989		15,085,989			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	10,098,517		10,098,517			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	581,675,901	306,068,231	887,744,132	0.125394	0.000000	50.00
50.01	05001	ENDOSCOPY	18,366,213	9,944,658	28,310,871	0.161134	0.000000	50.01
51.00	05100	RECOVERY ROOM	56,916,961	77,826,927	134,743,888	0.132860	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,842,987	7,162,757	66,005,744	0.300484	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	47,801,812	21,584,332	69,386,144	0.084158	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,820,369	33,120,818	37,941,187	0.160908	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,453,907	357,957,433	601,411,340	0.137777	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,824,811	147,223,522	155,048,333	0.107672	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,679,893	32,951,951	39,631,844	0.094228	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	15,805,613	47,110,612	62,916,225	0.068610	0.000000	59.00
60.00	06000	LABORATORY	361,498,575	314,865,596	676,364,171	0.140054	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,794,986	9,813,341	11,608,327	0.346047	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,917,803	10,836,874	91,754,677	0.094915	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	133,554,293	3,561,792	137,116,085	0.245479	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	54,694,877	23,387,940	78,082,817	0.307575	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,733,198	3,304,731	16,037,929	0.256357	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	8,884,600	11,962,132	20,846,732	0.332317	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	61,073,638	47,799,816	108,873,454	0.067336	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,477,343	15,731,036	46,208,379	0.218609	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,003,807	98,141,496	216,145,303	0.334447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	391,562,825	130,951,298	522,514,123	0.268166	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	589,762,644	573,187,365	1,162,950,009	0.208591	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	123,271,277	123,271,277	0.989796	0.000000	73.03
74.00	07400	RENAL DIALYSIS	19,003,215	34,372,847	53,376,062	0.253325	0.000000	74.00
76.00	03020	RH NBN ECMO IC	3,066,595	0	3,066,595	0.421441	0.000000	76.00
76.01	03140	CARDIOLOGY	14,023,687	34,746,225	48,769,912	0.103026	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,027,318	3,921,338	4,948,656	0.552117	0.000000	76.02
76.03	03950	CARDIAC CATH	57,018,390	105,716,021	162,734,411	0.088056	0.000000	76.03
76.04	03951	DAY SURGERY	0	4,549,834	4,549,834	1.620794	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	3,633,898	13,578	3,647,476	0.334941	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	10,560	2,953,311	2,963,871	0.434806	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,368,033	5,368,033			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	72,312	6,943,292	7,015,604	0.498052	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	800,038	99,241,319	100,041,357	0.415685	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	450	2,215,135	2,215,585	0.372562	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,268,125	5,268,125	0.401919	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	11,077,404	15,767,471	26,844,875	0.145128	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	425,340	14,525,602	14,950,942	0.266811	0.000000	90.07
90.08	09008	MOTILITY LAB	11,140	1,032,651	1,043,791	0.287309	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	28,433	21,231,444	21,259,877	0.211455	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	5,378	4,830,888	4,836,266	0.099487	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	5,318	1,466,000	1,471,318	1.188956	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.18	09016	DERMATOLOGY CLINIC	2,790	4,596,769	4,599,559	0.390034	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	16,988	10,097,705	10,114,693	0.118113	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	9,035	802,281	811,316	0.430455	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	2,600	4,842,637	4,845,237	0.358545	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	10,400	1,499,224	1,509,624	1.235950	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	135,650,594	425,819,833	561,470,427	0.086445	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,213,344	59,366,254	62,579,598	0.383240	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,483	19,507,701	19,510,184	0.176743	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	58,939	107,955,677	108,014,616	0.294472	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	124,638,053	124,638,053			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	36,794,030	146,561	36,940,591			105.00
106.00	10600	HEART ACQUISITION	7,751,916	0	7,751,916			106.00
107.00	10700	LIVER ACQUISITION	41,186,234	0	41,186,234			107.00
108.00	10800	LUNG ACQUISITION	11,316,352	0	11,316,352			108.00
109.00	10900	PANCREAS ACQUISITION	10,016,146	0	10,016,146			109.00
110.00	11000	INTESTINAL ACQUISITION	3,669,894	0	3,669,894			110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	19,525,264	19,525,264			116.00
200.00		Subtotal (see instructions)	4,325,753,796	3,550,727,008	7,876,480,804			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,325,753,796	3,550,727,008	7,876,480,804			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

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
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.125394		50.00
50.01	05001	ENDOSCOPY	0.161134		50.01
51.00	05100	RECOVERY ROOM	0.132860		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484		52.00
53.00	05300	ANESTHESIOLOGY	0.084158		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672		55.00
56.00	05600	RADIOISOTOPE	0.094228		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610		59.00
60.00	06000	LABORATORY	0.140054		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915		63.00
65.00	06500	RESPIRATORY THERAPY	0.245479		65.00
66.00	06600	PHYSICAL THERAPY	0.307575		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357		67.00
68.00	06800	SPEECH PATHOLOGY	0.332317		68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796		73.03
74.00	07400	RENAL DIALYSIS	0.253325		74.00
76.00	03020	RH NBN ECMO IC	0.421441		76.00
76.01	03140	CARDIOLOGY	0.103026		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117		76.02
76.03	03950	CARDIAC CATH	0.088056		76.03
76.04	03951	DAY SURGERY	1.620794		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.334941		76.08
76.97	07697	CARDIAC REHABILITATION	0.434806		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.498052		90.01
90.02	09002	IUSCC HEM/ONC	0.415685		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.145128		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811		90.07
90.08	09008	MOTILITY LAB	0.287309		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.211455		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.099487		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.188956		90.17
90.18	09016	DERMATOLOGY CLINIC	0.390034		90.18
90.19	09017	INFUSION/HEM/ONC	0.118113		90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.430455		90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.086445		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.176743		94.00
95.00	09500	AMBULANCE SERVICES	0.294472		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	255,088,480		255,088,480	0	255,088,480	30.00
31.00	03100	INTENSIVE CARE UNIT	28,424,766		28,424,766	0	28,424,766	31.00
32.00	03200	CORONARY CARE UNIT	29,742,543		29,742,543	0	29,742,543	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	35,852,210		35,852,210	0	35,852,210	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,217,769		4,217,769	0	4,217,769	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	6,853,867		6,853,867	0	6,853,867	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	16,724,739		16,724,739	0	16,724,739	34.04
34.05	03404	TRANSPLANT ICU	5,653,641		5,653,641	0	5,653,641	34.05
34.06	03407	PEDS CANCER CARE	5,386,394		5,386,394	0	5,386,394	34.06
40.00	04000	SUBPROVIDER - IPF	7,658,942		7,658,942	0	7,658,942	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	3,822,567		3,822,567	0	3,822,567	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	111,317,743		111,317,743	0	111,317,743	50.00
50.01	05001	ENDOSCOPY	4,561,831		4,561,831	0	4,561,831	50.01
51.00	05100	RECOVERY ROOM	17,902,012		17,902,012	0	17,902,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,833,639		19,833,639	0	19,833,639	52.00
53.00	05300	ANESTHESIOLOGY	5,839,395		5,839,395	0	5,839,395	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,105,055		6,105,055	0	6,105,055	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,860,625		82,860,625	0	82,860,625	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,694,305		16,694,305	0	16,694,305	55.00
56.00	05600	RADIOISOTOPE	3,734,428		3,734,428	0	3,734,428	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,316,678		4,316,678	0	4,316,678	59.00
60.00	06000	LABORATORY	94,727,473		94,727,473	0	94,727,473	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,017,022		4,017,022	0	4,017,022	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,708,866		8,708,866	0	8,708,866	63.00
65.00	06500	RESPIRATORY THERAPY	33,659,123	0	33,659,123	0	33,659,123	65.00
66.00	06600	PHYSICAL THERAPY	24,016,326	0	24,016,326	0	24,016,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,111,430	0	4,111,430	0	4,111,430	67.00
68.00	06800	SPEECH PATHOLOGY	6,927,714	0	6,927,714	0	6,927,714	68.00
69.00	06900	ELECTROCARDIOLOGY	7,331,125		7,331,125	0	7,331,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,101,588		10,101,588	0	10,101,588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,289,256		72,289,256	0	72,289,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,120,283		140,120,283	0	140,120,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	242,581,463		242,581,463	0	242,581,463	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	122,013,454		122,013,454	0	122,013,454	73.03
74.00	07400	RENAL DIALYSIS	13,521,514		13,521,514	0	13,521,514	74.00
76.00	03020	RH NBN ECMO IC	1,292,388		1,292,388	0	1,292,388	76.00
76.01	03140	CARDIOLOGY	5,024,577		5,024,577	0	5,024,577	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,732,238		2,732,238	0	2,732,238	76.02
76.03	03950	CARDIAC CATH	14,329,745		14,329,745	0	14,329,745	76.03
76.04	03951	DAY SURGERY	7,374,344		7,374,344	0	7,374,344	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	1,221,689		1,221,689	0	1,221,689	76.08
76.97	07697	CARDIAC REHABILITATION	1,288,709		1,288,709	0	1,288,709	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,622,443		6,622,443	0	6,622,443	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,494,133		3,494,133	0	3,494,133	90.01
90.02	09002	IUSCC HEM/ONC	41,585,706		41,585,706	0	41,585,706	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,443		825,443	0	825,443	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,117,359		2,117,359	0	2,117,359	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,895,951		3,895,951	0	3,895,951	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,989,069		3,989,069	0	3,989,069	90.07
90.08	09008	MOTILITY LAB	299,891		299,891	0	299,891	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,042		4,042	0	4,042	90.10
90.11	09023	SLEEP LAB	4,495,504		4,495,504	0	4,495,504	90.11
90.12	09024	OP CARE ADULTS	510,555		510,555	0	510,555	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	481,148		481,148	0	481,148	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XIX)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (PPS)	
			1.00	2.00	3.00	4.00	5.00	
90.17	09015	PHYSICAL MEDICINE	1,749,333		1,749,333	0	1,749,333	90.17
90.18	09016	DERMATOLOGY CLINIC	1,793,983		1,793,983	0	1,793,983	90.18
90.19	09017	INFUSION/HEM/ONC	1,194,678		1,194,678	0	1,194,678	90.19
90.20	09025	IUMG - MH	236,301		236,301	0	236,301	90.20
90.21	09019	OP REHAB CLINIC	349,235		349,235	0	349,235	90.21
90.22	09020	EATING DISORDERS CLINIC	1,737,235		1,737,235	0	1,737,235	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,865,820		1,865,820	0	1,865,820	90.23
90.24	09021	LIFE CARE CLINIC	2,227,167		2,227,167	0	2,227,167	90.24
91.00	09100	EMERGENCY	48,536,171		48,536,171	0	48,536,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,982,992		23,982,992		23,982,992	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,448,295		3,448,295	0	3,448,295	94.00
95.00	09500	AMBULANCE SERVICES	31,807,333		31,807,333	0	31,807,333	95.00
101.00	10100	HOME HEALTH AGENCY	58,400,289		58,400,289		58,400,289	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,416,154		13,416,154		13,416,154	105.00
106.00	10600	HEART ACQUISITION	2,409,336		2,409,336		2,409,336	106.00
107.00	10700	LIVER ACQUISITION	12,096,114		12,096,114		12,096,114	107.00
108.00	10800	LUNG ACQUISITION	4,803,831		4,803,831		4,803,831	108.00
109.00	10900	PANCREAS ACQUISITION	3,573,735		3,573,735		3,573,735	109.00
110.00	11000	INTESTINAL ACQUISITION	1,373,377		1,373,377		1,373,377	110.00
112.00	08600	OTHER ORGAN ACQUISITION	270,727		270,727		270,727	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,275,210		5,275,210		5,275,210	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,191,447		9,191,447		9,191,447	116.00
200.00		Subtotal (see instructions)	1,788,041,963	0	1,788,041,963	0	1,788,041,963	200.00
201.00		Less Observation Beds	23,982,992		23,982,992		23,982,992	201.00
202.00		Total (see instructions)	1,764,058,971	0	1,764,058,971	0	1,764,058,971	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			Title XIX			Hospital	PPS	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	647,725,858		647,725,858			30.00
31.00	03100	INTENSIVE CARE UNIT	80,912,101		80,912,101			31.00
32.00	03200	CORONARY CARE UNIT	75,969,076		75,969,076			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	152,999,443		152,999,443			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,024,662		9,024,662			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	18,011,366		18,011,366			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	44,718,824		44,718,824			34.04
34.05	03404	TRANSPLANT ICU	10,439,214		10,439,214			34.05
34.06	03407	PEDS CANCER CARE	13,710,469		13,710,469			34.06
40.00	04000	SUBPROVIDER - IPF	15,085,989		15,085,989			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	10,098,517		10,098,517			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	581,675,901	306,068,231	887,744,132	0.125394	0.000000	50.00
50.01	05001	ENDOSCOPY	18,366,213	9,944,658	28,310,871	0.161134	0.000000	50.01
51.00	05100	RECOVERY ROOM	56,916,961	77,826,927	134,743,888	0.132860	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,842,987	7,162,757	66,005,744	0.300484	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	47,801,812	21,584,332	69,386,144	0.084158	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,820,369	33,120,818	37,941,187	0.160908	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,453,907	357,957,433	601,411,340	0.137777	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,824,811	147,223,522	155,048,333	0.107672	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,679,893	32,951,951	39,631,844	0.094228	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	15,805,613	47,110,612	62,916,225	0.068610	0.000000	59.00
60.00	06000	LABORATORY	361,498,575	314,865,596	676,364,171	0.140054	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,794,986	9,813,341	11,608,327	0.346047	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,917,803	10,836,874	91,754,677	0.094915	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	133,554,293	3,561,792	137,116,085	0.245479	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	54,694,877	23,387,940	78,082,817	0.307575	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,733,198	3,304,731	16,037,929	0.256357	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	8,884,600	11,962,132	20,846,732	0.332317	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	61,073,638	47,799,816	108,873,454	0.067336	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,477,343	15,731,036	46,208,379	0.218609	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,003,807	98,141,496	216,145,303	0.334447	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	391,562,825	130,951,298	522,514,123	0.268166	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	589,762,644	573,187,365	1,162,950,009	0.208591	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	123,271,277	123,271,277	0.989796	0.000000	73.03
74.00	07400	RENAL DIALYSIS	19,003,215	34,372,847	53,376,062	0.253325	0.000000	74.00
76.00	03020	RH NBN ECMO IC	3,066,595	0	3,066,595	0.421441	0.000000	76.00
76.01	03140	CARDIOLOGY	14,023,687	34,746,225	48,769,912	0.103026	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,027,318	3,921,338	4,948,656	0.552117	0.000000	76.02
76.03	03950	CARDIAC CATH	57,018,390	105,716,021	162,734,411	0.088056	0.000000	76.03
76.04	03951	DAY SURGERY	0	4,549,834	4,549,834	1.620794	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	3,633,898	13,578	3,647,476	0.334941	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	10,560	2,953,311	2,963,871	0.434806	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,368,033	5,368,033	1.233681	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	72,312	6,943,292	7,015,604	0.498052	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	800,038	99,241,319	100,041,357	0.415685	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	450	2,215,135	2,215,585	0.372562	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,268,125	5,268,125	0.401919	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	11,077,404	15,767,471	26,844,875	0.145128	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	425,340	14,525,602	14,950,942	0.266811	0.000000	90.07
90.08	09008	MOTILITY LAB	11,140	1,032,651	1,043,791	0.287309	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	28,433	21,231,444	21,259,877	0.211455	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	5,378	4,830,888	4,836,266	0.099487	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	5,318	1,466,000	1,471,318	1.188956	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.18	09016	DERMATOLOGY CLINIC	2,790	4,596,769	4,599,559	0.390034	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	16,988	10,097,705	10,114,693	0.118113	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	9,035	802,281	811,316	0.430455	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	2,600	4,842,637	4,845,237	0.358545	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	10,400	1,499,224	1,509,624	1.235950	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	135,650,594	425,819,833	561,470,427	0.086445	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,213,344	59,366,254	62,579,598	0.383240	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,483	19,507,701	19,510,184	0.176743	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	58,939	107,955,677	108,014,616	0.294472	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	124,638,053	124,638,053			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	36,794,030	146,561	36,940,591			105.00
106.00	10600	HEART ACQUISITION	7,751,916	0	7,751,916			106.00
107.00	10700	LIVER ACQUISITION	41,186,234	0	41,186,234			107.00
108.00	10800	LUNG ACQUISITION	11,316,352	0	11,316,352			108.00
109.00	10900	PANCREAS ACQUISITION	10,016,146	0	10,016,146			109.00
110.00	11000	INTESTINAL ACQUISITION	3,669,894	0	3,669,894			110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	19,525,264	19,525,264			116.00
200.00		Subtotal (see instructions)	4,325,753,796	3,550,727,008	7,876,480,804			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,325,753,796	3,550,727,008	7,876,480,804			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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
32.00	03200	CORONARY CARE UNIT		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.02	03401	UH SURG 6IC		34.02
34.03	03402	UH NS 3IC		34.03
34.04	03403	RH PED IC		34.04
34.05	03404	TRANSPLANT ICU		34.05
34.06	03407	PEDS CANCER CARE		34.06
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.125394	50.00
50.01	05001	ENDOSCOPY	0.161134	50.01
51.00	05100	RECOVERY ROOM	0.132860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	55.00
56.00	05600	RADIOISOTOPE	0.094228	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	59.00
60.00	06000	LABORATORY	0.140054	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	73.03
74.00	07400	RENAL DIALYSIS	0.253325	74.00
76.00	03020	RH NBN ECMO IC	0.421441	76.00
76.01	03140	CARDIOLOGY	0.103026	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	76.02
76.03	03950	CARDIAC CATH	0.088056	76.03
76.04	03951	DAY SURGERY	1.620794	76.04
76.05	03480	ONCOLOGY	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	76.07
76.08	03954	ECMO-ADULT	0.334941	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	76.97
		OUTPATIENT SERVICE COST CENTERS		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.233681	89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0.498052	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	90.07
90.08	09008	MOTILITY LAB	0.287309	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	90.10
90.11	09023	SLEEP LAB	0.211455	90.11
90.12	09024	OP CARE ADULTS	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	90.14
90.15	09013	NEUROLOGY UH	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	1.188956	90.17
90.18	09016	DERMATOLOGY CLINIC	0.390034	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.430455		90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.086445		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.176743		94.00
95.00	09500	AMBULANCE SERVICES	0.294472		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet C Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Title XIX Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	111,317,743	20,712,000	90,605,743	0	0	50.00
50.01	05001	ENDOSCOPY	4,561,831	957,724	3,604,107	0	0	50.01
51.00	05100	RECOVERY ROOM	17,902,012	1,676,645	16,225,367	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,833,639	1,131,512	18,702,127	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,839,395	821,212	5,018,183	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,105,055	691,402	5,413,653	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,860,625	20,047,130	62,813,495	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,694,305	4,118,716	12,575,589	0	0	55.00
56.00	05600	RADIOISOTOPE	3,734,428	963,289	2,771,139	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,316,678	1,320,097	2,996,581	0	0	59.00
60.00	06000	LABORATORY	94,727,473	8,618,606	86,108,867	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,017,022	126,652	3,890,370	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,708,866	211,464	8,497,402	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	33,659,123	1,926,182	31,732,941	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,016,326	1,139,724	22,876,602	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,111,430	151,630	3,959,800	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,927,714	634,548	6,293,166	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,331,125	1,002,757	6,328,368	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,101,588	1,949,699	8,151,889	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,289,256	683,919	71,605,337	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,120,283	1,278,650	138,841,633	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	242,581,463	2,394,941	240,186,522	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	122,013,454	1,446,345	120,567,109	0	0	73.03
74.00	07400	RENAL DIALYSIS	13,521,514	1,154,681	12,366,833	0	0	74.00
76.00	03020	RH NBN ECMO IC	1,292,388	33,146	1,259,242	0	0	76.00
76.01	03140	CARDIOLOGY	5,024,577	971,295	4,053,282	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,732,238	57,802	2,674,436	0	0	76.02
76.03	03950	CARDIAC CATH	14,329,745	2,177,784	12,151,961	0	0	76.03
76.04	03951	DAY SURGERY	7,374,344	459,102	6,915,242	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,221,689	24,893	1,196,796	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,288,709	135,478	1,153,231	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,622,443	17,272	6,605,171	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,494,133	532,994	2,961,139	0	0	90.01
90.02	09002	IUSCC HEM/ONC	41,585,706	3,866,737	37,718,969	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,443	335,104	490,339	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,117,359	364,017	1,753,342	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,895,951	436,977	3,458,974	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,989,069	839,256	3,149,813	0	0	90.07
90.08	09008	MOTILITY LAB	299,891	85,405	214,486	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,042	531	3,511	0	0	90.10
90.11	09023	SLEEP LAB	4,495,504	205,910	4,289,594	0	0	90.11
90.12	09024	OP CARE ADULTS	510,555	24,940	485,615	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	481,148	8,356	472,792	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,749,333	223,130	1,526,203	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,793,983	175,967	1,618,016	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,194,678	14,053	1,180,625	0	0	90.19
90.20	09025	IUMG - MH	236,301	65,574	170,727	0	0	90.20
90.21	09019	OP REHAB CLINIC	349,235	37,166	312,069	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1,737,235	36,217	1,701,018	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,865,820	273,867	1,591,953	0	0	90.23
90.24	09021	LIFE CARE CLINIC	2,227,167	140,832	2,086,335	0	0	90.24
91.00	09100	EMERGENCY	48,536,171	4,480,181	44,055,990	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,982,992	1,710,827	22,272,165	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,448,295	263,038	3,185,257	0	0	94.00
95.00	09500	AMBULANCE SERVICES	31,807,333	4,121,536	27,685,797	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	58,400,289	258,825	58,141,464	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,416,154	320,004	13,096,150	0	0	105.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet C Part II Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	2,409,336	34,247	2,375,089	0	0	106.00
107.00	10700	LIVER ACQUISITION	12,096,114	194,524	11,901,590	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,803,831	68,277	4,735,554	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,573,735	68,902	3,504,833	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,373,377	18,648	1,354,729	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	270,727	765	269,962	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,275,210	367,054	4,908,156	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,191,447	126,951	9,064,496	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,388,616,045	98,737,109	1,289,878,936	0	0	200.00
201.00		Less Observation Beds	23,982,992	1,710,827	22,272,165	0	0	201.00
202.00		Total (line 200 minus line 201)	1,364,633,053	97,026,282	1,267,606,771	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part II Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	111,317,743	887,744,132	0.125394		50.00
50.01	05001	ENDOSCOPY	4,561,831	28,310,871	0.161134		50.01
51.00	05100	RECOVERY ROOM	17,902,012	134,743,888	0.132860		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,833,639	66,005,744	0.300484		52.00
53.00	05300	ANESTHESIOLOGY	5,839,395	69,386,144	0.084158		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,105,055	37,941,187	0.160908		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,860,625	601,411,340	0.137777		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,694,305	155,048,333	0.107672		55.00
56.00	05600	RADIOISOTOPE	3,734,428	39,631,844	0.094228		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,316,678	62,916,225	0.068610		59.00
60.00	06000	LABORATORY	94,727,473	676,364,171	0.140054		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,017,022	11,608,327	0.346047		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,708,866	91,754,677	0.094915		63.00
65.00	06500	RESPIRATORY THERAPY	33,659,123	137,116,085	0.245479		65.00
66.00	06600	PHYSICAL THERAPY	24,016,326	78,082,817	0.307575		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,111,430	16,037,929	0.256357		67.00
68.00	06800	SPEECH PATHOLOGY	6,927,714	20,846,732	0.332317		68.00
69.00	06900	ELECTROCARDIOLOGY	7,331,125	108,873,454	0.067336		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,101,588	46,208,379	0.218609		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,289,256	216,145,303	0.334447		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,120,283	522,514,123	0.268166		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	242,581,463	1,162,950,009	0.208591		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	122,013,454	123,271,277	0.989796		73.03
74.00	07400	RENAL DIALYSIS	13,521,514	53,376,062	0.253325		74.00
76.00	03020	RH NBN ECMO IC	1,292,388	3,066,595	0.421441		76.00
76.01	03140	CARDIOLOGY	5,024,577	48,769,912	0.103026		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,732,238	4,948,656	0.552117		76.02
76.03	03950	CARDIAC CATH	14,329,745	162,734,411	0.088056		76.03
76.04	03951	DAY SURGERY	7,374,344	4,549,834	1.620794		76.04
76.05	03480	ONCOLOGY	0	0	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03954	ECMO-ADULT	1,221,689	3,647,476	0.334941		76.08
76.97	07697	CARDIAC REHABILITATION	1,288,709	2,963,871	0.434806		76.97
		OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,622,443	5,368,033	1.233681		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	3,494,133	7,015,604	0.498052		90.01
90.02	09002	IUSCC HEM/ONC	41,585,706	100,041,357	0.415685		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,443	2,215,585	0.372562		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,117,359	5,268,125	0.401919		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	3,895,951	26,844,875	0.145128		90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,989,069	14,950,942	0.266811		90.07
90.08	09008	MOTILITY LAB	299,891	1,043,791	0.287309		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	4,042	0	0.000000		90.10
90.11	09023	SLEEP LAB	4,495,504	21,259,877	0.211455		90.11
90.12	09024	OP CARE ADULTS	510,555	0	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	481,148	4,836,266	0.099487		90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1,749,333	1,471,318	1.188956		90.17
90.18	09016	DERMATOLOGY CLINIC	1,793,983	4,599,559	0.390034		90.18
90.19	09017	INFUSION/HEM/ONC	1,194,678	10,114,693	0.118113		90.19
90.20	09025	IUMG - MH	236,301	0	0.000000		90.20
90.21	09019	OP REHAB CLINIC	349,235	811,316	0.430455		90.21
90.22	09020	EATING DISORDERS CLINIC	1,737,235	4,845,237	0.358545		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,865,820	1,509,624	1.235950		90.23
90.24	09021	LIFE CARE CLINIC	2,227,167	0	0.000000		90.24
91.00	09100	EMERGENCY	48,536,171	561,470,427	0.086445		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,982,992	62,579,598	0.383240		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	3,448,295	19,510,184	0.176743		94.00
95.00	09500	AMBULANCE SERVICES	31,807,333	108,014,616	0.294472		95.00
101.00	10100	HOME HEALTH AGENCY	58,400,289	124,638,053	0.468559		101.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	13,416,154	36,940,591	0.363182		105.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet C Part II Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
106.00	10600	HEART ACQUISITION	2,409,336	7,751,916	0.310805			106.00
107.00	10700	LIVER ACQUISITION	12,096,114	41,186,234	0.293693			107.00
108.00	10800	LUNG ACQUISITION	4,803,831	11,316,352	0.424503			108.00
109.00	10900	PANCREAS ACQUISITION	3,573,735	10,016,146	0.356797			109.00
110.00	11000	INTESTINAL ACQUISITION	1,373,377	3,669,894	0.374228			110.00
112.00	08600	OTHER ORGAN ACQUISITION	270,727	0	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,275,210	0	0.000000			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,191,447	19,525,264	0.470746			116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,388,616,045	6,797,785,285				200.00
201.00		Less Observation Beds	23,982,992	0				201.00
202.00		Total (line 200 minus line 201)	1,364,633,053	6,797,785,285				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part I Date/Time Prepared: 5/30/2017 4:11 pm

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	18,196,795	0	18,196,795	252,281	72.13	30.00
31.00	INTENSIVE CARE UNIT	1,129,756		1,129,756	19,143	59.02	31.00
32.00	CORONARY CARE UNIT	1,389,266		1,389,266	17,085	81.31	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,845,077		2,845,077	28,595	99.50	32.01
33.00	BURN INTENSIVE CARE UNIT	641,177		641,177	1,930	332.22	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	507,830		507,830	4,121	123.23	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,199,797		1,199,797	8,492	141.29	34.04
34.05	TRANSPLANT ICU	245,771		245,771	2,649	92.78	34.05
34.06	PEDS CANCER CARE	1,057,306		1,057,306	2,981	354.68	34.06
40.00	SUBPROVIDER - IPF	649,592	0	649,592	6,050	107.37	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	29,550		29,550	6,015	4.91	43.00
200.00	Total (lines 30-199)	27,891,917		27,891,917	349,342		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	71,669	5,169,485		30.00
31.00	INTENSIVE CARE UNIT	6,488	382,922		31.00
32.00	CORONARY CARE UNIT	4,782	388,824		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	UH SURG 6IC	1,495	184,229		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	43	6,075		34.04
34.05	TRANSPLANT ICU	1,040	96,491		34.05
34.06	PEDS CANCER CARE	133	47,172		34.06
40.00	SUBPROVIDER - IPF	1,648	176,946		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	87,298	6,452,144		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/30/2017 4:11 pm

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	20,712,000	887,744,132	0.023331	158,602,613	3,700,358	50.00
50.01	05001	ENDOSCOPY	957,724	28,310,871	0.033829	7,369,423	249,300	50.01
51.00	05100	RECOVERY ROOM	1,676,645	134,743,888	0.012443	16,618,663	206,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,131,512	66,005,744	0.017143	619,220	10,615	52.00
53.00	05300	ANESTHESIOLOGY	821,212	69,386,144	0.011835	12,101,492	143,221	53.00
53.01	05301	PULMONARY FUNCTION TESTING	691,402	37,941,187	0.018223	391,604	7,136	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,047,130	601,411,340	0.033333	74,101,207	2,470,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,118,716	155,048,333	0.026564	2,504,312	66,525	55.00
56.00	05600	RADIOISOTOPE	963,289	39,631,844	0.024306	2,956,074	71,850	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,320,097	62,916,225	0.020982	7,716,206	161,901	59.00
60.00	06000	LABORATORY	8,618,606	676,364,171	0.012743	101,283,955	1,290,661	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	126,652	11,608,327	0.010910	621,933	6,785	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	211,464	91,754,677	0.002305	22,043,971	50,811	63.00
65.00	06500	RESPIRATORY THERAPY	1,926,182	137,116,085	0.014048	27,480,322	386,044	65.00
66.00	06600	PHYSICAL THERAPY	1,139,724	78,082,817	0.014596	18,798,792	274,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	151,630	16,037,929	0.009454	2,783,488	26,315	67.00
68.00	06800	SPEECH PATHOLOGY	634,548	20,846,732	0.030439	2,273,663	69,208	68.00
69.00	06900	ELECTROCARDIOLOGY	1,002,757	108,873,454	0.009210	20,772,189	191,312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,949,699	46,208,379	0.042194	7,168,094	302,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	683,919	216,145,303	0.003164	34,226,616	108,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,278,650	522,514,123	0.002447	124,984,991	305,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,394,941	1,162,950,009	0.002059	164,049,955	337,779	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,446,345	123,271,277	0.011733	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,154,681	53,376,062	0.021633	8,497,925	183,836	74.00
76.00	03020	RH NBN ECMO IC	33,146	3,066,595	0.010809	0	0	76.00
76.01	03140	CARDIOLOGY	971,295	48,769,912	0.019916	5,815,391	115,819	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,802	4,948,656	0.011680	36,550	427	76.02
76.03	03950	CARDIAC CATH	2,177,784	162,734,411	0.013382	19,149,576	256,260	76.03
76.04	03951	DAY SURGERY	459,102	4,549,834	0.100905	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	24,893	3,647,476	0.006825	737,573	5,034	76.08
76.97	07697	CARDIAC REHABILITATION	135,478	2,963,871	0.045710	5,544	253	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,272	5,368,033	0.003218	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	532,994	7,015,604	0.075973	8,123	617	90.01
90.02	09002	IUSCC HEM/ONC	3,866,737	100,041,357	0.038651	335,476	12,966	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335,104	2,215,585	0.151249	87	13	90.03
90.04	09004	AMB SVC-PSYCH ADULT	364,017	5,268,125	0.069098	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	436,977	26,844,875	0.016278	4,571,507	74,415	90.06
90.07	09007	AMB SVC-RILEY CLINICS	839,256	14,950,942	0.056134	851	48	90.07
90.08	09008	MOTILITY LAB	85,405	1,043,791	0.081822	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	531	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	205,910	21,259,877	0.009685	12,999	126	90.11
90.12	09024	OP CARE ADULTS	24,940	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	8,356	4,836,266	0.001728	1,610	3	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	223,130	1,471,318	0.151653	3,644	553	90.17
90.18	09016	DERMATOLOGY CLINIC	175,967	4,599,559	0.038257	181	7	90.18
90.19	09017	INFUSION/HEM/ONC	14,053	10,114,693	0.001389	14,863	21	90.19
90.20	09025	IUMG - MH	65,574	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	37,166	811,316	0.045810	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	36,217	4,845,237	0.007475	2,450	18	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	273,867	1,509,624	0.181414	7,027	1,275	90.23
90.24	09021	LIFE CARE CLINIC	140,832	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	4,480,181	561,470,427	0.007979	43,507,275	347,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,710,827	62,579,598	0.027338	680,268	18,597	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	263,038	19,510,184	0.013482	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	93,157,376	6,434,726,219		892,857,703	11,455,025	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part III Date/Time Prepared: 5/30/2017 4:11 pm

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	928,139	0	0	928,139	30.00
31.00	03100	INTENSIVE CARE UNIT	0	78,418	0		78,418	31.00
32.00	03200	CORONARY CARE UNIT	0	70,839	0		70,839	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	116,918	0		116,918	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,870	0		7,870	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.02	03401	UH SURG 6IC	0	16,798	0		16,798	34.02
34.03	03402	UH NS 3IC	0	0	0		0	34.03
34.04	03403	RH PED IC	0	35,286	0		35,286	34.04
34.05	03404	TRANSPLANT ICU	0	10,776	0		10,776	34.05
34.06	03407	PEDS CANCER CARE	0	12,270	0		12,270	34.06
40.00	04000	SUBPROVIDER - IPF	0	24,454	0	0	24,454	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	24,377	0		24,377	43.00
200.00		Total (lines 30-199)	0	1,326,145	0		1,326,145	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	252,281	3.68	71,669	263,742		30.00
31.00	03100	INTENSIVE CARE UNIT	19,143	4.10	6,488	26,601		31.00
32.00	03200	CORONARY CARE UNIT	17,085	4.15	4,782	19,845		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,595	4.09	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,930	4.08	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.02	03401	UH SURG 6IC	4,121	4.08	1,495	6,100		34.02
34.03	03402	UH NS 3IC	0	0.00	0	0		34.03
34.04	03403	RH PED IC	8,492	4.16	43	179		34.04
34.05	03404	TRANSPLANT ICU	2,649	4.07	1,040	4,233		34.05
34.06	03407	PEDS CANCER CARE	2,981	4.12	133	548		34.06
40.00	04000	SUBPROVIDER - IPF	6,050	4.04	1,648	6,658		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	6,015	4.05	0	0		43.00
200.00		Total (lines 30-199)	349,342		87,298	327,906		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 4:11 pm

		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)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	500,240	0	500,240	50.00
50.01	05001	ENDOSCOPY	0	0	78	0	78	50.01
51.00	05100	RECOVERY ROOM	0	0	433	0	433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	150	0	150	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,097	0	3,097	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	6	0	6	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,133,731	0	1,133,731	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	66	0	66	55.00
56.00	05600	RADIOISOTOPE	0	0	60	0	60	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	33	0	33	59.00
60.00	06000	LABORATORY	0	0	616,509	0	616,509	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	589,119	0	589,119	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6	0	6	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	48	0	48	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20	0	20	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	1,755,195	0	1,755,195	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	578,488	0	578,488	73.03
74.00	07400	RENAL DIALYSIS	0	0	708	0	708	74.00
76.00	03020	RH NBN ECMO IC	0	0	54	0	54	76.00
76.01	03140	CARDIOLOGY	0	0	57	0	57	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1	0	1	76.02
76.03	03950	CARDIAC CATH	0	0	251	0	251	76.03
76.04	03951	DAY SURGERY	0	0	343	0	343	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	4,222	0	4,222	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3	0	3	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	407	0	407	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	114	0	114	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	1	0	1	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	190	0	190	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	330,578	0	330,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	87,250	0	87,250	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	130	0	130	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	5,601,597	0	5,601,597	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 4:11 pm

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	500,240	887,744,132	0.000563	0.000563	158,602,613	50.00
50.01	05001	ENDOSCOPY	78	28,310,871	0.000003	0.000003	7,369,423	50.01
51.00	05100	RECOVERY ROOM	433	134,743,888	0.000003	0.000003	16,618,663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150	66,005,744	0.000002	0.000002	619,220	52.00
53.00	05300	ANESTHESIOLOGY	3,097	69,386,144	0.000045	0.000045	12,101,492	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6	37,941,187	0.000000	0.000000	391,604	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,133,731	601,411,340	0.001885	0.001885	74,101,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66	155,048,333	0.000000	0.000000	2,504,312	55.00
56.00	05600	RADIOISOTOPE	60	39,631,844	0.000002	0.000002	2,956,074	56.00
59.00	05900	CARDIAC CATHETERIZATION	33	62,916,225	0.000001	0.000001	7,716,206	59.00
60.00	06000	LABORATORY	616,509	676,364,171	0.000912	0.000912	101,283,955	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	11,608,327	0.000000	0.000000	621,933	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	91,754,677	0.000000	0.000000	22,043,971	63.00
65.00	06500	RESPIRATORY THERAPY	589,119	137,116,085	0.004296	0.004296	27,480,322	65.00
66.00	06600	PHYSICAL THERAPY	6	78,082,817	0.000000	0.000000	18,798,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,037,929	0.000000	0.000000	2,783,488	67.00
68.00	06800	SPEECH PATHOLOGY	48	20,846,732	0.000002	0.000002	2,273,663	68.00
69.00	06900	ELECTROCARDIOLOGY	20	108,873,454	0.000000	0.000000	20,772,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,208,379	0.000000	0.000000	7,168,094	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	216,145,303	0.000000	0.000000	34,226,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	522,514,123	0.000000	0.000000	124,984,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,755,195	1,162,950,009	0.001509	0.001509	164,049,955	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	578,488	123,271,277	0.004693	0.004693	0	73.03
74.00	07400	RENAL DIALYSIS	708	53,376,062	0.000013	0.000013	8,497,925	74.00
76.00	03020	RH NBN ECMO IC	54	3,066,595	0.000018	0.000018	0	76.00
76.01	03140	CARDIOLOGY	57	48,769,912	0.000001	0.000001	5,815,391	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	4,948,656	0.000000	0.000000	36,550	76.02
76.03	03950	CARDIAC CATH	251	162,734,411	0.000002	0.000002	19,149,576	76.03
76.04	03951	DAY SURGERY	343	4,549,834	0.000075	0.000075	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0	3,647,476	0.000000	0.000000	737,573	76.08
76.97	07697	CARDIAC REHABILITATION	0	2,963,871	0.000000	0.000000	5,544	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,368,033	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	7,015,604	0.000000	0.000000	8,123	90.01
90.02	09002	IUSCC HEM/ONC	4,222	100,041,357	0.000042	0.000042	335,476	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,215,585	0.000000	0.000000	87	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,268,125	0.000000	0.000000	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	3	26,844,875	0.000000	0.000000	4,571,507	90.06
90.07	09007	AMB SVC-RILEY CLINICS	407	14,950,942	0.000027	0.000027	851	90.07
90.08	09008	MOTILITY LAB	1	1,043,791	0.000001	0.000001	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	21,259,877	0.000000	0.000000	12,999	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	114	4,836,266	0.000024	0.000024	1,610	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	1	1,471,318	0.000001	0.000001	3,644	90.17
90.18	09016	DERMATOLOGY CLINIC	1	4,599,559	0.000000	0.000000	181	90.18
90.19	09017	INFUSION/HEM/ONC	190	10,114,693	0.000019	0.000019	14,863	90.19
90.20	09025	IUMG - MH	0	0	0.000000	0.000000	0	90.20
90.21	09019	OP REHAB CLINIC	1	811,316	0.000001	0.000001	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	4,845,237	0.000000	0.000000	2,450	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,509,624	0.000000	0.000000	7,027	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0.000000	0.000000	0	90.24
91.00	09100	EMERGENCY	330,578	561,470,427	0.000589	0.000589	43,507,275	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	87,250	62,579,598	0.001394	0.001394	680,268	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	130	19,510,184	0.000007	0.000007	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,601,597	6,434,726,219			892,857,703	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 4:11 pm

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	89,293	55,457,904	31,223		50.00
50.01	05001	ENDOSCOPY	22	3,421,172	10		50.01
51.00	05100	RECOVERY ROOM	50	15,271,057	46		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	77,508	0		52.00
53.00	05300	ANESTHESIOLOGY	545	3,215,739	145		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	4,102,164	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,681	82,320,598	155,174		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,604,220	0		55.00
56.00	05600	RADIOISOTOPE	6	7,522,267	15		56.00
59.00	05900	CARDIAC CATHETERIZATION	8	15,664,104	16		59.00
60.00	06000	LABORATORY	92,371	36,187,101	33,003		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	1,054,096	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,339,628	0		63.00
65.00	06500	RESPIRATORY THERAPY	118,055	451,475	1,940		65.00
66.00	06600	PHYSICAL THERAPY	0	664,262	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	36,713	0		67.00
68.00	06800	SPEECH PATHOLOGY	5	1,095,193	2		68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,599,326	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,143,718	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	29,802,435	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,147,710	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,551	107,194,997	161,757		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	110	545,230	7		74.00
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03140	CARDIOLOGY	6	12,102,219	12		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,648,937	0		76.02
76.03	03950	CARDIAC CATH	38	19,003,518	38		76.03
76.04	03951	DAY SURGERY	0	1,327,835	100		76.04
76.05	03480	ONCOLOGY	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	1,375,393	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	215,254	0		90.01
90.02	09002	IUSCC HEM/ONC	14	35,003,765	1,470		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	718,849	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	181,729	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	5,649,439	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	35,340	1		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	4,607,807	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	2,343,081	56		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	512,739	1		90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,239,592	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	3,228,015	61		90.19
90.20	09025	IUMG - MH	0	84	0		90.20
90.21	09019	OP REHAB CLINIC	0	2,689	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	126,544	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	529,282	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0		90.24
91.00	09100	EMERGENCY	25,626	48,863,837	28,781		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	948	6,547,385	9,127		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	714,330	612,181,950	422,985		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII Charges: PPS Reimbursed Services (see inst.)	Title XVIII Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Hospital Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.125394	55,457,904	0	0	6,954,088	50.00
50.01	05001	ENDOSCOPY	0.161134	3,421,172	0	0	551,267	50.01
51.00	05100	RECOVERY ROOM	0.132860	15,271,057	0	0	2,028,913	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	77,508	0	0	23,290	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	3,215,739	0	0	270,630	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	4,102,164	0	0	660,071	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	82,320,598	0	0	11,341,885	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	38,604,220	0	0	4,156,594	55.00
56.00	05600	RADIOISOTOPE	0.094228	7,522,267	0	0	708,808	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	15,664,104	0	0	1,074,714	59.00
60.00	06000	LABORATORY	0.140054	36,187,101	56,178	0	5,068,148	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	1,054,096	0	0	364,767	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	3,339,628	33,418	0	316,981	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	451,475	0	0	110,828	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	664,262	0	0	204,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	36,713	0	0	9,412	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	1,095,193	0	0	363,951	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	18,599,326	0	0	1,252,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	1,143,718	0	0	250,027	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	29,802,435	0	0	9,967,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	41,147,710	10,470	0	11,034,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	107,194,997	114,424	605,299	22,359,912	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.253325	545,230	0	0	138,120	74.00
76.00	03020	RH NBN ECMO IC	0.421441	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.103026	12,102,219	0	0	1,246,843	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	1,648,937	0	0	910,406	76.02
76.03	03950	CARDIAC CATH	0.088056	19,003,518	0	0	1,673,374	76.03
76.04	03951	DAY SURGERY	1.620794	1,327,835	0	0	2,152,147	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.334941	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	1,375,393	0	0	598,029	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0.498052	215,254	0	0	107,208	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	35,003,765	0	0	14,550,540	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	718,849	0	0	267,816	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	181,729	0	0	73,040	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	5,649,439	0	0	819,892	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	35,340	0	0	9,429	90.07
90.08	09008	MOTILITY LAB	0.287309	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211455	4,607,807	0	0	974,344	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	2,343,081	0	0	233,106	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.188956	512,739	0	0	609,624	90.17
90.18	09016	DERMATOLOGY CLINIC	0.390034	1,239,592	0	0	483,483	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	3,228,015	0	0	381,271	90.19
90.20	09025	IUMG - MH	0.000000	84	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.430455	2,689	0	0	1,157	90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545	126,544	0	0	45,372	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950	529,282	0	0	654,166	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.086445	48,863,837	0	0	4,224,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240	6,547,385	0	0	2,509,220	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.176743		0			94.00
95.00	09500	AMBULANCE SERVICES	0.294472		0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm
	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	
200.00		Subtotal (see instructions)		612,181,950	214,490	605,299	111,735,373	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		612,181,950	214,490	605,299	111,735,373	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm

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
50.01	05001	ENDOSCOPY	0	0		50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	7,868	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,172	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,808	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,868	126,260		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm
	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				
200.00	Subtotal (see instructions)	37,716	126,260				200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00	Net Charges (line 200 +/- line 201)	37,716	126,260				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056
Component CCN: 15-S056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part II
Date/Time Prepared: 5/30/2017 4:11 pm

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	20,712,000	887,744,132	0.023331	0	0	50.00
50.01	05001	ENDOSCOPY	957,724	28,310,871	0.033829	0	0	50.01
51.00	05100	RECOVERY ROOM	1,676,645	134,743,888	0.012443	3,197	40	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,131,512	66,005,744	0.017143	0	0	52.00
53.00	05300	ANESTHESIOLOGY	821,212	69,386,144	0.011835	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	691,402	37,941,187	0.018223	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,047,130	601,411,340	0.033333	120,314	4,010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,118,716	155,048,333	0.026564	0	0	55.00
56.00	05600	RADIOISOTOPE	963,289	39,631,844	0.024306	6,240	152	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,320,097	62,916,225	0.020982	0	0	59.00
60.00	06000	LABORATORY	8,618,606	676,364,171	0.012743	255,643	3,258	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	126,652	11,608,327	0.010910	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	211,464	91,754,677	0.002305	1,280	3	63.00
65.00	06500	RESPIRATORY THERAPY	1,926,182	137,116,085	0.014048	11,358	160	65.00
66.00	06600	PHYSICAL THERAPY	1,139,724	78,082,817	0.014596	54,192	791	66.00
67.00	06700	OCCUPATIONAL THERAPY	151,630	16,037,929	0.009454	4,637	44	67.00
68.00	06800	SPEECH PATHOLOGY	634,548	20,846,732	0.030439	6,925	211	68.00
69.00	06900	ELECTROCARDIOLOGY	1,002,757	108,873,454	0.009210	56,554	521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,949,699	46,208,379	0.042194	1,913	81	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	683,919	216,145,303	0.003164	274	1	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,278,650	522,514,123	0.002447	2,827	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,394,941	1,162,950,009	0.002059	653,149	1,345	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,446,345	123,271,277	0.011733	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,154,681	53,376,062	0.021633	9,336	202	74.00
76.00	03020	RH NBN ECMO IC	33,146	3,066,595	0.010809	0	0	76.00
76.01	03140	CARDIOLOGY	971,295	48,769,912	0.019916	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,802	4,948,656	0.011680	608,400	7,106	76.02
76.03	03950	CARDIAC CATH	2,177,784	162,734,411	0.013382	0	0	76.03
76.04	03951	DAY SURGERY	459,102	4,549,834	0.100905	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	24,893	3,647,476	0.006825	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	135,478	2,963,871	0.045710	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,272	5,368,033	0.003218	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	532,994	7,015,604	0.075973	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,866,737	100,041,357	0.038651	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335,104	2,215,585	0.151249	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	364,017	5,268,125	0.069098	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	436,977	26,844,875	0.016278	4,472	73	90.06
90.07	09007	AMB SVC-RILEY CLINICS	839,256	14,950,942	0.056134	0	0	90.07
90.08	09008	MOTILITY LAB	85,405	1,043,791	0.081822	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	531	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	205,910	21,259,877	0.009685	0	0	90.11
90.12	09024	OP CARE ADULTS	24,940	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	8,356	4,836,266	0.001728	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	223,130	1,471,318	0.151653	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	175,967	4,599,559	0.038257	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	14,053	10,114,693	0.001389	0	0	90.19
90.20	09025	IUMG - MH	65,574	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	37,166	811,316	0.045810	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	36,217	4,845,237	0.007475	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	273,867	1,509,624	0.181414	94	17	90.23
90.24	09021	LIFE CARE CLINIC	140,832	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	4,480,181	561,470,427	0.007979	321,187	2,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	62,579,598	0.000000	14,220	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	263,038	19,510,184	0.013482	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	91,446,549	6,434,726,219		2,136,212	20,585	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056
Component CCN: 15-S056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV
Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	500,240	0	500,240	50.00
50.01	05001	ENDOSCOPY	0	0	78	0	78	50.01
51.00	05100	RECOVERY ROOM	0	0	433	0	433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	150	0	150	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,097	0	3,097	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	6	0	6	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,133,731	0	1,133,731	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	66	0	66	55.00
56.00	05600	RADIOISOTOPE	0	0	60	0	60	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	33	0	33	59.00
60.00	06000	LABORATORY	0	0	616,509	0	616,509	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	589,119	0	589,119	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6	0	6	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	48	0	48	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20	0	20	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	1,755,195	0	1,755,195	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	578,488	0	578,488	73.03
74.00	07400	RENAL DIALYSIS	0	0	708	0	708	74.00
76.00	03020	RH NBN ECMO IC	0	0	54	0	54	76.00
76.01	03140	CARDIOLOGY	0	0	57	0	57	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1	0	1	76.02
76.03	03950	CARDIAC CATH	0	0	251	0	251	76.03
76.04	03951	DAY SURGERY	0	0	343	0	343	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	4,222	0	4,222	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3	0	3	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	407	0	407	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	114	0	114	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	1	0	1	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	190	0	190	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	330,578	0	330,578	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	130	0	130	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	5,514,347	0	5,514,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056
Component CCN: 15-S056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV
Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	500,240	887,744,132	0.000563	0.000563	0	50.00
50.01	05001	ENDOSCOPY	78	28,310,871	0.000003	0.000003	0	50.01
51.00	05100	RECOVERY ROOM	433	134,743,888	0.000003	0.000003	3,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150	66,005,744	0.000002	0.000002	0	52.00
53.00	05300	ANESTHESIOLOGY	3,097	69,386,144	0.000045	0.000045	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6	37,941,187	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,133,731	601,411,340	0.001885	0.001885	120,314	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66	155,048,333	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	60	39,631,844	0.000002	0.000002	6,240	56.00
59.00	05900	CARDIAC CATHETERIZATION	33	62,916,225	0.000001	0.000001	0	59.00
60.00	06000	LABORATORY	616,509	676,364,171	0.000912	0.000912	255,643	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	11,608,327	0.000000	0.000000	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	91,754,677	0.000000	0.000000	1,280	63.00
65.00	06500	RESPIRATORY THERAPY	589,119	137,116,085	0.004296	0.004296	11,358	65.00
66.00	06600	PHYSICAL THERAPY	6	78,082,817	0.000000	0.000000	54,192	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,037,929	0.000000	0.000000	4,637	67.00
68.00	06800	SPEECH PATHOLOGY	48	20,846,732	0.000002	0.000002	6,925	68.00
69.00	06900	ELECTROCARDIOLOGY	20	108,873,454	0.000000	0.000000	56,554	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,208,379	0.000000	0.000000	1,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	216,145,303	0.000000	0.000000	274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	522,514,123	0.000000	0.000000	2,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,755,195	1,162,950,009	0.001509	0.001509	653,149	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	578,488	123,271,277	0.004693	0.004693	0	73.03
74.00	07400	RENAL DIALYSIS	708	53,376,062	0.000013	0.000013	9,336	74.00
76.00	03020	RH NBN ECMO IC	54	3,066,595	0.000018	0.000018	0	76.00
76.01	03140	CARDIOLOGY	57	48,769,912	0.000001	0.000001	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	4,948,656	0.000000	0.000000	608,400	76.02
76.03	03950	CARDIAC CATH	251	162,734,411	0.000002	0.000002	0	76.03
76.04	03951	DAY SURGERY	343	4,549,834	0.000075	0.000075	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0	3,647,476	0.000000	0.000000	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	2,963,871	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,368,033	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	7,015,604	0.000000	0.000000	0	90.01
90.02	09002	IUSCC HEM/ONC	4,222	100,041,357	0.000042	0.000042	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,215,585	0.000000	0.000000	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,268,125	0.000000	0.000000	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	3	26,844,875	0.000000	0.000000	4,472	90.06
90.07	09007	AMB SVC-RILEY CLINICS	407	14,950,942	0.000027	0.000027	0	90.07
90.08	09008	MOTILITY LAB	1	1,043,791	0.000001	0.000001	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	21,259,877	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	114	4,836,266	0.000024	0.000024	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	1	1,471,318	0.000001	0.000001	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1	4,599,559	0.000000	0.000000	0	90.18
90.19	09017	INFUSION/HEM/ONC	190	10,114,693	0.000019	0.000019	0	90.19
90.20	09025	IUMG - MH	0	0	0.000000	0.000000	0	90.20
90.21	09019	OP REHAB CLINIC	1	811,316	0.000001	0.000001	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	4,845,237	0.000000	0.000000	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,509,624	0.000000	0.000000	94	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0.000000	0.000000	0	90.24
91.00	09100	EMERGENCY	330,578	561,470,427	0.000589	0.000589	321,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	62,579,598	0.000000	0.000000	14,220	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	130	19,510,184	0.000007	0.000007	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,514,347	6,434,726,219			2,136,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056
Component CCN: 15-S056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part IV
Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	227	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	233	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	49	0	0		65.00
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 PATIENT	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	986	0	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03140	CARDIOLOGY	0	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03950	CARDIAC CATH	0	0	0		76.03
76.04	03951	DAY SURGERY	0	0	0		76.04
76.05	03480	ONCOLOGY	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0		90.24
91.00	09100	EMERGENCY	189	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	1,684	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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	18,196,795	0	18,196,795	252,281	72.13	30.00
31.00	INTENSIVE CARE UNIT	1,129,756		1,129,756	19,143	59.02	31.00
32.00	CORONARY CARE UNIT	1,389,266		1,389,266	17,085	81.31	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,845,077		2,845,077	28,595	99.50	32.01
33.00	BURN INTENSIVE CARE UNIT	641,177		641,177	1,930	332.22	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	507,830		507,830	4,121	123.23	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,199,797		1,199,797	8,492	141.29	34.04
34.05	TRANSPLANT ICU	245,771		245,771	2,649	92.78	34.05
34.06	PEDS CANCER CARE	1,057,306		1,057,306	2,981	354.68	34.06
40.00	SUBPROVIDER - IPF	649,592	0	649,592	6,050	107.37	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	29,550		29,550	6,015	4.91	43.00
200.00	Total (lines 30-199)	27,891,917		27,891,917	349,342		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	5,925	427,370		30.00
31.00	INTENSIVE CARE UNIT	4,626	273,027		31.00
32.00	CORONARY CARE UNIT	228	18,539		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	4,450	442,775		32.01
33.00	BURN INTENSIVE CARE UNIT	171	56,810		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	UH SURG 6IC	0	0		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	3,782	534,359		34.04
34.05	TRANSPLANT ICU	0	0		34.05
34.06	PEDS CANCER CARE	0	0		34.06
40.00	SUBPROVIDER - IPF	567	60,879		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	5,288	25,964		43.00
200.00	Total (lines 30-199)	25,037	1,839,723		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
				Title XIX		Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,712,000	887,744,132	0.023331	19,277,273	449,758	50.00
50.01	05001	ENDOSCOPY	957,724	28,310,871	0.033829	528,522	17,879	50.01
51.00	05100	RECOVERY ROOM	1,676,645	134,743,888	0.012443	1,869,036	23,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,131,512	66,005,744	0.017143	7,953,437	136,346	52.00
53.00	05300	ANESTHESIOLOGY	821,212	69,386,144	0.011835	1,698,269	20,099	53.00
53.01	05301	PULMONARY FUNCTION TESTING	691,402	37,941,187	0.018223	483,679	8,814	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,047,130	601,411,340	0.033333	9,231,590	307,717	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,118,716	155,048,333	0.026564	548,813	14,579	55.00
56.00	05600	RADIOISOTOPE	963,289	39,631,844	0.024306	242,126	5,885	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,320,097	62,916,225	0.020982	241,604	5,069	59.00
60.00	06000	LABORATORY	8,618,606	676,364,171	0.012743	14,381,327	183,261	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	126,652	11,608,327	0.010910	44,686	488	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	211,464	91,754,677	0.002305	4,085,607	9,417	63.00
65.00	06500	RESPIRATORY THERAPY	1,926,182	137,116,085	0.014048	14,053,968	197,430	65.00
66.00	06600	PHYSICAL THERAPY	1,139,724	78,082,817	0.014596	2,111,500	30,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	151,630	16,037,929	0.009454	767,686	7,258	67.00
68.00	06800	SPEECH PATHOLOGY	634,548	20,846,732	0.030439	594,013	18,081	68.00
69.00	06900	ELECTROCARDIOLOGY	1,002,757	108,873,454	0.009210	2,622,127	24,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,949,699	46,208,379	0.042194	2,055,894	86,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	683,919	216,145,303	0.003164	3,713,043	11,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,278,650	522,514,123	0.002447	10,221,235	25,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,394,941	1,162,950,009	0.002059	28,143,938	57,948	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,446,345	123,271,277	0.011733	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,154,681	53,376,062	0.021633	689,207	14,910	74.00
76.00	03020	RH NBN ECMO IC	33,146	3,066,595	0.010809	121,127	1,309	76.00
76.01	03140	CARDIOLOGY	971,295	48,769,912	0.019916	172,744	3,440	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,802	4,948,656	0.011680	0	0	76.02
76.03	03950	CARDIAC CATH	2,177,784	162,734,411	0.013382	1,448,343	19,382	76.03
76.04	03951	DAY SURGERY	459,102	4,549,834	0.100905	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	24,893	3,647,476	0.006825	243,540	1,662	76.08
76.97	07697	CARDIAC REHABILITATION	135,478	2,963,871	0.045710	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,272	5,368,033	0.003218	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	532,994	7,015,604	0.075973	7,453	566	90.01
90.02	09002	IUSCC HEM/ONC	3,866,737	100,041,357	0.038651	26,866	1,038	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335,104	2,215,585	0.151249	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	364,017	5,268,125	0.069098	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	436,977	26,844,875	0.016278	423,379	6,892	90.06
90.07	09007	AMB SVC-RILEY CLINICS	839,256	14,950,942	0.056134	25,332	1,422	90.07
90.08	09008	MOTILITY LAB	85,405	1,043,791	0.081822	3,012	246	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	531	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	205,910	21,259,877	0.009685	0	0	90.11
90.12	09024	OP CARE ADULTS	24,940	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	8,356	4,836,266	0.001728	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	223,130	1,471,318	0.151653	94	14	90.17
90.18	09016	DERMATOLOGY CLINIC	175,967	4,599,559	0.038257	1,576	60	90.18
90.19	09017	INFUSION/HEM/ONC	14,053	10,114,693	0.001389	0	0	90.19
90.20	09025	IUMG - MH	65,574	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	37,166	811,316	0.045810	4,507	206	90.21
90.22	09020	EATING DISORDERS CLINIC	36,217	4,845,237	0.007475	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	273,867	1,509,624	0.181414	218	40	90.23
90.24	09021	LIFE CARE CLINIC	140,832	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	4,480,181	561,470,427	0.007979	6,608,210	52,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,710,827	62,579,598	0.027338	154,840	4,233	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	263,038	19,510,184	0.013482	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	93,157,376	6,434,726,219		134,799,821	1,749,906	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet D Part III Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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	928,139	0	0	928,139	30.00
31.00	03100	INTENSIVE CARE UNIT	0	78,418	0		78,418	31.00
32.00	03200	CORONARY CARE UNIT	0	70,839	0		70,839	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	116,918	0		116,918	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,870	0		7,870	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.02	03401	UH SURG 6IC	0	16,798	0		16,798	34.02
34.03	03402	UH NS 3IC	0	0	0		0	34.03
34.04	03403	RH PED IC	0	35,286	0		35,286	34.04
34.05	03404	TRANSPLANT ICU	0	10,776	0		10,776	34.05
34.06	03407	PEDS CANCER CARE	0	12,270	0		12,270	34.06
40.00	04000	SUBPROVIDER - IPF	0	24,454	0	0	24,454	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	24,377	0		24,377	43.00
200.00		Total (lines 30-199)	0	1,326,145	0		1,326,145	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	252,281	3.68	5,925	21,804		30.00
31.00	03100	INTENSIVE CARE UNIT	19,143	4.10	4,626	18,967		31.00
32.00	03200	CORONARY CARE UNIT	17,085	4.15	228	946		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,595	4.09	4,450	18,201		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,930	4.08	171	698		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.02	03401	UH SURG 6IC	4,121	4.08	0	0		34.02
34.03	03402	UH NS 3IC	0	0.00	0	0		34.03
34.04	03403	RH PED IC	8,492	4.16	3,782	15,733		34.04
34.05	03404	TRANSPLANT ICU	2,649	4.07	0	0		34.05
34.06	03407	PEDS CANCER CARE	2,981	4.12	0	0		34.06
40.00	04000	SUBPROVIDER - IPF	6,050	4.04	567	2,291		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	6,015	4.05	5,288	21,416		43.00
200.00		Total (lines 30-199)	349,342		25,037	100,056		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 4:11 pm

		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)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	500,240	0	500,240	50.00
50.01	05001	ENDOSCOPY	0	0	78	0	78	50.01
51.00	05100	RECOVERY ROOM	0	0	433	0	433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	150	0	150	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,097	0	3,097	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	6	0	6	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,133,731	0	1,133,731	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	66	0	66	55.00
56.00	05600	RADIOISOTOPE	0	0	60	0	60	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	33	0	33	59.00
60.00	06000	LABORATORY	0	0	616,509	0	616,509	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	589,119	0	589,119	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6	0	6	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	48	0	48	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20	0	20	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	1,755,195	0	1,755,195	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	578,488	0	578,488	73.03
74.00	07400	RENAL DIALYSIS	0	0	708	0	708	74.00
76.00	03020	RH NBN ECMO IC	0	0	54	0	54	76.00
76.01	03140	CARDIOLOGY	0	0	57	0	57	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1	0	1	76.02
76.03	03950	CARDIAC CATH	0	0	251	0	251	76.03
76.04	03951	DAY SURGERY	0	0	343	0	343	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	4,222	0	4,222	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3	0	3	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	407	0	407	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	114	0	114	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	1	0	1	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	190	0	190	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	330,578	0	330,578	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	130	0	130	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	5,514,347	0	5,514,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 4:11 pm

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XIX Total Charges (from Wkst. C, Part I, col. 8)	Title XIX Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	500,240	887,744,132	0.000563	0.000563	19,277,273	50.00
50.01	05001	ENDOSCOPY	78	28,310,871	0.000003	0.000003	528,522	50.01
51.00	05100	RECOVERY ROOM	433	134,743,888	0.000003	0.000003	1,869,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150	66,005,744	0.000002	0.000002	7,953,437	52.00
53.00	05300	ANESTHESIOLOGY	3,097	69,386,144	0.000045	0.000045	1,698,269	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6	37,941,187	0.000000	0.000000	483,679	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,133,731	601,411,340	0.001885	0.001885	9,231,590	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66	155,048,333	0.000000	0.000000	548,813	55.00
56.00	05600	RADIOISOTOPE	60	39,631,844	0.000002	0.000002	242,126	56.00
59.00	05900	CARDIAC CATHETERIZATION	33	62,916,225	0.000001	0.000001	241,604	59.00
60.00	06000	LABORATORY	616,509	676,364,171	0.000912	0.000912	14,381,327	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	11,608,327	0.000000	0.000000	44,686	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	91,754,677	0.000000	0.000000	4,085,607	63.00
65.00	06500	RESPIRATORY THERAPY	589,119	137,116,085	0.004296	0.004296	14,053,968	65.00
66.00	06600	PHYSICAL THERAPY	6	78,082,817	0.000000	0.000000	2,111,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,037,929	0.000000	0.000000	767,686	67.00
68.00	06800	SPEECH PATHOLOGY	48	20,846,732	0.000002	0.000002	594,013	68.00
69.00	06900	ELECTROCARDIOLOGY	20	108,873,454	0.000000	0.000000	2,622,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,208,379	0.000000	0.000000	2,055,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	216,145,303	0.000000	0.000000	3,713,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	522,514,123	0.000000	0.000000	10,221,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,755,195	1,162,950,009	0.001509	0.001509	28,143,938	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	578,488	123,271,277	0.004693	0.004693	0	73.03
74.00	07400	RENAL DIALYSIS	708	53,376,062	0.000013	0.000013	689,207	74.00
76.00	03020	RH NBN ECMO IC	54	3,066,595	0.000018	0.000018	121,127	76.00
76.01	03140	CARDIOLOGY	57	48,769,912	0.000001	0.000001	172,744	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	4,948,656	0.000000	0.000000	0	76.02
76.03	03950	CARDIAC CATH	251	162,734,411	0.000002	0.000002	1,448,343	76.03
76.04	03951	DAY SURGERY	343	4,549,834	0.000075	0.000075	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0	3,647,476	0.000000	0.000000	243,540	76.08
76.97	07697	CARDIAC REHABILITATION	0	2,963,871	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,368,033	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	7,015,604	0.000000	0.000000	7,453	90.01
90.02	09002	IUSCC HEM/ONC	4,222	100,041,357	0.000042	0.000042	26,866	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,215,585	0.000000	0.000000	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,268,125	0.000000	0.000000	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	3	26,844,875	0.000000	0.000000	423,379	90.06
90.07	09007	AMB SVC-RILEY CLINICS	407	14,950,942	0.000027	0.000027	25,332	90.07
90.08	09008	MOTILITY LAB	1	1,043,791	0.000001	0.000001	3,012	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	21,259,877	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	114	4,836,266	0.000024	0.000024	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	1	1,471,318	0.000001	0.000001	94	90.17
90.18	09016	DERMATOLOGY CLINIC	1	4,599,559	0.000000	0.000000	1,576	90.18
90.19	09017	INFUSION/HEM/ONC	190	10,114,693	0.000019	0.000019	0	90.19
90.20	09025	IUMG - MH	0	0	0.000000	0.000000	0	90.20
90.21	09019	OP REHAB CLINIC	1	811,316	0.000001	0.000001	4,507	90.21
90.22	09020	EATING DISORDERS CLINIC	0	4,845,237	0.000000	0.000000	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,509,624	0.000000	0.000000	218	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0.000000	0.000000	0	90.24
91.00	09100	EMERGENCY	330,578	561,470,427	0.000589	0.000589	6,608,210	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	62,579,598	0.000000	0.000000	154,840	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	130	19,510,184	0.000007	0.000007	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,514,347	6,434,726,219			134,799,821	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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	10,853	0	0		50.00
50.01	05001	ENDOSCOPY	2	0	0		50.01
51.00	05100	RECOVERY ROOM	6	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16	0	0		52.00
53.00	05300	ANESTHESIOLOGY	76	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,402	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	13,116	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	60,376	0	0		65.00
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	1	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 PATIENT	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	42,469	0	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	9	0	0		74.00
76.00	03020	RH NBN ECMO IC	2	0	0		76.00
76.01	03140	CARDIOLOGY	0	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03950	CARDIAC CATH	3	0	0		76.03
76.04	03951	DAY SURGERY	0	0	0		76.04
76.05	03480	ONCOLOGY	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	1	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0		90.24
91.00	09100	EMERGENCY	3,892	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	148,225	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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	0.125394	0	11,706,360	0	0	50.00
50.01	05001	ENDOSCOPY	0.161134	0	60,106	0	0	50.01
51.00	05100	RECOVERY ROOM	0.132860	0	3,067,178	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	0	812,848	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	0	985,262	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	0	1,699,260	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	0	9,981,248	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	0	4,845,025	0	0	55.00
56.00	05600	RADIOISOTOPE	0.094228	0	549,656	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	0	185,175	0	0	59.00
60.00	06000	LABORATORY	0.140054	0	7,951,491	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	0	42,145	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	0	1,583,805	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	0	363,202	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	0	857,455	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	0	356,795	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	0	866,923	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	0	1,694,740	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	0	1,176,521	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	0	1,882,442	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	0	4,626,975	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	0	12,371,861	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.253325	0	840,801	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.421441	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.103026	0	96,856	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	0	15,204	0	0	76.02
76.03	03950	CARDIAC CATH	0.088056	0	1,838,187	0	0	76.03
76.04	03951	DAY SURGERY	1.620794	0	85,352	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.334941	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	0	39,065	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.233681				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.498052	0	186,571	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	0	1,682,117	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	0	37,620	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	0	32,217	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	0	180,566	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	0	1,173,212	0	0	90.07
90.08	09008	MOTILITY LAB	0.287309	0	97,982	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211455	0	201,525	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	0	24,750	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.188956	0	18,521	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.390034	0	37,639	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	0	33,694	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.430455	0	280,274	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545	0	23,750	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950	0	21,186	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.086445	0	23,685,167	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240	0	3,735,148	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.176743		872,596			94.00
95.00	09500	AMBULANCE SERVICES	0.294472	0	6,147,397			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	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	
200.00		Subtotal (see instructions)		0	109,053,870	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	109,053,870	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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	1,467,907	0		50.00
50.01	05001	ENDOSCOPY	9,685	0		50.01
51.00	05100	RECOVERY ROOM	407,505	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,248	0		52.00
53.00	05300	ANESTHESIOLOGY	82,918	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	273,425	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,375,186	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	521,674	0		55.00
56.00	05600	RADIOISOTOPE	51,793	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	12,705	0		59.00
60.00	06000	LABORATORY	1,113,638	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	14,584	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	150,327	0		63.00
65.00	06500	RESPIRATORY THERAPY	89,158	0		65.00
66.00	06600	PHYSICAL THERAPY	263,732	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	91,467	0		67.00
68.00	06800	SPEECH PATHOLOGY	288,093	0		68.00
69.00	06900	ELECTROCARDIOLOGY	114,117	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	257,198	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	629,577	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,240,797	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,580,659	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	212,996	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	9,979	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,394	0		76.02
76.03	03950	CARDIAC CATH	161,863	0		76.03
76.04	03951	DAY SURGERY	138,338	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	16,986	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	92,922	0		90.01
90.02	09002	IUSCC HEM/ONC	699,231	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	14,016	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	12,949	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	26,205	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	313,026	0		90.07
90.08	09008	MOTILITY LAB	28,151	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	42,613	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	2,462	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	22,021	0		90.17
90.18	09016	DERMATOLOGY CLINIC	14,680	0		90.18
90.19	09017	INFUSION/HEM/ONC	3,980	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	120,645	0		90.21
90.22	09020	EATING DISORDERS CLINIC	8,515	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	26,185	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	2,047,464	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,431,458	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	154,225	0		94.00
95.00	09500	AMBULANCE SERVICES	1,810,236			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	Hospital	PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
200.00	Subtotal (see instructions)	18,699,933	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 +/- line 201)	18,699,933	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	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)	252,281	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	252,281	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)	228,562	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)	71,669	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)	255,088,480	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)	255,088,480	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)	255,088,480	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)	1,011.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	72,466,676	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)	72,466,676	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	28,424,766	19,143	1,484.86	6,488	9,633,772	43.00
44.00	CORONARY CARE UNIT	29,742,543	17,085	1,740.86	4,782	8,324,793	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	35,852,210	28,595	1,253.79	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	4,217,769	1,930	2,185.37	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	6,853,867	4,121	1,663.16	1,495	2,486,424	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	16,724,739	8,492	1,969.47	43	84,687	46.04
46.05	TRANSPLANT ICU	5,653,641	2,649	2,134.25	1,040	2,219,620	46.05
46.06	PEDS CANCER CARE	5,386,394	2,981	1,806.91	133	240,319	46.06
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)	158,031,622	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	253,487,913	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)	6,596,446	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,169,355	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	18,765,801	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	234,722,112	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)	23,719	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,011.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	23,982,992	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	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	18,196,795	255,088,480	0.071335	23,982,992	1,710,827	90.00
91.00	Nursing School cost	0	255,088,480	0.000000	23,982,992	0	91.00
92.00	Allied health cost	928,139	255,088,480	0.003638	23,982,992	87,250	92.00
93.00	All other Medical Education	0	255,088,480	0.000000	23,982,992	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,050	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)	6,050	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)	1,648	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)	7,658,942	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)	7,658,942	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)	7,658,942	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)	1,265.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,086,269	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)	2,086,269	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01
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
46.02	UH SURG 6IC	0	0	0.00	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	0	0	0.00	0	0	46.04
46.05	TRANSPLANT ICU	0	0	0.00	0	0	46.05
46.06	PEDS CANCER CARE	0	0	0.00	0	0	46.06
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)	590,031	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,676,300	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)	183,604	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	22,269	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	205,873	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,470,427	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: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	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 21)	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	649,592	7,658,942	0.084815	0	0	90.00
91.00	Nursing School cost	0	7,658,942	0.000000	0	0	91.00
92.00	Allied health cost	24,454	7,658,942	0.003193	0	0	92.00
93.00	All other Medical Education	0	7,658,942	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	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)	252,281	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	252,281	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)	228,562	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,925	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)	6,015	15.00
16.00	Nursery days (title V or XIX only)	5,288	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)	255,088,480	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)	255,088,480	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)	255,088,480	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)	1,011.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,990,945	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,990,945	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,822,567	6,015	635.51	5,288	3,360,577	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	28,424,766	19,143	1,484.86	4,626	6,868,962	43.00
44.00	CORONARY CARE UNIT	29,742,543	17,085	1,740.86	228	396,916	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	35,852,210	28,595	1,253.79	4,450	5,579,366	44.01
45.00	BURN INTENSIVE CARE UNIT	4,217,769	1,930	2,185.37	171	373,698	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	6,853,867	4,121	1,663.16	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	16,724,739	8,492	1,969.47	3,782	7,448,536	46.04
46.05	TRANSPLANT ICU	5,653,641	2,649	2,134.25	0	0	46.05
46.06	PEDS CANCER CARE	5,386,394	2,981	1,806.91	0	0	46.06
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)	25,292,159	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	55,311,159	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)	1,876,609	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,898,131	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,774,740	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	51,536,419	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)	23,719	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,011.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	23,982,992	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	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	18,196,795	255,088,480	0.071335	23,982,992	1,710,827	90.00
91.00	Nursing School cost	0	255,088,480	0.000000	23,982,992	0	91.00
92.00	Allied health cost	928,139	255,088,480	0.003638	23,982,992	87,250	92.00
93.00	All other Medical Education	0	255,088,480	0.000000	23,982,992	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	Subprovider - IPF	

	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)	6,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,050	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)	6,050	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)	567	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)	6,015	15.00
16.00	Nursery days (title V or XIX only)	5,288	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)	7,658,942	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)	7,658,942	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)	7,658,942	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)	1,265.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	717,788	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)	717,788	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	Subprovider - IPF	

	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
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01
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
46.02	UH SURG 6IC	0	0	0.00	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	0	0	0.00	0	0	46.04
46.05	TRANSPLANT ICU	0	0	0.00	0	0	46.05
46.06	PEDS CANCER CARE	0	0	0.00	0	0	46.06
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)	42,389	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	760,177	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)	63,170	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	63,170	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	697,007	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: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	Subprovider - IPF	

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/30/2017 4:11 pm

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		193,786,519		30.00
31.00	03100	INTENSIVE CARE UNIT		27,694,092		31.00
32.00	03200	CORONARY CARE UNIT		20,042,629		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		6,248,122		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		215,690		34.04
34.05	03404	TRANSPLANT ICU		4,052,017		34.05
34.06	03407	PEDS CANCER CARE		460,913		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.125394	158,602,613	19,887,816	50.00
50.01	05001	ENDOSCOPY	0.161134	7,369,423	1,187,465	50.01
51.00	05100	RECOVERY ROOM	0.132860	16,618,663	2,207,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	619,220	186,066	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	12,101,492	1,018,437	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	391,604	63,012	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	74,101,207	10,209,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	2,504,312	269,644	55.00
56.00	05600	RADIOISOTOPE	0.094228	2,956,074	278,545	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	7,716,206	529,409	59.00
60.00	06000	LABORATORY	0.140054	101,283,955	14,185,223	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	621,933	215,218	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	22,043,971	2,092,304	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	27,480,322	6,745,842	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	18,798,792	5,782,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	2,783,488	713,567	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	2,273,663	755,577	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	20,772,189	1,398,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	7,168,094	1,567,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	34,226,616	11,446,989	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	124,984,991	33,516,725	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	164,049,955	34,219,344	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.253325	8,497,925	2,152,737	74.00
76.00	03020	RH NBN ECMO IC	0.421441	0	0	76.00
76.01	03140	CARDIOLOGY	0.103026	5,815,391	599,136	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	36,550	20,180	76.02
76.03	03950	CARDIAC CATH	0.088056	19,149,576	1,686,235	76.03
76.04	03951	DAY SURGERY	1.620794	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.334941	737,573	247,043	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	5,544	2,411	76.97
		OUTPATIENT SERVICE COST CENTERS				
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	AMB SVC-OB & GYN	0.498052	8,123	4,046	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	335,476	139,452	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	87	32	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	4,571,507	663,454	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	851	227	90.07
90.08	09008	MOTILITY LAB	0.287309	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211455	12,999	2,749	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	1,610	160	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.188956	3,644	4,333	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.390034	181	71	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	14,863	1,756	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.430455	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545	2,450	878	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950	7,027	8,685	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.086445	43,507,275	3,760,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240	680,268	260,706	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.176743	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		892,857,703	158,031,622	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)		892,857,703		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0056
Component CCN: 15-S056

Period: From 01/01/2016 To 12/31/2016

Worksheet D-3
Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		3,789,695		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.125394	0	0	50.00
50.01	05001	ENDOSCOPY	0.161134	0	0	50.01
51.00	05100	RECOVERY ROOM	0.132860	3,197	425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	120,314	16,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	0	0	55.00
56.00	05600	RADIOISOTOPE	0.094228	6,240	588	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	0	0	59.00
60.00	06000	LABORATORY	0.140054	255,643	35,804	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	1,280	121	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	11,358	2,788	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	54,192	16,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	4,637	1,189	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	6,925	2,301	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	56,554	3,808	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	1,913	418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	274	92	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	2,827	758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	653,149	136,241	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.253325	9,336	2,365	74.00
76.00	03020	RH NBN ECMO IC	0.421441	0	0	76.00
76.01	03140	CARDIOLOGY	0.103026	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	608,400	335,908	76.02
76.03	03950	CARDIAC CATH	0.088056	0	0	76.03
76.04	03951	DAY SURGERY	1.620794	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.334941	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
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	AMB SVC-OB & GYN	0.498052	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	4,472	649	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	0	0	90.07
90.08	09008	MOTILITY LAB	0.287309	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211455	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.188956	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.390034	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.430455	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950	94	116	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.086445	321,187	27,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240	14,220	5,450	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.176743	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,136,212	590,031	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,136,212		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | 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		35,405,240		30.00
31.00	03100	INTENSIVE CARE UNIT		3,758,413		31.00
32.00	03200	CORONARY CARE UNIT		2,676,179		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		26,060,495		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		862,435		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		395,668		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		8,909,932		34.04
34.05	03404	TRANSPLANT ICU		26,088		34.05
34.06	03407	PEDS CANCER CARE		477,742		34.06
40.00	04000	SUBPROVIDER - IPF		1,295,583		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		1,809,505		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.125394	19,277,273	2,417,254	50.00
50.01	05001	ENDOSCOPY	0.161134	528,522	85,163	50.01
51.00	05100	RECOVERY ROOM	0.132860	1,869,036	248,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	7,953,437	2,389,881	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	1,698,269	142,923	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	483,679	77,828	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	9,231,590	1,271,901	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	548,813	59,092	55.00
56.00	05600	RADIOISOTOPE	0.094228	242,126	22,815	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	241,604	16,576	59.00
60.00	06000	LABORATORY	0.140054	14,381,327	2,014,162	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	44,686	15,463	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	4,085,607	387,785	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	14,053,968	3,449,954	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	2,111,500	649,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	767,686	196,802	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	594,013	197,401	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	2,622,127	176,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	2,055,894	449,437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	3,713,043	1,241,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	10,221,235	2,740,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	28,143,938	5,870,572	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.253325	689,207	174,593	74.00
76.00	03020	RH NBN ECMO IC	0.421441	121,127	51,048	76.00
76.01	03140	CARDIOLOGY	0.103026	172,744	17,797	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	0	0	76.02
76.03	03950	CARDIAC CATH	0.088056	1,448,343	127,535	76.03
76.04	03951	DAY SURGERY	1.620794	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.334941	243,540	81,572	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.233681	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.498052	7,453	3,712	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	26,866	11,168	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	423,379	61,444	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	25,332	6,759	90.07
90.08	09008	MOTILITY LAB	0.287309	3,012	865	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211455	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.188956	94	112	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.390034	1,576	615	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.430455	4,507	1,940	90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950	218	269	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.086445	6,608,210	571,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240	154,840	59,341	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.176743	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		134,799,821	25,292,159	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)		134,799,821		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0056
Component CCN: 15-S056

Period: From 01/01/2016 To 12/31/2016

Worksheet D-3
Date/Time Prepared: 5/30/2017 4:11 pm

Title XIX

Subprovider - IPF

		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
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		1,310,583		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.125394	0	0	50.00
50.01	05001	ENDOSCOPY	0.161134	0	0	50.01
51.00	05100	RECOVERY ROOM	0.132860	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.300484	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.084158	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.160908	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137777	12,576	1,733	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107672	0	0	55.00
56.00	05600	RADIOISOTOPE	0.094228	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.068610	0	0	59.00
60.00	06000	LABORATORY	0.140054	68,457	9,588	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.346047	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.094915	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.245479	1,866	458	65.00
66.00	06600	PHYSICAL THERAPY	0.307575	858	264	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256357	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.332317	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067336	7,782	524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218609	5,197	1,136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.334447	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.268166	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208591	88,316	18,422	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.989796	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.253325	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.421441	0	0	76.00
76.01	03140	CARDIOLOGY	0.103026	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.552117	0	0	76.02
76.03	03950	CARDIAC CATH	0.088056	0	0	76.03
76.04	03951	DAY SURGERY	1.620794	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.334941	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.434806	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.233681	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.498052	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.415685	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.372562	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.401919	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.145128	2,390	347	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.266811	0	0	90.07
90.08	09008	MOTILITY LAB	0.287309	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211455	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.099487	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XIX	Subprovider - IPF	

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.188956	94	112	90.17
90.18	09016	DERMATOLOGY CLINIC	0.390034	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.118113	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.430455	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.358545	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.235950	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.086445	113,424	9,805	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.383240	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.176743	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		300,960	42,389	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		300,960		202.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

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	568,964	1,011.13	204	206,271	1.00
2.00	INTENSIVE CARE UNIT	43.00	42,390	1,484.86	8	11,879	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,740.86	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,253.79	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,185.37	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,663.16	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	24,627	1,969.47	4	7,878	5.04
5.05	TRANSPLANT ICU	46.05	0	2,134.25	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,806.91	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		635,981		216	226,028	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	0.125394	3,132,629	392,813	8.00
8.01	ENDOSCOPY	50.01	0.161134	35,371	5,699	8.01
9.00	RECOVERY ROOM	51.00	0.132860	210,663	27,989	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.300484	820	246	10.00
11.00	ANESTHESIOLOGY	53.00	0.084158	241,792	20,349	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.160908	83,311	13,405	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137777	720,597	99,282	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	127	14	13.00
14.00	RADIOISOTOPE	56.00	0.094228	975,255	91,896	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.068610	11,391	782	17.00
18.00	LABORATORY	60.00	0.140054	594,115	83,208	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	6,589,404	2,280,243	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.094915	194,598	18,470	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.245479	49,507	12,153	23.00
24.00	PHYSICAL THERAPY	66.00	0.307575	2,114	650	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067336	269,440	18,143	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.218609	6,374	1,393	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	500,983	167,552	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.268166	29,531	7,919	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	755,046	157,496	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.253325	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.421441	0	0	34.00
34.01	CARDIOLOGY	76.01	0.103026	326,932	33,682	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	34.02
34.03	CARDIAC CATH	76.03	0.088056	1,083,874	95,442	34.03
34.04	DAY SURGERY	76.04	1.620794	2,151	3,486	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.334941	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	34.97
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	AMB SVC-OB & GYN	90.01	0.498052	2,988	1,488	37.01
37.02	IUSCC HEM/ONC	90.02	0.415685	25,814	10,730	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.372562	458	171	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.401919	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145128	84,108	12,206	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.266811	1,697	453	37.07

(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: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.287309	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211455	11,412	2,413	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.099487	43	4	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.188956	1,496	1,779	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.390034	926	361	37.18
37.19	INFUSION/HEM/ONC	90.19	0.118113	770	91	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.430455	143	62	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.358545	1	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.235950	437	540	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.086445	1,560	135	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.383240	1,840	705	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			15,949,718	3,563,450	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	204	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	8	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
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
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	4	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			216	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	AMB SVC-OB & GYN	23.01	2,988	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	25,814	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	458	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	84,108	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	1,697	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	11,412	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	43	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	1,496	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	926	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	770	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Kidney: Worksheet D-2, Part I Line Numbers	Kidney: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	143	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	1	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	437	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	1,560	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,840	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)		133,693		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	3,789,478		16,585,699		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	13,416,154		13,687,548		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)	17,205,632		30,273,247		61.00
62.00	Total Usable Organs (see instructions)		285			62.00
63.00	Medicare Usable Organs (see instructions)		202			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.708772			64.00
65.00	Medicare Cost/Charges (see instructions)	12,194,870		21,456,830		65.00
66.00	Revenue for Organs Sold	331,728		0		66.00
67.00	Subtotal (line 65 minus line 66)	11,863,142		21,456,830		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,863,142	0	21,456,830	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	66	64		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	158		73.00
74.00	Total (sum of lines 70 thru 73)	66	222		74.00
75.00	Organs Transplanted	61	155	1,119,583	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	5	64	331,728	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	3		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	66	222		84.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

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	9,016	1,011.13	2	2,022	1.00
2.00	INTENSIVE CARE UNIT	43.00	21,857	1,484.86	4	5,939	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,740.86	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,253.79	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,185.37	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,663.16	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	12,698	1,969.47	2	3,939	5.04
5.05	TRANSPLANT ICU	46.05	0	2,134.25	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,806.91	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		43,571		8	11,900	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	0.125394	260,042	32,608	8.00
8.01	ENDOSCOPY	50.01	0.161134	17,294	2,787	8.01
9.00	RECOVERY ROOM	51.00	0.132860	1,614	214	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.300484	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.084158	11,197	942	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.160908	55,151	8,874	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137777	71,789	9,891	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	11	1	13.00
14.00	RADIOISOTOPE	56.00	0.094228	19,931	1,878	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.068610	1,704	117	17.00
18.00	LABORATORY	60.00	0.140054	131,057	18,355	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	911,898	315,560	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.094915	48,138	4,569	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.245479	21,356	5,242	23.00
24.00	PHYSICAL THERAPY	66.00	0.307575	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067336	35,301	2,377	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.218609	3,287	719	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	31,699	10,602	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.268166	39	10	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	102,466	21,373	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.253325	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.421441	0	0	34.00
34.01	CARDIOLOGY	76.01	0.103026	18,100	1,865	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	34.02
34.03	CARDIAC CATH	76.03	0.088056	353,039	31,087	34.03
34.04	DAY SURGERY	76.04	1.620794	913	1,480	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.334941	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	34.97
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	AMB SVC-OB & GYN	90.01	0.498052	21	10	37.01
37.02	IUSCC HEM/ONC	90.02	0.415685	179	74	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.372562	56	21	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.401919	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145128	1,384	201	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.266811	667	178	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.287309	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211455	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.099487	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.188956	5	6	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.390034	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.118113	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.430455	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.358545	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.235950	54	67	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.086445	1	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.383240	2,186	838	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			2,100,579	471,946	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
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
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	2	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			8	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	AMB SVC-OB & GYN	23.01	21	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	179	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	56	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	1,384	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	667	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	5	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Liver: Worksheet D-2, Part I Line Numbers	Liver: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	54	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	1	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	2,186	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)		4,553		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	483,846		2,144,150		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)	12,096,114		14,321,891		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)	12,579,960		16,466,041		61.00
62.00	Total Usable Organs (see instructions)		199			62.00
63.00	Medicare Usable Organs (see instructions)		83			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.417085			64.00
65.00	Medicare Cost/Charges (see instructions)	5,246,913		6,867,739		65.00
66.00	Revenue for Organs Sold	171,047		0		66.00
67.00	Subtotal (line 65 minus line 66)	5,075,866		6,867,739		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,075,866	0	6,867,739	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	33		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	167		73.00
74.00	Total (sum of lines 70 thru 73)	0	200		74.00
75.00	Organs Transplanted	0	166	860,420	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	33	171,047	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	200		84.00

(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: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	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)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	4,644	1,011.13	1	1,011	1.00
2.00	INTENSIVE CARE UNIT	43.00	11,260	1,484.86	2	2,970	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,740.86	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,253.79	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,185.37	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,663.16	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	6,542	1,969.47	1	1,969	5.04
5.05	TRANSPLANT ICU	46.05	0	2,134.25	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,806.91	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		22,446		4	5,950	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	0.125394	133,940	16,795	8.00
8.01	ENDOSCOPY	50.01	0.161134	8,880	1,431	8.01
9.00	RECOVERY ROOM	51.00	0.132860	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.300484	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.084158	5,768	485	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.160908	5,005	805	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137777	10,322	1,422	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.094228	506	48	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.068610	0	0	17.00
18.00	LABORATORY	60.00	0.140054	14,504	2,031	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	352,608	122,019	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.094915	14,290	1,356	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.245479	10,997	2,700	23.00
24.00	PHYSICAL THERAPY	66.00	0.307575	260	80	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067336	8,821	594	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.218609	1,693	370	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	8,831	2,954	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.268166	20	5	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	41,825	8,724	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.253325	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.421441	0	0	34.00
34.01	CARDIOLOGY	76.01	0.103026	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	34.02
34.03	CARDIAC CATH	76.03	0.088056	15,730	1,385	34.03
34.04	DAY SURGERY	76.04	1.620794	0	0	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.334941	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	34.97
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	AMB SVC-OB & GYN	90.01	0.498052	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.415685	1	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.372562	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.401919	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.266811	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Heart: Worksheet C Line Numbers	Heart: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.287309	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211455	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.099487	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.188956	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.390034	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.118113	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.430455	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.358545	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.235950	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.086445	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.383240	4	2	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			634,005	163,206	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
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
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
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	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	1	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	4	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)		5		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	169,156		656,451		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)	2,409,336		2,509,635		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,578,492		3,166,086		61.00
62.00	Total Usable Organs (see instructions)		44			62.00
63.00	Medicare Usable Organs (see instructions)		22			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,289,246		1,583,043		65.00
66.00	Revenue for Organs Sold	88,115		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,201,131		1,583,043		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,201,131	0	1,583,043	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	17		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	28		73.00
74.00	Total (sum of lines 70 thru 73)	0	45		74.00
75.00	Organs Transplanted	0	27	139,948	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	17	88,115	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	45		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: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

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	5,191	1,011.13	1	1,011	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,585	1,484.86	2	2,970	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,740.86	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,253.79	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,185.37	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,663.16	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	7,311	1,969.47	4	7,878	5.04
5.05	TRANSPLANT ICU	46.05	0	2,134.25	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,806.91	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		25,087		7	11,859	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	0.125394	150,053	18,816	8.00
8.01	ENDOSCOPY	50.01	0.161134	23,034	3,712	8.01
9.00	RECOVERY ROOM	51.00	0.132860	968	129	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.300484	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.084158	6,447	543	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.160908	181,001	29,125	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137777	82,531	11,371	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.094228	102,366	9,646	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.068610	1,415	97	17.00
18.00	LABORATORY	60.00	0.140054	46,419	6,501	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	519,383	179,731	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.094915	19,927	1,891	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.245479	12,324	3,025	23.00
24.00	PHYSICAL THERAPY	66.00	0.307575	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067336	29,406	1,980	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.218609	1,892	414	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	10,120	3,385	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.268166	22	6	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	53,093	11,075	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.253325	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.421441	0	0	34.00
34.01	CARDIOLOGY	76.01	0.103026	22,701	2,339	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	34.02
34.03	CARDIAC CATH	76.03	0.088056	217,401	19,143	34.03
34.04	DAY SURGERY	76.04	1.620794	548	888	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.334941	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	34.97
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	AMB SVC-OB & GYN	90.01	0.498052	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.415685	146	61	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.372562	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.401919	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145128	30,967	4,494	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.266811	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Lung Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.287309	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211455	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.099487	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.188956	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.390034	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.118113	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.430455	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.358545	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.235950	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.086445	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.383240	388	149	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			1,512,552	308,521	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
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
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	4	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
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	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	146	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	30,967	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Lung		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	388	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)		31,501		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	320,380		1,537,639		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	4,803,831		5,019,464		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	5,124,211		6,557,103		61.00
62.00	Total Usable Organs (see instructions)		64			62.00
63.00	Medicare Usable Organs (see instructions)		34			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.531250			64.00
65.00	Medicare Cost/Charges (see instructions)	2,722,237		3,483,461		65.00
66.00	Revenue for Organs Sold	98,482		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,623,755		3,483,461		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,623,755	0	3,483,461	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	19		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	51		73.00
74.00	Total (sum of lines 70 thru 73)	0	70		74.00
75.00	Organs Transplanted	0	45	233,247	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	19	98,482	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	6		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	70		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: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

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	5,191	1,011.13	1	1,011	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,585	1,484.86	1	1,485	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,740.86	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,253.79	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,185.37	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,663.16	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	7,311	1,969.47	1	1,969	5.04
5.05	TRANSPLANT ICU	46.05	0	2,134.25	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,806.91	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		25,087		3	4,465	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	0.125394	149,697	18,771	8.00
8.01	ENDOSCOPY	50.01	0.161134	9,924	1,599	8.01
9.00	RECOVERY ROOM	51.00	0.132860	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.300484	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.084158	6,447	543	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.160908	5,594	900	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137777	11,105	1,530	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.094228	565	53	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.068610	0	0	17.00
18.00	LABORATORY	60.00	0.140054	15,655	2,193	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	257,931	89,256	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.094915	15,876	1,507	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.245479	12,290	3,017	23.00
24.00	PHYSICAL THERAPY	66.00	0.307575	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067336	9,859	664	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.218609	1,892	414	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	9,870	3,301	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.268166	22	6	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	46,745	9,751	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.253325	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.421441	0	0	34.00
34.01	CARDIOLOGY	76.01	0.103026	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	34.02
34.03	CARDIAC CATH	76.03	0.088056	17,580	1,548	34.03
34.04	DAY SURGERY	76.04	1.620794	0	0	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.334941	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	34.97
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	AMB SVC-OB & GYN	90.01	0.498052	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.415685	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.372562	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.401919	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.266811	0	0	37.07

(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: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Pancreas Worksheet C Line Numbers	Pancreas Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.287309	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211455	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.099487	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.188956	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.390034	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.118113	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.430455	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.358545	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.235950	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.086445	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.383240	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			571,052	135,053	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
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
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00

	Cost Center Description	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	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
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)		0		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	139,518		596,139		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)	3,573,735		3,739,307		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)	3,713,253		4,335,446		61.00
62.00	Total Usable Organs (see instructions)		61			62.00
63.00	Medicare Usable Organs (see instructions)		29			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.475410			64.00
65.00	Medicare Cost/Charges (see instructions)	1,765,318		2,061,114		65.00
66.00	Revenue for Organs Sold	72,566		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,692,752		2,061,114		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,692,752	0	2,061,114	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	14		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	49		73.00
74.00	Total (sum of lines 70 thru 73)	0	63		74.00
75.00	Organs Transplanted	0	47	243,613	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	14	72,566	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	63		84.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

Intestinal | 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	820	1,011.13	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,987	1,484.86	1	1,485	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,740.86	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,253.79	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,185.37	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,663.16	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	1,154	1,969.47	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,134.25	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,806.91	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		3,961		1	1,485	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	0.125394	23,636	2,964	8.00
8.01	ENDOSCOPY	50.01	0.161134	1,567	252	8.01
9.00	RECOVERY ROOM	51.00	0.132860	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.300484	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.084158	1,018	86	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.160908	883	142	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137777	1,753	242	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.094228	89	8	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.068610	0	0	17.00
18.00	LABORATORY	60.00	0.140054	2,472	346	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	45,675	15,806	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.094915	2,507	238	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.245479	1,941	476	23.00
24.00	PHYSICAL THERAPY	66.00	0.307575	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067336	1,557	105	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.218609	299	65	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	1,558	521	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.268166	4	1	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	7,381	1,540	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.253325	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.421441	0	0	34.00
34.01	CARDIOLOGY	76.01	0.103026	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	34.02
34.03	CARDIAC CATH	76.03	0.088056	2,776	244	34.03
34.04	DAY SURGERY	76.04	1.620794	0	0	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.334941	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	34.97
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	AMB SVC-OB & GYN	90.01	0.498052	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.415685	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.372562	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.401919	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.145128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.266811	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Intestinal Worksheet C Line Numbers	Intestinal Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.287309	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211455	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.099487	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.188956	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.390034	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.118113	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.430455	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.358545	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.235950	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.086445	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.383240	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			95,116	23,036	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
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
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2016 To 12/31/2016

Worksheet D-4
Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Intestinal		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
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)		0		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	24,521		99,077		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,373,377		1,421,664		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,397,898		1,520,741		61.00
62.00	Total Usable Organs (see instructions)		21			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.285714			64.00
65.00	Medicare Cost/Charges (see instructions)	399,399		434,497		65.00
66.00	Revenue for Organs Sold	15,550		0		66.00
67.00	Subtotal (line 65 minus line 66)	383,849		434,497		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	383,849	0	434,497	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	18		73.00
74.00	Total (sum of lines 70 thru 73)	0	21		74.00
75.00	Organs Transplanted	0	18	93,299	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	15,550	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	21		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: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	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)	117,472,383	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	39,564,824	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)	16,556,523	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	44,046,678	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,193.71	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)	527.75	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)	527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	645.98	10.00
11.00	FTE count for residents in dental and podiatric programs.	25.76	11.00
12.00	Current year allowable FTE (see instructions)	553.51	12.00
13.00	Total allowable FTE count for the prior year.	553.77	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.	551.07	14.00
15.00	Sum of lines 12 through 14 divided by 3.	552.78	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	552.78	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.463077	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.473599	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.463077	21.00
22.00	IME payment adjustment (see instructions)	35,325,677	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	9,908,344	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).	2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	118.23	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)	2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.001675	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000447	27.00
28.00	IME add-on adjustment amount (see instructions)	70,196	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	19,689	28.01
29.00	Total IME payment (sum of lines 22 and 28)	35,395,873	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	9,928,033	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)	38.61	31.00
32.00	Sum of lines 30 and 31	46.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)	27.68	33.00
34.00	Disproportionate share adjustment (see instructions)	10,866,975	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.003676372	0.003592590	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	23,551,372	21,474,646	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	17,631,358	5,412,792	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	23,044,150		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		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	242,900,728		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	252,828,761	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	17,555,119	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	10,511,144	52.00
53.00	Nursing and Allied Health Managed Care payment	473,298	53.00
54.00	Special add-on payments for new technologies	79,904	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	22,840,495	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).	321,248	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	714,330	58.00
59.00	Total (sum of amounts on lines 49 through 58)	305,324,299	59.00
60.00	Primary payer payments	142,718	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	305,181,581	61.00
62.00	Deductibles billed to program beneficiaries	10,521,933	62.00
63.00	Coinsurance billed to program beneficiaries	1,723,421	63.00
64.00	Allowable bad debts (see instructions)	2,075,984	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,349,390	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,851,675	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	294,285,617	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
70.88	SCH or MDH volume decrease adjustment	0	70.88
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)	-1,034,524	70.93
70.94	HRR adjustment amount (see instructions)	-353,802	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
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)		2,690,754	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		290,206,537	71.00
71.01	Sequestration adjustment (see instructions)		5,804,131	71.01
72.00	Interim payments		276,444,336	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)		7,958,070	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,976,550	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

		Prior to 10/1	On/After 10/1	
		1.00	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)	0.0000000000	0.0000000000	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2017 4:11 pm

			Title XVIII		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	117,472,383	117,472,383		117,472,383	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,564,824		39,564,824	39,564,824	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	16,556,523	12,163,278	4,393,245	16,556,523	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	44,046,678	0	44,046,678	44,046,678	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.463077	0.463077	0.463077		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,325,677	26,425,530	8,900,147	35,325,677	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,908,344	0	9,908,344	9,908,344	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000447	0.000447	0.000447		7.00
8.00	IME adjustment (see instructions)	28.00	70,196	52,511	17,685	70,196	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	19,689	0	19,689	19,689	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,395,873	26,478,041	8,917,832	35,395,873	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,928,033	0	9,928,033	9,928,033	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2768	0.2768	0.2768		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	10,866,975	8,129,089	2,737,886	10,866,975	11.00
11.01	Uncompensated care payments	36.00	23,044,150	17,631,358	5,412,792	23,044,150	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	242,900,728	181,874,149	61,026,579	242,900,728	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	252,828,761	181,874,149	70,954,612	252,828,761	15.00
16.00	Payment for inpatient program capital	50.00	17,555,119	13,088,673	4,466,446	17,555,119	16.00
17.00	Special add-on payments for new technologies	54.00	79,904	79,904	0	79,904	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			195,042,726	75,421,058	270,463,784	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII Hospital PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	12,624,202	9,420,026	3,204,176	12,624,202	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,191,628	878,435	313,193	1,191,628	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1972	0.1972	0.1972		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,489,493	1,857,629	631,864	2,489,493	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0990	0.0990	0.0990		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,249,796	932,583	317,213	1,249,796	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,555,119	13,088,673	4,466,446	17,555,119	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-1,034,524	-822,486	-212,038	-1,034,524	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-353,802	-235,107	-118,695	-353,802	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		1,939,851	750,903	2,690,754	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	163,976	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	111,312,388	2.00
3.00	PPS payments	93,363,406	3.00
4.00	Outlier payment (see instructions)	2,895,391	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	422,985	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	163,976	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	819,789	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)	819,789	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)	819,789	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	655,813	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)	163,976	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)	96,681,782	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	10,583	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,316,576	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)	79,518,599	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,228,472	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)	83,747,071	30.00
31.00	Primary payer payments	41,238	31.00
32.00	Subtotal (line 30 minus line 31)	83,705,833	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	74,878	33.00
34.00	Allowable bad debts (see instructions)	3,918,954	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	2,547,320	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,727,632	36.00
37.00	Subtotal (see instructions)	86,328,031	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-303	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)	49,213	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	86,328,334	40.00
40.01	Sequestration adjustment (see instructions)	1,726,567	40.01
41.00	Interim payments	83,374,310	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1,227,457	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	33,955	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: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		276,444,336		83,374,310	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)		276,444,336		83,374,310	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		7,958,070		1,227,457	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		284,402,406		84,601,767	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: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/30/2017 4:11 pm
	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		1,483,909		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)		1,483,909		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		7,977		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,491,886		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: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/30/2017 4:11 pm
	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	47,408	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	85,650	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	26,877	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	313,558	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	7,876,480,804	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	136,917,635	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)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	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)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/30/2017 4:11 pm
	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)	1,440,570	1.00
2.00	Net IPF PPS Outlier Payments	127,940	2.00
3.00	Net IPF PPS ECT Payments	75,317	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)	16.20	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)	0.41	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)	0.41	8.00
9.00	Average Daily Census (see instructions)	16.530055	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.012698	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	18,292	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,662,119	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)	1,662,119	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,662,119	18.00
19.00	Deductibles	117,208	19.00
20.00	Subtotal (line 18 minus line 19)	1,544,911	20.00
21.00	Coinsurance	41,216	21.00
22.00	Subtotal (line 20 minus line 21)	1,503,695	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	15,840	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	10,296	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	13,320	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,513,991	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)	8,342	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)	1,522,333	31.00
31.01	Sequestration adjustment (see instructions)	30,447	31.01
32.00	Interim payments	1,483,909	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)	7,977	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	127,940	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 4:11 pm
	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.			553.51	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			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			654.98	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	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.	191.17	390.13	581.30	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.	161.55	329.69	491.24	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.37		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		24.37		10.01
11.00	Total weighted FTE count	161.55	354.06		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	171.21	356.59		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	162.02	343.55		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	164.93	351.40		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	164.93	351.40		17.00
18.00	Per resident amount	86,944.47	82,341.12		18.00
19.00	Approved amount for resident costs	14,339,751	28,934,670	43,274,421	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)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			101.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.78	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			43,274,421	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	87,298	27,004		26.00
27.00	Total Inpatient Days (see instructions)	324,380	324,380		27.00
28.00	Ratio of inpatient days to total inpatient days	0.269123	0.083248		28.00
29.00	Program direct GME amount	11,646,142	3,602,509		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		509,035		30.00
31.00	Net Program direct GME amount			14,739,616	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	838	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	72,886,246	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000011	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)	256,164,213	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	22,840,495	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	142,718	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	278,861,990	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	112,223,378	42.00
43.00	Primary payer payments (see instructions)	41,238	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	112,182,140	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	391,044,130	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.713122	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.286878	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,739,616	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	10,511,144	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,228,472	50.00

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

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet G

Date/Time Prepared: 5/30/2017 4:11 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	424,393,299	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	16,000,000	0	0	0	3.00
4.00	Accounts receivable	419,469,210	0	0	0	4.00
5.00	Other receivable	125,575,167	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,069,108	0	0	0	6.00
7.00	Inventory	48,752,910	0	0	0	7.00
8.00	Prepaid expenses	28,830,752	0	0	0	8.00
9.00	Other current assets	1	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)	1,053,952,231	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	138,695,819	0	0	0	12.00
13.00	Land improvements	26,404,637	0	0	0	13.00
14.00	Accumulated depreciation	-9,300,013	0	0	0	14.00
15.00	Buildings	1,952,987,636	0	0	0	15.00
16.00	Accumulated depreciation	-922,974,147	0	0	0	16.00
17.00	Leasehold improvements	4,509,901	0	0	0	17.00
18.00	Accumulated depreciation	-2,782,083	0	0	0	18.00
19.00	Fixed equipment	1,753,697	0	0	0	19.00
20.00	Accumulated depreciation	-1,753,697	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	1,376,259,734	0	0	0	23.00
24.00	Accumulated depreciation	-1,151,801,997	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,411,999,487	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	808,045,016	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,307,889,392	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,115,934,408	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,581,886,126	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,744,557,497	0	0	0	37.00
38.00	Salaries, wages, and fees payable	142,848,234	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	153,061,596	0	0	0	40.00
41.00	Deferred income	27,312,012	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	30,509,956	0	0	0	43.00
44.00	Other current liabilities	91,800,840	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,190,090,135	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,638,899,907	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	23,627,932	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,662,527,839	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,852,617,974	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	3,729,268,152				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,729,268,152	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,581,886,126	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/30/2017 4:11 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		3,141,177,807		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		795,691,141				2.00
3.00	Total (sum of line 1 and line 2)		3,936,868,948		0		3.00
4.00	DONATED PROPERTY	6,917,014		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)		6,917,014		0		10.00
11.00	Subtotal (line 3 plus line 10)		3,943,785,962		0		11.00
12.00	FQHC NET INCOME	-1,665,273		0		0	12.00
13.00	PENSION OBLIGATION	-454,785		0		0	13.00
14.00	UNRESTRICTED FUND BALANCE	215,812,999		0		0	14.00
15.00	MHF DONATIONS	218,500		0		0	15.00
16.00	ROUNDING	7		0		0	16.00
17.00	MARK TO MARKET SWAP	606,362		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		214,517,810		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,729,268,152		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	DONATED PROPERTY		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)	0		0		11.00
12.00	FQHC NET INCOME		0			12.00
13.00	PENSION OBLIGATION		0			13.00
14.00	UNRESTRICTED FUND BALANCE		0			14.00
15.00	MHF DONATIONS		0			15.00
16.00	ROUNDING		0			16.00
17.00	MARK TO MARKET SWAP		0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2017 4:11 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	650,057,130		650,057,130	1.00
2.00	SUBPROVIDER - IPF	15,085,989		15,085,989	2.00
3.00	SUBPROVIDER - IRF	7,767,245		7,767,245	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	672,910,364		672,910,364	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	80,912,101		80,912,101	11.00
12.00	CORONARY CARE UNIT	75,969,076		75,969,076	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	152,999,443		152,999,443	12.01
13.00	BURN INTENSIVE CARE UNIT	9,024,662		9,024,662	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	18,011,366		18,011,366	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	44,718,824		44,718,824	14.04
14.05	TRANSPLANT ICU	10,439,214		10,439,214	14.05
14.06	PEDS CANCER CARE	13,710,469		13,710,469	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	405,785,155		405,785,155	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,078,695,519		1,078,695,519	17.00
18.00	Ancillary services	2,984,918,866	2,594,050,941	5,578,969,807	18.00
19.00	Outpatient services	151,334,117	699,054,260	850,388,377	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	4,964,558	4,964,558	21.00
22.00	HOME HEALTH AGENCY		127,726,206	127,726,206	22.00
23.00	AMBULANCE SERVICES	58,939	107,955,677	108,014,616	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	24,728,353	24,728,353	26.00
27.00	SPECIAL PURPOSE COST CENTERS	110,734,572	146,561	110,881,133	27.00
27.01	PHYSICIAN REVENUE	0	59,533,693	59,533,693	27.01
27.02	HOME OFFICE AND NRCC REVENUE	0	6,567,366	6,567,366	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,325,742,013	3,624,727,615	7,950,469,628	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,066,823,391		29.00
30.00	HOME OFFICE EXPENSE	1,154,313,040			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)		1,154,313,040		36.00
37.00	ACADEMIC SUPPORT	17,500,000			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)		17,500,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		3,203,636,431		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/30/2017 4:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	7,950,469,628	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,355,078,138	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,595,391,490	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	3,203,636,431	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-608,244,941	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	272,917,831	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER OPERATING REVENUE	888,174,438	24.00
24.01	MEMBER PREMIUM REVENUE	234,879,887	24.01
24.02	SWAP GAIN	66,922,403	24.02
24.03	RELATED PARTY INCOME	-41,353,341	24.03
24.04	EDUCATION & RESEARCH SUPPORT	-17,500,000	24.04
24.05	OTHER INCOME	-105,136	24.05
25.00	Total other income (sum of lines 6-24)	1,403,936,082	25.00
26.00	Total (line 5 plus line 25)	795,691,141	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)	795,691,141	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet H
Date/Time Prepared: 5/30/2017 4:11 pm

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		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	7,339,303	1,902,674	0	115,196	7,199,002	16,556,175	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,310,397	1,376,691	0	681,460	548,542	7,917,090	6.00
7.00	Physical Therapy	4,167,508	1,080,404	0	0	24,532	5,272,444	7.00
8.00	Occupational Therapy	1,052,578	272,875	0	0	12,020	1,337,473	8.00
9.00	Speech Pathology	87,150	22,593	0	0	817	110,560	9.00
10.00	Medical Social Services	221,464	57,413	0	0	1,204	280,081	10.00
11.00	Home Health Aide	256,935	66,609	0	0	8,520	332,064	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	173,302	173,302	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	1,380,684	357,935	0	53,612	3,724,548	5,516,779	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)	4,038,974	1,047,082	0	49,720	17,601,158	22,736,934	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	23,854,993	6,184,276	0	899,988	29,293,645	60,232,902	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	0	16,556,175	-7,625,958	8,930,217			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	7,917,090	-3,375,199	4,541,891			6.00
7.00	Physical Therapy	0	5,272,444	-911,699	4,360,745			7.00
8.00	Occupational Therapy	0	1,337,473	-237,420	1,100,053			8.00
9.00	Speech Pathology	0	110,560	-1,403	109,157			9.00
10.00	Medical Social Services	0	280,081	-33,294	246,787			10.00
11.00	Home Health Aide	0	332,064	-51,761	280,303			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	173,302	-173,302	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	5,516,779	-360,999	5,155,780			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	22,736,934	-547,433	22,189,501			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	60,232,902	-13,318,468	46,914,434			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: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet H-1 Part I
Date/Time Prepared: 5/30/2017 4:11 pm

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		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	8,930,217	0	0	0	0	8,930,217	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,541,891	0	0	0	0	4,541,891	6.00
7.00	Physical Therapy	4,360,745	0	0	0	0	4,360,745	7.00
8.00	Occupational Therapy	1,100,053	0	0	0	0	1,100,053	8.00
9.00	Speech Pathology	109,157	0	0	0	0	109,157	9.00
10.00	Medical Social Services	246,787	0	0	0	0	246,787	10.00
11.00	Home Health Aide	280,303	0	0	0	0	280,303	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	5,155,780	0	0	0	0	5,155,780	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)	22,189,501	0	0	0	0	22,189,501	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	46,914,434	0	0	0	0	46,914,434	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	8,930,217		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,067,812	5,609,703	6.00
7.00	Physical Therapy	1,025,224	5,385,969	7.00
8.00	Occupational Therapy	258,626	1,358,679	8.00
9.00	Speech Pathology	25,663	134,820	9.00
10.00	Medical Social Services	58,020	304,807	10.00
11.00	Home Health Aide	65,900	346,203	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	1,212,139	6,367,919	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)	5,216,833	27,406,334	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		46,914,434	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2017 4:11 pm

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		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	1,067				0		1.00
2.00	Capital Related - Movable Equipment		47,639			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,067		0		3.00
4.00	Transportation (see instructions)	0	0	0	100			4.00
5.00	Administrative and General	1,067	47,639	1,067	100	-8,930,217	37,984,217	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	4,541,891	6.00
7.00	Physical Therapy	0	0	0	0	0	4,360,745	7.00
8.00	Occupational Therapy	0	0	0	0	0	1,100,053	8.00
9.00	Speech Pathology	0	0	0	0	0	109,157	9.00
10.00	Medical Social Services	0	0	0	0	0	246,787	10.00
11.00	Home Health Aide	0	0	0	0	0	280,303	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	5,155,780	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	22,189,501	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,067	47,639	1,067	100	-8,930,217	37,984,217	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		8,930,217	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.235103	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2017 4:11 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	14,468	74,954	3,203,584	2,046	2,175,171	1.00
2.00	Skilled Nursing Care	5,609,703	0	0	0	0	0	2.00
3.00	Physical Therapy	5,385,969	0	0	0	0	0	3.00
4.00	Occupational Therapy	1,358,679	0	0	0	0	0	4.00
5.00	Speech Pathology	134,820	0	0	0	0	0	5.00
6.00	Medical Social Services	304,807	0	0	0	0	0	6.00
7.00	Home Health Aide	346,203	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	6,367,919	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)	27,406,334	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	46,914,434	14,468	74,954	3,203,584	2,046	2,175,171	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	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	0	588,915	6,059,138	550,624	11,336	1.00
2.00	Skilled Nursing Care	0	0	0	5,609,703	509,782	0	2.00
3.00	Physical Therapy	0	0	0	5,385,969	489,450	0	3.00
4.00	Occupational Therapy	0	0	0	1,358,679	123,470	0	4.00
5.00	Speech Pathology	0	0	0	134,820	12,252	0	5.00
6.00	Medical Social Services	0	0	0	304,807	27,699	0	6.00
7.00	Home Health Aide	0	0	0	346,203	31,461	0	7.00
8.00	Supplies (see instructions)	8,024	0	0	8,024	729	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	6,367,919	578,685	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	27,406,334	2,490,551	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	8,024	0	588,915	52,981,596	4,814,703	11,336	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

(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: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2017 4:11 pm

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	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	19,709	0	0	1,014	0	2,854	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	19,709	0	0	1,014	0	2,854	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	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	
		9.04	9.05	10.00	11.00	13.00	13.01	
1.00	Administrative and General	0	0	0	67,272	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	67,272	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: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
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	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		14.00	15.00	16.00	17.00	18.00	21.00	
1.00	Administrative and General	0	0	241,050	0	45,742	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)	215,013	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	215,013	0	241,050	0	45,742	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-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
		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
19.50	Telemedicine	0	0	0	0	0	0	19.50
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: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part I
Date/Time Prepared:
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	Cost Center Description	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.05	23.06	23.07	23.08	23.09	23.10	
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
19.50	Telemedicine	0	0	0	0	0	0	19.50
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

	Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.11	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	6,998,739	0	6,998,739			1.00
2.00	Skilled Nursing Care	0	6,119,485	0	6,119,485	833,217	6,952,702	2.00
3.00	Physical Therapy	0	5,875,419	0	5,875,419	799,985	6,675,404	3.00
4.00	Occupational Therapy	0	1,482,149	0	1,482,149	201,806	1,683,955	4.00
5.00	Speech Pathology	0	147,072	0	147,072	20,025	167,097	5.00
6.00	Medical Social Services	0	332,506	0	332,506	45,273	377,779	6.00
7.00	Home Health Aide	0	377,664	0	377,664	51,422	429,086	7.00
8.00	Supplies (see instructions)	0	223,766	0	223,766	30,468	254,234	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	6,946,604	0	6,946,604	945,836	7,892,440	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	29,896,885	0	29,896,885	4,070,707	33,967,592	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	58,400,289	0	58,400,289	6,998,739	58,400,289	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.					0.136158		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: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part II
Date/Time Prepared:
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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	1,067	47,181	21,307,086	323	323	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	362,782	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,067	47,181	21,307,086	323	323	362,782	20.00
21.00	Total cost to be allocated	14,468	74,954	3,203,584	2,046	2,175,171	8,024	21.00
22.00	Unit cost multiplier	13.559513	1.588648	0.150353	6.334365	6,734.275542	0.022118	22.00

	Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	124,638,053	0	6,059,138	1,067	1,067	1.00
2.00	Skilled Nursing Care	0	0	0	5,609,703	0	0	2.00
3.00	Physical Therapy	0	0	0	5,385,969	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,358,679	0	0	4.00
5.00	Speech Pathology	0	0	0	134,820	0	0	5.00
6.00	Medical Social Services	0	0	0	304,807	0	0	6.00
7.00	Home Health Aide	0	0	0	346,203	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	8,024	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	6,367,919	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	27,406,334	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	124,638,053		52,981,596	1,067	1,067	20.00
21.00	Total cost to be allocated	0	588,915		4,814,703	11,336	19,709	21.00
22.00	Unit cost multiplier	0.000000	0.004725		0.090875	10.624180	18.471415	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part II
Date/Time Prepared:
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	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	0	268	0	799	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	268	0	799	0	20.00
21.00	Total cost to be allocated	0	0	1,014	0	2,854	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	3.783582	0.000000	3.571965	0.000000	22.00

	Cost Center Description	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		9.05	10.00	11.00	13.00	13.01	14.00	
1.00	Administrative and General	0	0	323	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	362,782	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	323	0	0	362,782	20.00
21.00	Total cost to be allocated	0	0	67,272	0	0	215,013	21.00
22.00	Unit cost multiplier	0.000000	0.000000	208.272446	0.000000	0.000000	0.592678	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2017 4:11 pm

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	21.00	22.00	
1.00	Administrative and General	0	124,638,053	0	124,638,053	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	124,638,053	0	124,638,053	0	0	20.00
21.00	Total cost to be allocated	0	241,050	0	45,742	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.001934	0.000000	0.000367	0.000000	0.000000	22.00

	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	
		23.00	23.01	23.02	23.03	23.04	23.05	
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
19.50	Telemedicine	0	0	0	0	0	0	19.50
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: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2016
To 12/31/2016

Worksheet H-2
Part II
Date/Time Prepared:
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	Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.06	23.07	23.08	23.09	23.10	23.11	
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
19.50	Telemedicine	0	0	0	0	0	0	19.50
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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2017 4:11 pm

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	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	6,952,702		6,952,702	37,188	186.96	1.00
2.00	Physical Therapy	3.00	6,675,404	0	6,675,404	26,676	250.24	2.00
3.00	Occupational Therapy	4.00	1,683,955	0	1,683,955	6,119	275.20	3.00
4.00	Speech Pathology	5.00	167,097	0	167,097	646	258.66	4.00
5.00	Medical Social Services	6.00	377,779		377,779	874	432.24	5.00
6.00	Home Health Aide	7.00	429,086		429,086	4,457	96.27	6.00
7.00	Total (sum of lines 1-6)		16,286,023	0	16,286,023	75,960		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		14020	0	352			8.00
8.01	Skilled Nursing Care		26900	0	4,732			8.01
8.02	Skilled Nursing Care		29020	0	339			8.02
8.03	Skilled Nursing Care		29200	0	1,720			8.03
8.04	Skilled Nursing Care		34620	0	2,540			8.04
8.05	Skilled Nursing Care		99915	0	1,988			8.05
9.00	Physical Therapy		14020	0	249			9.00
9.01	Physical Therapy		26900	0	5,471			9.01
9.02	Physical Therapy		29020	0	236			9.02
9.03	Physical Therapy		29200	0	1,699			9.03
9.04	Physical Therapy		34620	0	1,134			9.04
9.05	Physical Therapy		99915	0	1,361			9.05
10.00	Occupational Therapy		14020	0	45			10.00
10.01	Occupational Therapy		26900	0	1,307			10.01
10.02	Occupational Therapy		29020	0	31			10.02
10.03	Occupational Therapy		29200	0	370			10.03
10.04	Occupational Therapy		34620	0	538			10.04
10.05	Occupational Therapy		99915	0	348			10.05
11.00	Speech Pathology		14020	0	1			11.00
11.01	Speech Pathology		26900	0	97			11.01
11.02	Speech Pathology		29020	0	1			11.02
11.03	Speech Pathology		29200	0	0			11.03
11.04	Speech Pathology		34620	0	117			11.04
11.05	Speech Pathology		99915	0	16			11.05
12.00	Medical Social Services		14020	0	7			12.00
12.01	Medical Social Services		26900	0	214			12.01
12.02	Medical Social Services		29020	0	4			12.02
12.03	Medical Social Services		29200	0	80			12.03
12.04	Medical Social Services		34620	0	67			12.04
12.05	Medical Social Services		99915	0	57			12.05
13.00	Home Health Aide		14020	0	5			13.00
13.01	Home Health Aide		26900	0	641			13.01
13.02	Home Health Aide		29020	0	50			13.02
13.03	Home Health Aide		29200	0	251			13.03
13.04	Home Health Aide		34620	0	671			13.04
13.05	Home Health Aide		99915	0	471			13.05
14.00	Total (sum of lines 8-13)			0	27,210			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2017 4:11 pm

Title XVIII | Home Health Agency I | PPS

	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 Records)	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	254,234	0	254,234	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	11,671		0	2,182,010		1.00
2.00	Physical Therapy	0	10,150		0	2,539,936		2.00
3.00	Occupational Therapy	0	2,639		0	726,253		3.00
4.00	Speech Pathology	0	232		0	60,009		4.00
5.00	Medical Social Services	0	429		0	185,431		5.00
6.00	Home Health Aide	0	2,089		0	201,108		6.00
7.00	Total (sum of lines 1-6)	0	27,210		0	5,894,747		7.00
	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
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Home Health Agency I	PPS

	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	0	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	2,182,010			1.00
2.00	Physical Therapy	2,539,936			2.00
3.00	Occupational Therapy	726,253			3.00
4.00	Speech Pathology	60,009			4.00
5.00	Medical Social Services	185,431			5.00
6.00	Home Health Aide	201,108			6.00
7.00	Total (sum of lines 1-6)	5,894,747			7.00
	Cost Center Description				
		12.00			
	Limitation Cost Computation				
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
8.03	Skilled Nursing Care				8.03
8.04	Skilled Nursing Care				8.04
8.05	Skilled Nursing Care				8.05
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
9.03	Physical Therapy				9.03
9.04	Physical Therapy				9.04
9.05	Physical Therapy				9.05
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
10.03	Occupational Therapy				10.03
10.04	Occupational Therapy				10.04
10.05	Occupational Therapy				10.05
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
11.02	Speech Pathology				11.02
11.03	Speech Pathology				11.03
11.04	Speech Pathology				11.04
11.05	Speech Pathology				11.05
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
12.02	Medical Social Services				12.02
12.03	Medical Social Services				12.03
12.04	Medical Social Services				12.04
12.05	Medical Social Services				12.05
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
13.02	Home Health Aide				13.02
13.03	Home Health Aide				13.03
13.04	Home Health Aide				13.04
13.05	Home Health Aide				13.05
14.00	Total (sum of lines 8-13)				14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Home Health Agency I	PPS

	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	0.307575	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.256357	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.332317	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.334447	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.208591	0	0	col. 2, line 16.00		5.00
5.03	Cost of Drugs 3	73.03	0.989796	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Home Health Agency I	PPS

		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	0	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	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	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	5,158,317	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	65,298	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	165,116	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	60,773	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	16,924	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	6,025	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	5,472,453	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	5,472,453	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	5,472,453	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	5,472,453	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	5,472,453	31.00
31.01	Sequestration adjustment (see instructions)	0	109,355	31.01
32.00	Interim payments (see instructions)	0	5,358,310	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	4,788	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 HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2016 To 12/31/2016

Worksheet H-5
Date/Time Prepared: 5/30/2017 4:11 pm

		Home Health Agency I		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		0		5,358,310	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		5,358,310	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		4,788	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,363,098	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 15-0056
Component CCN: 15-3510

Period:
From 01/01/2016
To 12/31/2016

Worksheet I-1
Date/Time Prepared:
5/30/2017 4:11 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,406,971	HOURS OF SERVICE	88,849.00	42.72	1.00
2.00	LICENSED PRACTICAL NURSES	22,721	HOURS OF SERVICE	1,196.00	0.58	2.00
3.00	NURSES AIDES	26,847	HOURS OF SERVICE	1,724.00	0.83	3.00
4.00	TECHNICIANS	1,041,560	HOURS OF SERVICE	55,913.00	26.88	4.00
5.00	SOCIAL WORKERS	170,144	HOURS OF SERVICE	5,254.00	2.53	5.00
6.00	DIETICIANS	179,019	HOURS OF SERVICE	5,704.00	2.74	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	728,066	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	5,575,328				9.00
10.00	EMPLOYEE BENEFITS	413,137	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	200,921	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	86,413	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	152,198	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	0	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	630,492	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	7,058,489				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	423,171	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	605,378	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	838,267	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,851,684	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,023,909	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	708				23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,058,397	REQUISITIONS			24.00
25.00	PHARMACY	20,518	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	640,993	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	13,521,514				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	RH NBN ECMO IC	0	CHARGES	0		30.00
30.01	CARDIOLOGY	0	CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	CHARGES	0		30.02
30.03	CARDIAC CATH	0	CHARGES	0		30.03
30.04	DAY SURGERY	0	CHARGES	0		30.04
30.05	ONCOLOGY	0	CHARGES	0		30.05
30.06	DAY SURGERY-RILEY	0	CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY	0	CHARGES	0		30.07
30.08	ECMO-ADULT	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	13,521,514				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056
Component CCN: 15-3510

Period: From 01/01/2016 To 12/31/2016

Worksheet I-2
Date/Time Prepared: 5/30/2017 4:11 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,648,001	843,989	3,406,971	1,440,291	1,251,404	20,518	1.00
	MAINTENANCE							
2.00	Hemodialysis	1,477,590	756,717	3,054,673	1,291,359	1,122,003	18,396	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	850	435	1,758	743	646	11	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	47	24	98	41	36	1	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	708	363	1,465	619	538	9	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	14,595	7,474	30,172	12,755	11,082	182	10.00
11.00	CCPD	154,211	78,976	318,805	134,774	117,099	1,920	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,648,001	843,989	3,406,971	1,440,291	1,251,404	20,519	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,058,397	0	9,669,571	3,851,235	13,520,806		1.00
	MAINTENANCE							
2.00	Hemodialysis	948,954	0	8,669,692	3,452,999	12,122,691		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	546	0	4,989	1,987	6,976		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	30	0	277	110	387		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	455	0	4,157	1,656	5,813		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	9,373	0	85,633	34,106	119,739		10.00
11.00	CCPD	99,039	0	904,824	360,377	1,265,201		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,058,397	0	9,669,572	3,851,235	13,520,807		17.00
18.00	Medical Educational Program Costs					708		18.00
19.00	Total Renal Costs (line 17 + line 18)					13,521,515		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056
Component CCN: 15-3510

Period: From 01/01/2016 To 12/31/2016

Worksheet I-3
Date/Time Prepared: 5/30/2017 4:11 pm

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,648,001	843,989	3,406,971	1,440,291	1,251,404	1.00
	MAINTENANCE							
2.00	Hemodialysis		31,284	31,284.00	31,284.00	31,284.00	31,284	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		18	18.00	18.00	18.00	18	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		1	1.00	1.00	1.00	1	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		15	15.00	15.00	15.00	15	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		309	309.00	309.00	309.00	309	10.00
11.00	CCPD		3,265	3,265.00	3,265.00	3,265.00	3,265	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		34,892	34,892.00	34,892.00	34,892.00	34,892	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		47.231486	24.188611	97.643328	41.278545	35.865069	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	20,518	1,058,397	0	9,669,571	3,851,235		1.00
	MAINTENANCE							
2.00	Hemodialysis	31,284	31,284	31,284				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	18	18	18				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	1	1	1				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	15	15	15				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	309	309	309				10.00
11.00	CCPD	3,265	3,265	3,265				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	34,892	34,892	34,892		9,669,572		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.588043	30.333515	0.000000		0.398284		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 15-0056
Component CCN: 15-3510

Period: From 01/01/2016 To 12/31/2016

Worksheet I-4
Date/Time Prepared: 5/30/2017 4:11 pm

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	31,284	12,122,691	387.50	22,945	8,891,188	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	18	6,976	387.56	13	5,038	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	1	387	387.00	1	387	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	15	5,813	387.53	11	4,263	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	2	119,739	59,869.50	1	59,870	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	128	1,265,201	9,884.38	94	929,132	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	31,318	13,520,807		22,970	9,889,878	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	31,708					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	6,094,134	265.60	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	3,972	305.54	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	3,313	3,313.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	3,475	315.91	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	23,172	23,172.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	321,658	3,421.89	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	6,449,724		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	CLARIAN			20.00
20.01	CLARIAN HEALTH PARTNERS			20.01
20.02	METHODIST DIALYSIS			20.02

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet I-1 Date/Time Prepared: 5/30/2017 4:11 pm
		Home Program Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	517,507	HOURS OF SERVICE	12,810.00	6.16	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	94,574	HOURS OF SERVICE	4,451.00	2.14	4.00
5.00	SOCIAL WORKERS	52,653	HOURS OF SERVICE	1,916.00	0.92	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	75,458	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	740,192				9.00
10.00	EMPLOYEE BENEFITS	49,855	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	89,972	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	3,273	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	0	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	305,688	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,188,980				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	162,662	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	47,135	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	111,290	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	351,840	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	394,410	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	130				23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,134,310	REQUISITIONS			24.00
25.00	PHARMACY	3,778	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	116,167	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	3,510,702				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	RH NBN ECMO IC	0	CHARGES	0		30.00
30.01	CARDIOLOGY	0	CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	CHARGES	0		30.02
30.03	CARDIAC CATH	0	CHARGES	0		30.03
30.04	DAY SURGERY	0	CHARGES	0		30.04
30.05	ONCOLOGY	0	CHARGES	0		30.05
30.06	DAY SURGERY-RILEY	0	CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY	0	CHARGES	0		30.07
30.08	ECMO-ADULT	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	3,510,702				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet I-2 | Date/Time Prepared: 5/30/2017 4:11 pm

		Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	647,044	50,408	517,507	147,227	161,145	3,778	1.00
	MAINTENANCE							
2.00	Hemodialysis	7,298	569	5,837	1,661	1,818	43	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	3,718	290	2,974	846	926	22	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	2,105	164	1,684	479	524	12	6.00
7.00	CCPD	944	74	755	215	235	6	7.00
	HOME							
8.00	Hemodialysis	232,332	18,099	185,818	52,864	57,861	1,357	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	180,297	14,046	144,202	41,024	44,903	1,053	10.00
11.00	CCPD	220,350	17,166	176,237	50,138	54,878	1,287	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	647,044	50,408	517,507	147,227	161,145	3,780	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,134,310	0	2,661,419	849,153	3,510,572		1.00
	MAINTENANCE							
2.00	Hemodialysis	12,795	0	30,021	9,579	39,600		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	6,518	0	15,294	4,880	20,174		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	3,690	0	8,658	2,762	11,420		6.00
7.00	CCPD	1,655	0	3,884	1,239	5,123		7.00
	HOME							
8.00	Hemodialysis	407,291	0	955,622	304,901	1,260,523		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	316,073	0	741,598	236,614	978,212		10.00
11.00	CCPD	386,288	0	906,344	289,178	1,195,522		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,134,310	0	2,661,421	849,153	3,510,574		17.00
18.00	Medical Educational Program Costs					130		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,510,704		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2016 To 12/31/2016

Worksheet I-3

Date/Time Prepared: 5/30/2017 4:11 pm

		Home Program Dialysis	PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		647,044	50,408	517,507	147,227	161,145	1.00
	MAINTENANCE							
2.00	Hemodialysis		371	371.00	371.00	371.00	371	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		189	189.00	189.00	189.00	189	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		107	107.00	107.00	107.00	107	6.00
7.00	CCPD		48	48.00	48.00	48.00	48	7.00
	HOME							
8.00	Hemodialysis		11,810	11,810.00	11,810.00	11,810.00	11,810	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		9,165	9,165.00	9,165.00	9,165.00	9,165	10.00
11.00	CCPD		11,201	11,201.00	11,201.00	11,201.00	11,201	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		32,891	32,891.00	32,891.00	32,891.00	32,891	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		19.672372	1.532577	15.734000	4.476209	4.899365	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	3,778	1,134,310	0	2,661,419	849,153		1.00
	MAINTENANCE							
2.00	Hemodialysis	371	371	371				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	189	189	189				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	107	107	107				6.00
7.00	CCPD	48	48	48				7.00
	HOME							
8.00	Hemodialysis	11,810	11,810	11,810				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	9,165	9,165	9,165				10.00
11.00	CCPD	11,201	11,201	11,201				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	32,891	32,891	32,891		2,661,421		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.114864	34.486942	0.000000		0.319060		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet I-4 Date/Time Prepared: 5/30/2017 4:11 pm
	Rate 0	Home Program Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	371	39,600	106.74	208	22,202	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	189	20,174	106.74	106	11,314	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	107	11,420	106.73	60	6,404	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	48	5,123	106.73	27	2,882	6.00
7.00	Home Program - Hemodialysis	11,810	1,260,523	106.73	6,630	707,620	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,309	978,212	747.30	768	573,926	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,600	1,195,522	747.20	1,326	990,787	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	12,525	3,510,574		7,031	2,315,135	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	21,252					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	57,063	274.34	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	36,782	347.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	19,196	319.93	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	8,424	312.00	6.00
7.00	Home Program - Hemodialysis	1,830,578	276.11	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	565,903	736.85	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	663,940	500.71	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	3,181,886		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	CLARIAN			20.00
20.01	CLARIAN HEALTH PARTNERS			20.01
20.02	METHODIST DIALYSIS			20.02

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 15-0056 | Period: From 01/01/2016 To 12/31/2016 | Worksheet I-5 | Date/Time Prepared: 5/30/2017 4:11 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	12,205,013		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	9,631,610	9,631,610	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	9,631,610	9,631,610	2.03
2.04	Outlier payments	104,287		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,425	1,425	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,425	1,425	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	1,926,038	1,926,038	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	1,926,038	1,926,038	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	115,197	115,197	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	115,197	115,197	5.05
6.00	Allowable bad debts (see instructions)	74,878		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	87,302		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	1,812,266	8.00
9.00	Program payment (see instructions)	7,704,148	7,704,148	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	74,878		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	17,031,381		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	17,031,381		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		196,130	196,130	-196,130	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		708,174	708,174	-27,417	680,757	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,881,871	1,881,871	-1,185,926	695,945	3.00
4.00	ADMINISTRATIVE & GENERAL*	932,918	228,785	1,161,703	-4,474	1,157,229	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	86,754	86,754	0	86,754	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	104	104	0	104	6.00
7.00	HOUSEKEEPING*	0	3,319	3,319	0	3,319	7.00
8.00	DIETARY*	0	22,855	22,855	0	22,855	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	252,398	252,398	-252,398	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	55,270	55,270	0	55,270	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	1,057,128	1,057,128	-1,057,128	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	7,796	7,796	0	7,796	25.00
26.00	PHYSICIAN SERVICES**	10,351	309,450	319,801	0	319,801	26.00
27.00	NURSE PRACTITIONER**	4,383	0	4,383	0	4,383	27.00
28.00	REGISTERED NURSE**	3,124,507	117,319	3,241,826	-3,358	3,238,468	28.00
29.00	LPN/LVN**	341,120	0	341,120	-772	340,348	29.00
30.00	PHYSICAL THERAPY**	77,706	0	77,706	0	77,706	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	482,178	0	482,178	0	482,178	33.00
34.00	SPIRITUAL COUNSELING**	108,785	0	108,785	0	108,785	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	236,623	0	236,623	0	236,623	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	643,747	0	643,747	-708	643,039	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	1	0	1	0	1	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	12,309	12,309	0	12,309	40.00
41.00	LABS & DIAGNOSTICS**	0	7,905	7,905	0	7,905	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	90	90	-90	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	188,793	967,111	1,155,904	0	1,155,904	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	252,456	0	252,456	0	252,456	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	70,703	70,703	-2,637	68,066	71.00
100.00	TOTAL	6,403,568	5,985,471	12,389,039	-2,731,038	9,658,001	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	-104,948	575,809		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	-219,288	476,657		3.00
4.00	ADMINISTRATIVE & GENERAL*	-156,790	1,000,439		4.00
5.00	PLANT OPERATION & MAINTENANCE*	-23,752	63,002		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	104		6.00
7.00	HOUSEKEEPING*	-2,191	1,128		7.00
8.00	DIETARY*	-17,522	5,333		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	-16,215	39,055		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	-1	-1		13.00
14.00	PHARMACY*	-1	-1		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	7,796		25.00
26.00	PHYSICIAN SERVICES**	-13,315	306,486		26.00
27.00	NURSE PRACTITIONER**	0	4,383		27.00
28.00	REGISTERED NURSE**	-1,065,451	2,173,017		28.00
29.00	LPN/LVN**	-232,285	108,063		29.00
30.00	PHYSICAL THERAPY**	-63,114	14,592		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	-116,292	365,886		33.00
34.00	SPIRITUAL COUNSELING**	-104,490	4,295		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	236,623		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	-263,378	379,661		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	12,309		40.00
41.00	LABS & DIAGNOSTICS**	0	7,905		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	-562,567	593,337		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	252,456		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	68,066		71.00
100.00	TOTAL	-2,961,600	6,696,401		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O-1
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	9	9	0	9	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	87	3	90	0	90	28.00
29.00	LPN/LVN	10	0	10	0	10	29.00
30.00	PHYSICAL THERAPY	2	0	2	0	2	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	13	0	13	0	13	33.00
34.00	SPIRITUAL COUNSELING	3	0	3	0	3	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	7	0	7	0	7	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	17	0	17	0	17	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	1	0	1	0	1	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	5	27	32	0	32	46.00
100.00	TOTAL *	145	39	184	0	184	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	9		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	-30	60		28.00
29.00	LPN/LVN	-6	4		29.00
30.00	PHYSICAL THERAPY	-2	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	-3	10		33.00
34.00	SPIRITUAL COUNSELING	-3	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	7		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	-7	10		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-16	16		46.00
100.00	TOTAL *	-67	117		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O-2
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	10,061	300,779	310,840	0	310,840	26.00
27.00	NURSE PRACTITIONER	4,261	0	4,261	0	4,261	27.00
28.00	REGISTERED NURSE	3,036,961	114,032	3,150,993	-3,264	3,147,729	28.00
29.00	LPN/LVN	331,562	0	331,562	-750	330,812	29.00
30.00	PHYSICAL THERAPY	75,529	0	75,529	0	75,529	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	468,668	0	468,668	0	468,668	33.00
34.00	SPIRITUAL COUNSELING	105,737	0	105,737	0	105,737	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	229,993	0	229,993	0	229,993	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	625,711	0	625,711	-688	625,023	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	11,964	11,964	0	11,964	40.00
41.00	LABS & DIAGNOSTICS	0	7,684	7,684	0	7,684	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	87	87	-87	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	183,503	947,591	1,131,094	0	1,131,094	46.00
100.00	TOTAL *	5,071,986	1,382,137	6,454,123	-4,789	6,449,334	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	-12,942	297,898		26.00
27.00	NURSE PRACTITIONER	0	4,261		27.00
28.00	REGISTERED NURSE	-1,035,598	2,112,131		28.00
29.00	LPN/LVN	-225,777	105,035		29.00
30.00	PHYSICAL THERAPY	-61,345	14,184		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	-113,034	355,634		33.00
34.00	SPIRITUAL COUNSELING	-101,562	4,175		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	229,993		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	-255,999	369,024		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	11,964		40.00
41.00	LABS & DIAGNOSTICS	0	7,684		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-546,804	584,290		46.00
100.00	TOTAL *	-2,353,061	4,096,273		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPITE CARE

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O-3
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	67	1,999	2,066	0	2,066	26.00
27.00	NURSE PRACTITIONER	28	0	28	0	28	27.00
28.00	REGISTERED NURSE	20,183	758	20,941	-22	20,919	28.00
29.00	LPN/LVN	2,203	0	2,203	-5	2,198	29.00
30.00	PHYSICAL THERAPY	502	0	502	0	502	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,115	0	3,115	0	3,115	33.00
34.00	SPIRITUAL COUNSELING	703	0	703	0	703	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	1,528	0	1,528	0	1,528	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	4,158	0	4,158	-5	4,153	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	80	80	0	80	40.00
41.00	LABS & DIAGNOSTICS	0	51	51	0	51	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	1	-1	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	1,220	6,297	7,517	0	7,517	46.00
100.00	TOTAL *	33,707	9,186	42,893	-33	42,860	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	-86	1,980		26.00
27.00	NURSE PRACTITIONER	0	28		27.00
28.00	REGISTERED NURSE	-6,882	14,037		28.00
29.00	LPN/LVN	-1,500	698		29.00
30.00	PHYSICAL THERAPY	-408	94		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	-751	2,364		33.00
34.00	SPIRITUAL COUNSELING	-675	28		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	1,528		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	-1,701	2,452		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	80		40.00
41.00	LABS & DIAGNOSTICS	0	51		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-3,634	3,883		46.00
100.00	TOTAL *	-15,637	27,223		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O-4
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	7,796	7,796	0	7,796	25.00
26.00	PHYSICIAN SERVICES	223	6,663	6,886	0	6,886	26.00
27.00	NURSE PRACTITIONER	94	0	94	0	94	27.00
28.00	REGISTERED NURSE	67,276	2,526	69,802	-72	69,730	28.00
29.00	LPN/LVN	7,345	0	7,345	-17	7,328	29.00
30.00	PHYSICAL THERAPY	1,673	0	1,673	0	1,673	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	10,382	0	10,382	0	10,382	33.00
34.00	SPIRITUAL COUNSELING	2,342	0	2,342	0	2,342	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	5,095	0	5,095	0	5,095	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	13,861	0	13,861	-15	13,846	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	265	265	0	265	40.00
41.00	LABS & DIAGNOSTICS	0	170	170	0	170	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2	2	-2	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	4,065	13,196	17,261	0	17,261	46.00
100.00	TOTAL *	112,356	30,618	142,974	-106	142,868	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	7,796		25.00
26.00	PHYSICIAN SERVICES	-287	6,599		26.00
27.00	NURSE PRACTITIONER	0	94		27.00
28.00	REGISTERED NURSE	-22,941	46,789		28.00
29.00	LPN/LVN	-5,002	2,326		29.00
30.00	PHYSICAL THERAPY	-1,359	314		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	-2,504	7,878		33.00
34.00	SPIRITUAL COUNSELING	-2,250	92		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	5,095		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	-5,671	8,175		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	265		40.00
41.00	LABS & DIAGNOSTICS	0	170		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-12,113	5,148		46.00
100.00	TOTAL *	-52,127	90,741		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O-5
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	66,131	66,131	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	575,809	18,292	594,101	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	476,657	648,995	1,125,652	3.00
4.00	ADMINISTRATIVE & GENERAL	1,000,439	1,316,210	2,316,649	4.00
5.00	PLANT OPERATION & MAINTENANCE	63,002	141,900	204,902	5.00
6.00	LAUNDRY & LINEN SERVICE	104	0	104	6.00
7.00	HOUSEKEEPING	1,128	17,534	18,662	7.00
8.00	DIETARY	5,333	0	5,333	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	86,510	86,510	10.00
11.00	MEDICAL RECORDS	0	37,762	37,762	11.00
12.00	STAFF TRANSPORTATION	39,055		39,055	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	0	149,394	149,394	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	12,318	12,318	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	117		117	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,096,273		4,096,273	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	27,223		27,223	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	90,741		90,741	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	252,456		252,456	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	68,066		68,066	71.00
99.00	NEGATIVE COST CENTER	-2		-2	99.00
100.00	TOTAL	6,696,401	2,495,046	9,191,447	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
Date/Time Prepared:
5/30/2017 4:11 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	66,131	66,131				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	594,101		594,101			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,125,652	0	0	1,125,652		3.00
4.00	ADMINISTRATIVE & GENERAL	2,316,649	66,131	594,101	217,384	3,194,265	4.00
5.00	PLANT OPERATION & MAINTENANCE	204,902	0	0	0	204,902	5.00
6.00	LAUNDRY & LINEN SERVICE	104	0	0	0	104	6.00
7.00	HOUSEKEEPING	18,662	0	0	0	18,662	7.00
8.00	DIETARY	5,333	0	0	0	5,333	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	86,510	0	0	0	86,510	10.00
11.00	MEDICAL RECORDS	37,762	0	0	0	37,762	11.00
12.00	STAFF TRANSPORTATION	39,055	0	0	0	39,055	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	149,394	0	0	0	149,394	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	12,318	0	0	0	12,318	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	117			23	140	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,096,273			818,830	4,915,103	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	27,223	0	0	5,441	32,664	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	90,741	0	0	18,139	108,880	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	252,456	0	0	65,835	318,291	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	68,066	0	0	0	68,066	71.00
99.00	NEGATIVE COST CENTER	-2	0	0	0		99.00
100.00	TOTAL	9,191,447	66,131	594,101	1,125,652	9,191,447	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
Date/Time Prepared:
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Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	3,194,265					4.00
5.00	PLANT OPERATION & MAINTENANCE	109,136	314,038				5.00
6.00	LAUNDRY & LINEN SERVICE	55	0	159			6.00
7.00	HOUSEKEEPING	9,940	0		28,602		7.00
8.00	DIETARY	2,840	0		0	8,173	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	46,078	0		0		10.00
11.00	MEDICAL RECORDS	20,113	0		0		11.00
12.00	STAFF TRANSPORTATION	20,802	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	79,571	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	6,561	314,038		28,602		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	75					50.00
51.00	HOSPICE ROUTINE HOME CARE	2,617,920					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	17,398	0	39	0	2,015	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	57,992	0	120	0	6,158	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	169,530	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	36,254	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	3,194,265	314,038	159	28,602	8,173	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

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Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	132,588				10.00
11.00	MEDICAL RECORDS	0		57,875			11.00
12.00	STAFF TRANSPORTATION	0			59,857		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	4	2	2	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	128,873	56,253	58,179	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	856	374	387	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,855	1,246	1,289	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	132,588	57,875	59,857	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part I
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Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	228,965					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		361,519			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	6	0	10		239	50.00
51.00	HOSPICE ROUTINE HOME CARE	222,550	0	351,390		8,350,268	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,479	0	2,335	0	57,547	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,930	0	7,784	0	191,254	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		487,821	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	104,320	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	-2	99.00
100.00	TOTAL	228,965	0	361,519	0	9,191,447	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,877					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,514				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,316,477			3.00
4.00	ADMINISTRATIVE & GENERAL	4,877	11,514	833,593	-3,194,265	5,997,184	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	204,902	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	104	6.00
7.00	HOUSEKEEPING	0	0	0	0	18,662	7.00
8.00	DIETARY	0	0	0	0	5,333	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	86,510	10.00
11.00	MEDICAL RECORDS	0	0	0	0	37,762	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	39,055	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	149,394	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	12,318	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			89	0	140	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,139,917	0	4,915,103	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	20,866	0	32,664	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	69,556	0	108,880	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	252,456	0	318,291	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	68,066	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	66,131	594,101	1,125,652		3,194,265	100.00
101.00	UNIT COST MULTIPLIER	13.559770	51.598141	0.260780		0.532627	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	4,877					5.00
6.00	LAUNDRY & LINEN SERVICE	0	937				6.00
7.00	HOUSEKEEPING	0		549			7.00
8.00	DIETARY	0		0	937		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	4,877		549		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	231	0	231	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	706	0	706	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	314,038	159	28,602	8,173	0	100.00
101.00	UNIT COST MULTIPLIER	64.391634	0.169691	52.098361	8.722519	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
5/30/2017 4:11 pm

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	35,761					10.00
11.00	MEDICAL RECORDS		35,761				11.00
12.00	STAFF TRANSPORTATION			35,761			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	35,761	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	1	1	0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	34,759	34,759	34,759	0	34,759	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	231	231	231	0	231	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	770	770	770	0	770	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	132,588	57,875	59,857	0	228,965	100.00
101.00	UNIT COST MULTIPLIER	3.707614	1.618383	1.673807	0.000000	6.402645	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-6
Part II
Date/Time Prepared:
5/30/2017 4:11 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		35,761			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	1			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	34,759			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	231	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	770	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	361,519	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	10.109309	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period: From 01/01/2016 To 12/31/2016

Worksheet O-7
Date/Time Prepared: 5/30/2017 4:11 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.307575	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.256357	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.332317	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.208591	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.989796	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.140054	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.346047	0	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.334447	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.107672	0	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.421441	0	0	0	10.00
10.01	CARDIOLOGY	76.01	0.103026	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.552117	0	0	0	10.02
10.03	CARDIAC CATH	76.03	0.088056	0	0	0	10.03
10.04	DAY SURGERY	76.04	1.620794	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.000000	0	0	0	10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07
10.08	ECMO-ADULT	76.08	0.334941	0	0	0	10.08
10.97	CARDIAC REHABILITATION	76.97	0.434806	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	RH NBN ECMO IC	0	0	0	0	0	10.00
10.01	CARDIOLOGY	0	0	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.02
10.03	CARDIAC CATH	0	0	0	0	0	10.03
10.04	DAY SURGERY	0	0	0	0	0	10.04
10.05	ONCOLOGY	0	0	0	0	0	10.05
10.06	DAY SURGERY-RILEY	0	0	0	0	0	10.06
10.07	CARDIOLOGY-RILEY	0	0	0	0	0	10.07
10.08	ECMO-ADULT	0	0	0	0	0	10.08
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0056
Hospice CCN: 15-1511

Period:
From 01/01/2016
To 12/31/2016

Worksheet O-8
Date/Time Prepared:
5/30/2017 4:11 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			239	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			239.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	1	0		4.00
5.00	Program cost (line 3 times line 4)	239	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			8,350,268	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			34,759	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			240.23	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	28,146	2,801		9.00
10.00	Program cost (line 8 times line 9)	6,761,514	672,884		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			57,547	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			231	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			249.12	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	198	28		14.00
15.00	Program cost (line 13 times line 14)	49,326	6,975		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			191,254	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			770	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			248.38	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	535	87		19.00
20.00	Program cost (line 18 times line 19)	132,883	21,609		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,599,308	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			35,761	22.00
23.00	Average cost per diem (line 21 divided by line 22)			240.47	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0056	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	12,624,202	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,191,628	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)	869.75	3.00
4.00	Number of interns & residents (see instructions)	554.78	4.00
5.00	Indirect medical education percentage (see instructions)	19.72	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)	2,489,493	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	38.61	8.00
9.00	Sum of lines 7 and 8	46.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.90	10.00
11.00	Disproportionate share adjustment (see instructions)	1,249,796	11.00
12.00	Total prospective capital payments (see instructions)	17,555,119	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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES FOR HOSPITAL-BASED FQHC

Provider CCN: 15-0056
Component CCN: 15-1804

Period: From 01/01/2016 To 12/31/2016

Worksheet N-1
Date/Time Prepared: 5/30/2017 4:11 pm

FQHC I Cost

		SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg and Fix		0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip		0	0	0	0	2.00
3.00	Employee Benefits	0	717,380	717,380	0	717,380	3.00
4.00	Administrative and General	861,644	513,628	1,375,272	0	1,375,272	4.00
5.00	Plant Operation and Maintenance	0	103,033	103,033	0	103,033	5.00
6.00	Janitorial	0	48,236	48,236	0	48,236	6.00
7.00	Medical Records	163,214	0	163,214	0	163,214	7.00
8.00	Subtotal - Administrative Overhead	1,024,858	1,382,277	2,407,135	0	2,407,135	8.00
9.00	Pharmacy	0	1,101	1,101	0	1,101	9.00
10.00	Medical Supplies	0	213,909	213,909	0	213,909	10.00
11.00	Transportation	0	1,324	1,324	0	1,324	11.00
12.00	Other General Service	0	0	0	0	0	12.00
13.00	Subtotal - Total Overhead	1,024,858	1,598,611	2,623,469	0	2,623,469	13.00
	DIRECT CARE COST CENTERS						
23.00	Physician	1,175,678	0	1,175,678	0	1,175,678	23.00
24.00	Physician Services Under Agreement		0	0	0	0	24.00
25.00	Physician Assistant	0	0	0	0	0	25.00
26.00	Nurse Practitioner	34,026	0	34,026	0	34,026	26.00
27.00	Visiting Registered Nurse	0	0	0	0	0	27.00
28.00	Visiting Licensed Practical Nurse	0	0	0	0	0	28.00
29.00	Certified Nurse Midwife	212,390	0	212,390	0	212,390	29.00
30.00	Clinical Psychologist	0	0	0	0	0	30.00
31.00	Clinical Social Worker	0	0	0	0	0	31.00
32.00	Laboratory Technician	38,707	0	38,707	0	38,707	32.00
33.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	33.00
34.00	Physical Therapist	0	0	0	0	0	34.00
35.00	Occupational Therapist	0	0	0	0	0	35.00
36.00	Other Allied Health Personnel	1,406,231	0	1,406,231	0	1,406,231	36.00
37.00	Subtotal - Direct Patient Care Services	2,867,032	0	2,867,032	0	2,867,032	37.00
	REIMBURSABLE PASS THROUGH COSTS						
47.00	Pneumococcal Vaccines & Med Supplies	0	0	0	0	0	47.00
48.00	Influenza Vaccines & Med Supplies	0	0	0	0	0	48.00
49.00	Subtotal - Reimbursable Pass through Costs	0	0	0	0	0	49.00
	OTHER FQHC SERVICES						
60.00	Medicare Excluded Services	0	0	0	0	0	60.00
61.00	Diagnostic & Screening Lab Tests	0	16,841	16,841	0	16,841	61.00
62.00	Radiology - Diagnostic	0	15,138	15,138	0	15,138	62.00
63.00	Prosthetic Devices	0	0	0	0	0	63.00
64.00	Durable Medical Equipment	0	0	0	0	0	64.00
65.00	Ambulance Services	0	0	0	0	0	65.00
66.00	Telehealth	0	0	0	0	0	66.00
67.00	Drugs Charged to Patients	0	0	0	0	0	67.00
68.00	Chronic Care Management	0	0	0	0	0	68.00
69.00	Other	0	0	0	0	0	69.00
70.00	Subtotal - Other FQHC Services	0	31,979	31,979	0	31,979	70.00
	NONREIMBURSABLE COST CENTERS						
77.00	Retail Pharmacy	0	0	0	0	0	77.00
78.00	Other Nonreimbursable	0	100	100	0	100	78.00
79.00	Subtotal - Non-Reimbursable Costs	0	100	100	0	100	79.00
100.00	TOTAL (sum of lines 13, 37, 49, 70, and 79)	3,891,890	1,630,690	5,522,580	0	5,522,580	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES FOR HOSPITAL-BASED FQHC

Provider CCN: 15-0056
Component CCN: 15-1804

Period: From 01/01/2016 To 12/31/2016

Worksheet N-1
Date/Time Prepared: 5/30/2017 4:11 pm

FQHC I Cost

		ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
		6.00	7.00	
	GENERAL SERVICE COST CENTERS			
1.00	Cap Rel Costs-Bldg and Fix	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	2.00
3.00	Employee Benefits	0	717,380	3.00
4.00	Administrative and General	-73,662	1,301,610	4.00
5.00	Plant Operation and Maintenance	0	103,033	5.00
6.00	Janitorial	0	48,236	6.00
7.00	Medical Records	0	163,214	7.00
8.00	Subtotal - Administrative Overhead	-73,662	2,333,473	8.00
9.00	Pharmacy	0	1,101	9.00
10.00	Medical Supplies	0	213,909	10.00
11.00	Transportation	0	1,324	11.00
12.00	Other General Service	0	0	12.00
13.00	Subtotal - Total Overhead	-73,662	2,549,807	13.00
	DIRECT CARE COST CENTERS			
23.00	Physician	0	1,175,678	23.00
24.00	Physician Services Under Agreement	0	0	24.00
25.00	Physician Assistant	0	0	25.00
26.00	Nurse Practitioner	0	34,026	26.00
27.00	Visiting Registered Nurse	0	0	27.00
28.00	Visiting Licensed Practical Nurse	0	0	28.00
29.00	Certified Nurse Midwife	0	212,390	29.00
30.00	Clinical Psychologist	0	0	30.00
31.00	Clinical Social Worker	0	0	31.00
32.00	Laboratory Technician	0	38,707	32.00
33.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	33.00
34.00	Physical Therapist	0	0	34.00
35.00	Occupational Therapist	0	0	35.00
36.00	Other Allied Health Personnel	0	1,406,231	36.00
37.00	Subtotal - Direct Patient Care Services	0	2,867,032	37.00
	REIMBURSABLE PASS THROUGH COSTS			
47.00	Pneumococcal Vaccines & Med Supplies	0	0	47.00
48.00	Influenza Vaccines & Med Supplies	0	0	48.00
49.00	Subtotal - Reimbursable Pass through Costs	0	0	49.00
	OTHER FQHC SERVICES			
60.00	Medicare Excluded Services	0	0	60.00
61.00	Diagnostic & Screening Lab Tests	0	16,841	61.00
62.00	Radiology - Diagnostic	0	15,138	62.00
63.00	Prosthetic Devices	0	0	63.00
64.00	Durable Medical Equipment	0	0	64.00
65.00	Ambulance Services	0	0	65.00
66.00	Telehealth	0	0	66.00
67.00	Drugs Charged to Patients	0	0	67.00
68.00	Chronic Care Management	0	0	68.00
69.00	Other	0	0	69.00
70.00	Subtotal - Other FQHC Services	0	31,979	70.00
	NONREIMBURSABLE COST CENTERS			
77.00	Retail Pharmacy	0	0	77.00
78.00	Other Nonreimbursable	0	100	78.00
79.00	Subtotal - Non-Reimbursable Costs	0	100	79.00
100.00	TOTAL (sum of lines 13, 37, 49, 70, and 79)	-73,662	5,448,918	100.00

CALCULATION OF HOSPITAL-BASED FQHC COST PER VISIT

Provider CCN: 15-0056
Component CCN: 15-1804

Period: From 01/01/2016 To 12/31/2016

Worksheet N-2
Date/Time Prepared: 5/30/2017 4:11 pm

FQHC I Cost

		Direct Cost by Practitioner from Wkst. N-1	Total Medical & Mental Health Visits by Practitioner	Other Direct Care Costs & Pharmacy Costs	General Service Cost	Total Costs by Practitioner	Average Cost Per Visit by Practitioner	
		1.00	2.00	3.00	4.00	5.00	6.00	
	Positions							
1.00	Physician	1,175,678	30,394	1,155,235	2,991,573	5,322,486	175.12	1.00
2.00	Physician Services Under Agreement	0	0	0	0	0	0.00	2.00
3.00	Physician Assistant	0	0	0	0	0	0.00	3.00
4.00	Nurse Practitioner	34,026	1,531	58,191	118,354	210,571	137.54	4.00
5.00	Visiting Registered Nurse	0	0	0	0	0	0.00	5.00
6.00	Visiting Licensed Practical Nurse	0	0	0	0	0	0.00	6.00
7.00	Certified Nurse Midwife	212,390	6,120	232,613	571,132	1,016,135	166.04	7.00
8.00	Clinical Psychologist	0	0	0	0	0	0.00	8.00
9.00	Clinical Social Worker	0	0	0	0	0	0.00	9.00
10.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	0.00	10.00
11.00	Totals	1,422,094	38,045	1,446,039	3,681,059	6,549,192		11.00
12.00	Unit Cost Multiplier			38.008648	1.283434			12.00
13.00	Total Cost Per Visit						172.14	13.00

		Total Visits		Title XVIII Visits		Title XVIII Costs		
		Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Cost by Practitioner	Mental Health Cost by Practitioner	
		7.00	8.00	9.00	10.00	11.00	12.00	
	Positions							
1.00	Physician	26,772	3,622	1,439	316	251,998	55,338	1.00
2.00	Physician Services Under Agreement	0	0	0	0	0	0	2.00
3.00	Physician Assistant	0	0	0	0	0	0	3.00
4.00	Nurse Practitioner	1,531	0	26	0	3,576	0	4.00
5.00	Visiting Registered Nurse	0	0	0	0	0	0	5.00
6.00	Visiting Licensed Practical Nurse	0	0	0	0	0	0	6.00
7.00	Certified Nurse Midwife	6,120	0	79	0	13,117	0	7.00
8.00	Clinical Psychologist	0	0	0	0	0	0	8.00
9.00	Clinical Social Worker	0	0	0	0	0	0	9.00
10.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	0	10.00
11.00	Totals	34,423	3,622	1,544	316	268,691	55,338	11.00
12.00	Unit Cost Multiplier							12.00
13.00	Total Cost Per Visit					174.02	175.12	13.00

COMPUTATION OF HOSPITAL-BASED FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2016 To 12/31/2016	Worksheet N-3 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	FQHC I	Cost

		PNEUMOCOCCAL	INFLUENZA	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet N-1, column 7, sum of lines 23, and 25 through 36)	0	0	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.000000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	0	3.00
4.00	Vaccines and related medical supplies cost (from Worksheet N-1, column 7, lines 47 and 48, respectively)	0	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 + line 4)	0	0	5.00
6.00	Total direct cost of the hospital-based FQHC (from Worksheet N-1, column 7, line 100, minus Worksheet N-1, column 7, line 8)	0	0	6.00
7.00	Total administrative overhead (from Worksheet N-1, column 7, line 8)	0	0	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 / line 6)	0.000000	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	0	9.00
10.00	Total cost of pneumococcal and influenza vaccine and their administration (sum of lines 5 and 9)	0	0	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	0	0	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10 / line 11)	0.00	0.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Medicare beneficiaries	0	0	13.00
14.00	Cost of pneumococcal and influenza vaccines and their administration costs furnished to Medicare beneficiaries (line 12 x line 13)	0	0	14.00

		1.00	
15.00	Total cost of pneumococcal and influenza vaccines and their administration costs. (sum of columns 1 and 2, line 10)	0	15.00
16.00	Total Medicare cost of pneumococcal and influenza vaccines and their administration costs (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet N-4, line 2)	0	16.00

CALCULATION OF HOSPITAL-BASED FQHC REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2016 To 12/31/2016	Worksheet N-4 Date/Time Prepared: 5/30/2017 4:11 pm
	Title XVIII	FQHC I	Cost

		1.00	
1.00	FQHC PPS Amount (see instructions)	1,458,966	1.00
2.00	Medicare cost of pneumococcal and influenza vaccine and administration (From Worksheet N-3, line 16)	0	2.00
3.00	Medicare advantage supplemental payments (for information only)	0	3.00
4.00	Total (sum of lines 1 through 2)	1,458,966	4.00
5.00	Primary payer payments	0	5.00
6.00	Total amount payable for program beneficiaries (line 4 minus line 5)	1,458,966	6.00
7.00	Coinsurance billed to program beneficiaries	288,701	7.00
8.00	Net Medicare reimbursement excluding bad debts (line 6 minus line 7)	1,170,265	8.00
9.00	Allowable bad debts (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	11.00
12.00	Subtotal (line 8 plus line 10)	1,170,265	12.00
13.00	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	0	13.00
14.00	Amount due hospital-based FQHC prior to the sequestration adjustment (see instructions)	1,170,265	14.00
15.00	Sequestration adjustment (see instructions)	23,405	15.00
16.00	Amount due hospital-based FQHC after sequestration adjustment (see instructions)	1,146,860	16.00
17.00	Interim payments (from Worksheet N-5, column 2, line 4)	1,146,826	17.00
18.00	Tentative settlement (for contractor use only)	0	18.00
19.00	Balance due hospital-based FQHC/program (line 16 minus lines 17 and 18)	34	19.00
20.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	20.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED FQHC FOR SERVICES RENDERED	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2016 To 12/31/2016	Worksheet N-5 Date/Time Prepared: 5/30/2017 4:11 pm

		FQHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based FQHC		1,146,826	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet N-4, line 17)		1,146,826	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		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	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,146,826	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services	08001		8.00