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: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/20/2017 9:56 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/20/2017 Time: 9:56 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RUSH UNIVERSITY MEDICAL CENTER (14-0119) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-5,012,955	-41,137	0	0	1.00
2.00	Subprovider - IPF	0	235,054	0		0	2.00
3.00	Subprovider - IRF	0	761,582	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-4,016,319	-41,137	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.

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: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/20/2017 9:56 am

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 11/20/2017 Time: 9:56 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RUSH UNIVERSITY MEDICAL CENTER (14-0119) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 11/20/2017 Time: 9:56 am
pVArqWQ3bym45jDJ4Zz7HnTVmbynm0
OCMdv0iHaEqoUkGLgT0hX:nbKTykxe
9VvX3dsqwT0V3vg8
PI: Date: 11/20/2017 Time: 9:56 am
3RNegwAXNs:O7x.mFG7k6pW3g34.p0
yR4o90VxnlYgTKBYE5L.Ju.ubgOh8v
A.Md0e2B8w0jj59N

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-5,012,955	-41,137	0	0	1.00
2.00	Subprovider - IPF	0	235,054	0		0	2.00
3.00	Subprovider - IRF	0	761,582	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-4,016,319	-41,137	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: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

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

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

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2016	06/30/2017	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.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	11,238	4,490	322	0	30,053	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	106	786	0	0	1,428		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
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)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)	22.85	303.92	0.069927	64.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	21.26	354.07	0.056643	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	4.28	111.94	0.036827	67.00
67.01		MED/PEDS	1450	0.15	15.62	0.009512	67.01
67.02		OB GYNE	1750	1.01	19.66	0.048863	67.02
67.03		PEDIATRICS	2000	0.70	33.99	0.020179	67.03

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

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

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

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

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

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

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

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
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.	09/01/1977		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	11/08/1996	03/05/2015	127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

		1.00	2.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	04/30/1991		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:32 am

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		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)	10/01/2014	09/30/2015	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)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/20/2017 9:32 am

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

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

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

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

Financial Data and Reports

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

Approved Educational Activities

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

Bad Debts

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

Bed Complement

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/20/2017 9:32 am

		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.	Y		Y		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/20/2017 9:32 am

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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet S-2 Part V

Date/Time Prepared: 11/20/2017 9:32 am

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

HFS Supplemental Information	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part IX Date/Time Prepared: 11/20/2017 9:32 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
	FQHC			
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2017 9:32 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	368	133,903	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)		368	133,903	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	56	19,730	0.00	0	11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	52	18,878	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	18	6,554	0.00	0	12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	60	21,900	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		554	200,965	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,455		0	16.00
17.00	SUBPROVIDER - IRF	41.00	54	19,710		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		675				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: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2017 9:32 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	35,381	5,166	100,378			1.00
2.00	HMO and other (see instructions)	8,447	30,375				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	1,428				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)	35,381	5,166	100,378			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	5,385	903	15,378			11.00
12.00	MEDICAL INTENSIVE CARE UNIT	7,681	678	15,821			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	18	1,596	4,064			12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	6,606	16,687			12.02
13.00	NURSERY		779	3,873			13.00
14.00	Total (see instructions)	48,465	15,728	156,201	535.57	8,453.12	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	5,468	1,809	14,441	5.75	101.48	16.00
17.00	SUBPROVIDER - IRF	5,396	892	10,709	2.95	67.44	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				544.27	8,622.04	27.00
28.00	Observation Bed Days		0	9,300			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2017 9:32 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,342	1,469	29,253	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	MEDICAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02	PREMATURE INTENSIVE CARE UNIT						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,342	1,469	29,253	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	393	199	1,417	16.00
17.00	SUBPROVIDER - IRF	0.00	0	439	60	830	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	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: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/20/2017 9:32 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	755,519,073	0	755,519,073	17,933,842.00	42.13	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		13,699,779	0	13,699,779	99,221.00	138.07	4.00
4.01	Physicians - Part A - Teaching		4,701,796	0	4,701,796	40,551.00	115.95	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	37,029,659	1,354,366	38,384,025	1,473,244.00	26.05	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)		269,709,105	1,816,683	271,525,788	4,480,443.00	60.60	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		383,078	0	383,078	8,957.00	42.77	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		0	0	0	0.00	0.00	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)		102,450,412	0	102,450,412			17.00
18.00	Wage-related costs (other) (see instructions)		15,893,871	0	15,893,871			18.00
19.00	Excluded areas		65,848,804	0	65,848,804			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		2,413,337	0	2,413,337			22.00
22.01	Physician Part A - Teaching		874,834	0	874,834			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		15,327,994	0	15,327,994			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	3,988,569	-33,208	3,955,361	132,567.00	29.84	26.00
27.00	Administrative & General	5.00	110,686,334	-1,138,693	109,547,641	2,478,296.00	44.20	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet S-3 Part II Date/Time Prepared: 11/20/2017 9:32 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	14,076,974	-8,150	14,068,824	433,315.00	32.47	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	617,453	0	617,453	29,424.00	20.98	31.00
32.00	Housekeeping	9.00	16,506,964	0	16,506,964	788,030.00	20.95	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,710,265	0	6,710,265	311,823.00	21.52	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,799,941	0	1,799,941	97,785.00	18.41	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	8,648,060	-10,133	8,637,927	177,294.00	48.72	38.00
39.00	Central Services and Supply	14.00	210	-16	194	5.00	38.80	39.00
40.00	Pharmacy	15.00	11,488,660	-535,583	10,953,077	262,121.00	41.79	40.00
41.00	Medical Records & Medical Records Library	16.00	14,512,771	-5,505	14,507,266	394,592.00	36.77	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	32,790,809	-1,921,870	30,868,939	581,021.00	53.13	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0119

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2017 9:32 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		713,787,618	-1,354,366	712,433,252	16,420,047.00	43.39	1.00
2.00	Excluded area salaries (see instructions)		269,709,105	1,816,683	271,525,788	4,480,443.00	60.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)		444,078,513	-3,171,049	440,907,464	11,939,604.00	36.93	3.00
4.00	Subtotal other wages & related costs (see inst.)		383,078	0	383,078	8,957.00	42.77	4.00
5.00	Subtotal wage-related costs (see inst.)		120,757,620	0	120,757,620	0.00	27.39	5.00
6.00	Total (sum of lines 3 thru 5)		565,219,211	-3,171,049	562,048,162	11,948,561.00	47.04	6.00
7.00	Total overhead cost (see instructions)		221,827,010	-3,653,158	218,173,852	5,686,273.00	38.37	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2017 9:32 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	14,950,071	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	40,302,159	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)	64,647,233	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)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,016,146	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	4,725,417	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,350,496	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	297,217	16.00
	TAXES		
17.00	FICA-Employers Portion Only	51,272,713	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	781,144	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,572,785	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	186,915,381	24.00
	Part B - Other than Core Related Cost		
25.00	VARIOUS	15,893,871	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part V Date/Time Prepared: 11/20/2017 9:32 am

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-5 | Date/Time Prepared: 11/20/2017 9:32 am

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

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	8		11.00
12.00	Number of patients transplanted during the cost reporting period	1		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-5 Date/Time Prepared: 11/20/2017 9:32 am

		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)	142312	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/20/2017 9:32 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.264008	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	128,935,906	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	45,491,155	5.00
6.00	Medicaid charges	738,198,249	6.00
7.00	Medicaid cost (line 1 times line 6)	194,890,243	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)	20,463,182	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)	13,841	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	87,637	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	23,137	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)	9,296	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,150,194	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)	20,472,478	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	68,876,048	2,958,975	71,835,023	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	18,183,828	2,958,975	21,142,803	21.00
22.00	Payments received from patients for amounts previously written off as charity care	69,612	43,082	112,694	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,114,216	2,915,893	21,030,109	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	47,012,382	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,646,385	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,071,360	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	42,941,022	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	12,761,748	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	33,791,857	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	54,264,335	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL		-78,091,655	-78,091,655	79,809,189	1,717,534	1.01
1.02	00102	DEPRECIATION DIRECT BLDG		0	0	7,662,468	7,662,468	1.02
1.03	00103	DEPRECIATION KELLOGG PAV		0	0	4,497,449	4,497,449	1.03
1.04	00104	DEPRECIATION JELKE SOUTH		0	0	3,781,748	3,781,748	1.04
1.05	00105	DEPRECIATION ATRIUM PAV		0	0	7,006,997	7,006,997	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH		0	0	1,193,000	1,193,000	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH		0	0	810,161	810,161	1.07
1.08	00108	DEPRECIATION WOOD ST		0	0	345,704	345,704	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY		0	0	1,058,788	1,058,788	1.09
1.10	00110	DEPRECIATION PRO BLDG III		0	0	1,462,506	1,462,506	1.10
1.11	00111	DEPRECIATION JRB		0	0	754,357	754,357	1.11
1.12	00112	DEPRECIATION TOB		0	0	1,006,627	1,006,627	1.12
1.13	00113	DEPRECIATION EQUIPMENT		0	0	53,538,699	53,538,699	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS		0	0	999,753	999,753	1.14
1.15	00115	DEPRECIATION KIDSTON		0	0	58,875	58,875	1.15
1.16	00116	DEPRECIATION COHN		0	0	1,528,218	1,528,218	1.16
1.17	00117	DEPRECIATION TOWER		0	0	18,524,514	18,524,514	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	00201	INTEREST GENERAL		0	0	2,027,735	2,027,735	2.01
2.02	00202	INTEREST DIRECT BLDG		0	0	1,264,851	1,264,851	2.02
2.03	00203	INTEREST ATRUM PAV		0	0	2,698,691	2,698,691	2.03
2.04	00204	INTEREST PRO BLDG SOUTH		0	0	378,895	378,895	2.04
2.05	00205	INTEREST TOB		0	0	613,164	613,164	2.05
2.06	00206	INTEREST PRO BLDG III		0	0	14,177	14,177	2.06
2.07	00207	INTEREST TOWER		0	0	8,786,881	8,786,881	2.07
2.08	00208	INTEREST PRO BLDG NORTH		0	0	77,932	77,932	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,988,569	129,683	4,118,252	160,418,996	164,537,248	4.00
5.01	00590	TRANSITION RECRUITMENT	132,612	55,132,768	55,265,380	-9,415	55,255,965	5.01
5.02	00540	PARKING GARAGE	0	7,155,029	7,155,029	840,501	7,995,530	5.02
5.03	00591	RESEARCH ADMINISTRATION	4,235,225	9,841,263	14,076,488	-7,313,574	6,762,914	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,213,041	2,090,287	5,303,328	-965,611	4,337,717	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	3,128,056	1,669,051	4,797,107	-1,072,957	3,724,150	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,051,528	483,827	1,535,355	-1,766,856	-231,501	5.06
5.07	00595	ADMIN & GEN PT SERVICE	18,161,789	15,435,789	33,597,578	29,967,980	63,565,558	5.07
5.08	00596	PERSONNEL DEPARTMENT	4,419,076	7,890,639	12,309,715	-1,212,942	11,096,773	5.08
5.09	00597	RESEARCH FACULTY	12,520,525	10,313,298	22,833,823	-5,046,452	17,787,371	5.09
5.10	00598	RESEARCH SPA	6,138,999	1,569,096	7,708,095	-1,703,003	6,005,092	5.10
5.11	00560	CORPORATE ADMINISTRATION	57,685,483	137,102,139	194,787,622	-54,648,954	140,138,668	5.11
6.00	00600	MAINTENANCE & REPAIRS	14,076,974	46,798,635	60,875,609	-5,299,373	55,576,236	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	617,453	3,384,655	4,002,108	-927,642	3,074,466	8.00
9.00	00900	HOUSEKEEPING	16,506,964	8,235,235	24,742,199	-3,962,179	20,780,020	9.00
10.00	01000	DIETARY	363,106	330,031	693,137	-291,406	401,731	10.00
10.01	01001	PATIENT FOOD SERVICE	6,347,159	5,562,457	11,909,616	-3,376,719	8,532,897	10.01
11.00	01100	CAFETERIA	1,799,941	4,108,351	5,908,292	-2,367,477	3,540,815	11.00
13.00	01300	NURSING ADMINISTRATION	8,648,060	6,961,374	15,609,434	-3,370,697	12,238,737	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210	2,703,689	2,703,899	-2,658,975	44,924	14.00
15.00	01500	PHARMACY	11,488,660	116,476,606	127,965,266	-113,022,179	14,943,087	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,786,030	4,602,879	9,388,909	-2,079,617	7,309,292	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	9,726,741	4,972,113	14,698,854	-2,835,216	11,863,638	16.01
18.00	01850	CLINICAL LAB ADMIN MED	856,275	228,044	1,084,319	-227,230	857,089	18.00
18.01	01080	CLINICAL LAB ADMIN PED	194,162	223,294	417,456	-78,033	339,423	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,843,942	1,132,711	2,976,653	-932,249	2,044,404	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,970,255	1,299,455	3,269,710	-656,947	2,612,763	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	35,178	8,443	43,621	267,908	311,529	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	6,437	1,606,648	1,613,085	-901,734	711,351	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	2,820	2,820	188,571	191,391	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	628,534	256,103	884,637	255,577	1,140,214	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	868,716	1,714,842	2,583,558	-302,582	2,280,976	18.09
18.12	01859	DISCRETIONARY OPERATIONS	9,006,804	5,228,369	14,235,173	-4,886,940	9,348,233	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	5,998,103	-7,541,009	-1,542,906	12,269,310	10,726,404	18.14
18.16	01861	NURSING SCHOOL SPLIT	11,382,403	11,713,790	23,096,193	-9,566,110	13,530,083	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	3,090,230	3,090,230	19.00
20.00	02000	NURSING SCHOOL	0	0	0	4,038,023	4,038,023	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,029,659	17,606,839	54,636,498	-16,099,960	38,536,538	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,351,168	4,150,479	10,501,647	-2,416,849	8,084,798	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,678,372	7,858,715	9,537,087	-7,235,598	2,301,489	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	256,709	105,466	362,175	46,420	408,595	23.01
23.02	02302	PARAMED DIETARY	390,796	101,977	492,773	40,251	533,024	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
23.03	02303	PARAMED SPEECH	1,160,711	567,017	1,727,728	97,885	1,825,613	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	748,975	361,882	1,110,857	59,420	1,170,277	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	18,735	4,122	22,857	297,227	320,084	23.05
23.06	02306	PARAMED PASTORAL CARE	127,861	30,010	157,871	349,016	506,887	23.06
23.07	02307	PARAMED TECHNOLOGY	623,338	319,160	942,498	103,256	1,045,754	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	207,540	166,137	373,677	46,960	420,637	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	551,689	551,689	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	555,772	238,734	794,506	54,944	849,450	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	663,832	435,915	1,099,747	124,344	1,224,091	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,452,560	32,103,721	82,556,281	-28,950,456	53,605,825	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,318,108	7,497,478	20,815,586	-5,716,682	15,098,904	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	15,459,206	8,833,879	24,293,085	-6,505,614	17,787,471	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,448,899	2,556,230	7,005,129	-1,770,122	5,235,007	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	12,528,499	7,896,134	20,424,633	-6,555,662	13,868,971	35.02
40.00	04000	SUBPROVIDER - IPF	6,774,099	3,804,914	10,579,013	-3,565,087	7,013,926	40.00
41.00	04100	SUBPROVIDER - IRF	4,896,338	3,176,138	8,072,476	-2,839,607	5,232,869	41.00
43.00	04300	NURSERY	0	0	0	3,071,348	3,071,348	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,648,687	108,328,572	124,977,259	-99,392,560	25,584,699	50.00
51.00	05100	RECOVERY ROOM	4,764,132	3,645,811	8,409,943	-3,294,031	5,115,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,645,266	3,624,007	8,269,273	-2,660,485	5,608,788	52.00
53.00	05300	ANESTHESIOLOGY	3,967,702	5,347,707	9,315,409	-5,180,698	4,134,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,735,343	21,141,215	34,876,558	-17,969,093	16,907,465	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,203,855	7,221,618	10,425,473	-2,944,152	7,481,321	55.00
56.00	05600	RADIOISOTOPE	768,292	2,535,020	3,303,312	-664,782	2,638,530	56.00
60.00	06000	LABORATORY	21,900,121	41,899,299	63,799,420	-11,934,642	51,864,778	60.00
60.01	06002	LABORATORY - HLA	538,975	1,180,071	1,719,046	-233,834	1,485,212	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,804,177	9,687,228	11,491,405	-1,092,396	10,399,009	62.00
64.00	06400	INTRAVENOUS THERAPY	0	-3,731	-3,731	0	-3,731	64.00
65.00	06500	RESPIRATORY THERAPY	5,266,854	6,708,011	11,974,865	-1,886,761	10,088,104	65.00
66.00	06600	PHYSICAL THERAPY	3,909,630	2,262,272	6,171,902	-2,123,074	4,048,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,967,559	1,588,885	4,556,444	-1,514,100	3,042,344	67.00
68.00	06800	SPEECH PATHOLOGY	1,845,795	1,566,064	3,411,859	-1,364,118	2,047,741	68.00
69.00	06900	ELECTROCARDIOLOGY	3,706,290	18,430,519	22,136,809	-17,780,796	4,356,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	776,371	510,521	1,286,892	-403,114	883,778	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,655,836	31,655,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	79,845,479	79,845,479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	108,252,211	108,252,211	73.00
74.00	07400	RENAL DIALYSIS	289,511	340,357	629,868	-286,238	343,630	74.00
76.00	03020	RENAL DIALYSIS I/P	0	3,891,007	3,891,007	0	3,891,007	76.00
76.01	03550	PSYCH DAY HOSPITAL	1,998,230	1,271,529	3,269,759	-823,797	2,445,962	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20,155,502	33,097,026	53,252,528	-14,527,766	38,724,762	90.00
91.00	09100	EMERGENCY	9,931,642	7,976,315	17,907,957	-5,990,875	11,917,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,570,925	463,870	2,034,795	-377,022	1,657,773	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,385,180	4,320,155	5,705,335	-460,693	5,244,642	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	707,351	1,830,738	2,538,089	-210,474	2,327,615	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	60,134	323,130	383,264	-14,738	368,526	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	506,065,711	777,732,912	1,283,798,623	129,565,816	1,413,364,439	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	970,207	3,376,037	4,346,244	-677,727	3,668,517	190.00
190.01	19001	FUND RAISING	5,254,750	3,322,945	8,577,695	-1,579,235	6,998,460	190.01
190.02	19002	RUSH DAY SCHOOL	1,577,096	724,353	2,301,449	-378,503	1,922,946	190.02
191.00	19100	RESEARCH	18,351,480	15,375,000	33,726,480	-26,451	33,700,029	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,540,918	8,700,272	25,241,190	-157,956	25,083,234	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,644,274	28,310,318	30,954,592	-27,012,896	3,941,696	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	170,731,299	109,395,793	280,127,092	-82,818,015	197,309,077	192.00
194.00	07950	MEDICAL COLLEGE	15,973,311	17,459,388	33,432,699	-11,418,316	22,014,383	194.00
194.01	07951	AFFIL CORP ARC VENTURES	6,215,708	37,867,496	44,083,204	-1,898,927	42,184,277	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.02	07952	AFFIL CORP ROOM 500	854,927	2,496,724	3,351,651	-1,331,876	2,019,775	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	9,506,272	23,863,893	33,370,165	-2,082,628	31,287,537	194.03
194.04	07954	CON - GNE	833,120	646,165	1,479,285	-183,286	1,295,999	194.04
200.00		TOTAL (SUM OF LINES 118-199)	755,519,073	1,029,271,296	1,784,790,369	0	1,784,790,369	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	108,098	1,825,632		1.01
1.02	00102	DEPRECIATION DIRECT BLDG	-33,049	7,629,419		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	4,497,449		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	3,781,748		1.04
1.05	00105	DEPRECIATION ATRIUM PAV	19,947	7,026,944		1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,193,000		1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	119,472	929,633		1.07
1.08	00108	DEPRECIATION WOOD ST	0	345,704		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	7,660	1,066,448		1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,462,506		1.10
1.11	00111	DEPRECIATION JRB	357,514	1,111,871		1.11
1.12	00112	DEPRECIATION TOB	0	1,006,627		1.12
1.13	00113	DEPRECIATION EQUIPMENT	-663,855	52,874,844		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	999,753		1.14
1.15	00115	DEPRECIATION KIDSTON	0	58,875		1.15
1.16	00116	DEPRECIATION COHN	0	1,528,218		1.16
1.17	00117	DEPRECIATION TOWER	0	18,524,514		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
2.01	00201	INTEREST GENERAL	-1,519,701	508,034		2.01
2.02	00202	INTEREST DIRECT BLDG	-947,952	316,899		2.02
2.03	00203	INTEREST ATRUM PAV	-2,022,553	676,138		2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-283,966	94,929		2.04
2.05	00205	INTEREST TOB	-459,540	153,624		2.05
2.06	00206	INTEREST PRO BLDG III	-10,625	3,552		2.06
2.07	00207	INTEREST TOWER	-6,585,390	2,201,491		2.07
2.08	00208	INTEREST PRO BLDG NORTH	-58,407	19,525		2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,194,306	187,731,554		4.00
5.01	00590	TRANSITION RECRUITMENT	-54,962,905	293,060		5.01
5.02	00540	PARKING GARAGE	-12,227,891	-4,232,361		5.02
5.03	00591	RESEARCH ADMINISTRATION	-97,014	6,665,900		5.03
5.04	00592	ADMIN & GEN INPT SERVICE	-15,151	4,322,566		5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	3,724,150		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	-231,501		5.06
5.07	00595	ADMIN & GEN PT SERVICE	-2,425,736	61,139,822		5.07
5.08	00596	PERSONNEL DEPARTMENT	0	11,096,773		5.08
5.09	00597	RESEARCH FACULTY	-932,177	16,855,194		5.09
5.10	00598	RESEARCH SPA	-92,417	5,912,675		5.10
5.11	00560	CORPORATE ADMINISTRATION	-58,912,298	81,226,370		5.11
6.00	00600	MAINTENANCE & REPAIRS	-964,839	54,611,397		6.00
6.01	00601	RENTED SPACE COSTS	0	0		6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-52,740	3,021,726		8.00
9.00	00900	HOUSEKEEPING	-74,354	20,705,666		9.00
10.00	01000	DIETARY	-140	401,591		10.00
10.01	01001	PATIENT FOOD SERVICE	-28,732	8,504,165		10.01
11.00	01100	CAFETERIA	-3,498,113	42,702		11.00
13.00	01300	NURSING ADMINISTRATION	-189,174	12,049,563		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,924		14.00
15.00	01500	PHARMACY	0	14,943,087		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20	7,309,272		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-45,191	11,818,447		16.01
18.00	01850	CLINICAL LAB ADMIN MED	-275,058	582,031		18.00
18.01	01080	CLINICAL LAB ADMIN PED	-178,826	160,597		18.01
18.02	01851	CLINICAL LAB ADMIN OB	-502,251	1,542,153		18.02
18.03	01852	CLINICAL LAB ADMIN SURG	-610,743	2,002,020		18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	-346,433	-34,904		18.04
18.05	01854	CLINICAL LAB ADMIN PATH	-30,921	680,430		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	-206,882	-15,491		18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0		18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	-693,599	446,615		18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	2,280,976		18.09
18.12	01859	DISCRETIONARY OPERATIONS	-11,317,172	-1,968,939		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	-1,941,765	8,784,639		18.14
18.16	01861	NURSING SCHOOL SPLIT	0	13,530,083		18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-3,090,230	0		19.00
20.00	02000	NURSING SCHOOL	-21,896,946	-17,858,923		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,237,129	37,299,409		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-853,977	7,230,821		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,749,805	551,684		23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-1,171,674	-763,079		23.01
23.02	02302	PARAMED DIETARY	-852,243	-319,219		23.02
23.03	02303	PARAMED SPEECH	-3,343,290	-1,517,677		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-2,583,686	-1,413,409		23.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
23.05	02305	PARAMED MEDICAL PHYSICS	0	320,084		23.05
23.06	02306	PARAMED PASTORAL CARE	-4,500	502,387		23.06
23.07	02307	PARAMED TECHNOLOGY	-1,909,327	-863,573		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-757,377	-336,740		23.08
23.09	02309	PARAMED PHARMACY	-46,000	505,689		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-1,243,192	-393,742		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-2,737,334	-1,513,243		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-37,615	53,568,210		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-14,513	15,084,391		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-260,194	17,527,277		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-39,450	5,195,557		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	-22,655	13,846,316		35.02
40.00	04000	SUBPROVIDER - IPF	0	7,013,926		40.00
41.00	04100	SUBPROVIDER - IRF	0	5,232,869		41.00
43.00	04300	NURSERY	0	3,071,348		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-10,890	25,573,809		50.00
51.00	05100	RECOVERY ROOM	0	5,115,912		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,608,788		52.00
53.00	05300	ANESTHESIOLOGY	-121,512	4,013,199		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-93,488	16,813,977		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,481,321		55.00
56.00	05600	RADIOISOTOPE	-1,000	2,637,530		56.00
60.00	06000	LABORATORY	-2,925,834	48,938,944		60.00
60.01	06002	LABORATORY - HLA	0	1,485,212		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-3,334	10,395,675		62.00
64.00	06400	INTRAVENOUS THERAPY	-186	-3,917		64.00
65.00	06500	RESPIRATORY THERAPY	-4,547	10,083,557		65.00
66.00	06600	PHYSICAL THERAPY	-805	4,048,023		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,042,344		67.00
68.00	06800	SPEECH PATHOLOGY	0	2,047,741		68.00
69.00	06900	ELECTROCARDIOLOGY	-239,313	4,116,700		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-129	883,649		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,655,836		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	79,845,479		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-199,892	108,052,319		73.00
74.00	07400	RENAL DIALYSIS	0	343,630		74.00
76.00	03020	RENAL DIALYSIS I/P	0	3,891,007		76.00
76.01	03550	PSYCH DAY HOSPITAL	-135,288	2,310,674		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-159,709	38,565,053		90.00
91.00	09100	EMERGENCY	-42,011	11,875,071		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,657,773		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-67,622	5,177,020		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	-100,130	2,227,485		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	-10,432	358,094		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-187,367,842	1,225,996,597		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,668,517		190.00
190.01	19001	FUND RAISING	-87,013	6,911,447		190.01
190.02	19002	RUSH DAY SCHOOL	0	1,922,946		190.02
191.00	19100	RESEARCH	0	33,700,029		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	25,083,234		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	3,941,696		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	197,309,077		192.00
194.00	07950	MEDICAL COLLEGE	-2,621	22,011,762		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	42,184,277		194.01
194.02	07952	AFFIL CORP ROOM 500	0	2,019,775		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	31,287,537		194.03
194.04	07954	CON - GNE	0	1,295,999		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-187,457,476	1,597,332,893		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2017 9:32 am

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

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
23.02	PARAMED DIETARY	02302		23.02
23.03	PARAMED SPEECH	02303		23.03
23.04	PARAMED OCCUPATIONAL THERAPY	02304		23.04
23.05	PARAMED MEDICAL PHYSICS	02305		23.05
23.06	PARAMED PASTORAL CARE	02306		23.06
23.07	PARAMED TECHNOLOGY	02307		23.07
23.08	PARAMED VASCULAR ULTRASOUND	02308		23.08
23.09	PARAMED PHARMACY	02309		23.09
23.10	PARAMED RESPIRATORY THERAPY	02310		23.10
23.11	PARAMED PHYSICIANS ASSISTANT	02311		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	02040	DETOXIFICATION INTENSIVE CARE UNIT	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	02080	PEDIATRIC INTENSIVE CARE UNIT	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	02120	PREMATURE INTENSIVE CARE UNIT	35.02
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY - HLA	06002		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	RENAL DIALYSIS I/P	03020	ACUPUNCTURE	76.00
76.01	PSYCH DAY HOSPITAL	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01
93.00	BEHAVIORAL HEALTH	04040	FAMILY PRACTICE	93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	09400		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	09850		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	08600		112.00
114.00	UTILIZATION REVIEW - SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	FUND RAISING	19001		190.01
190.02	RUSH DAY SCHOOL	19002		190.02
191.00	RESEARCH	19100		191.00

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	19101		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	19102		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MEDICAL COLLEGE	07950		194.00
194.01	AFFIL CORP ARC VENTURES	07951		194.01
194.02	AFFIL CORP ROOM 500	07952		194.02
194.03	AFFIL CORP JOINT VENTURES	07953		194.03
194.04	CON - GNE	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - AFFIL CORP FRINGES #45960				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	166,822,693	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

	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
	TOTALS		0	166,822,693	
	B - PARKING GARAGE RECH #49490				
1.00	PARKING GARAGE	5.02	0	853,877	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
	TOTALS		0	853,877	
	C - REAL ESTATE TAX				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,819,940	1.00
	TOTALS		0	1,819,940	
	D - PROPERTY INSURANCE				
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,667,983	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00		0.00	0	0	9.00
	TOTALS		0	2,667,983	
	E - CENTRAL SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	411,655	1.00
	TOTALS		0	411,655	
	F - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	108,462,970	1.00
	TOTALS		0	108,462,970	
	G - SPACE RECH #49940				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	130,500,824	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	130,500,824		
	H - AFFIL CORP OH #45969					
1.00	CORPORATE ADMINISTRATION	5.11	0	64,416,936		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	17,053,212		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		0	81,470,148		
	I - NURSE ANESTH					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	3,090,230	0		1.00
	TOTALS		3,090,230	0		
	J - DATA CENTER					
1.00	ADMIN & GEN PT SERVICE	5.07	14,349,360	23,678,818		1.00
	TOTALS		14,349,360	23,678,818		
	K - PASTORAL CARE					
1.00	PARAMED PASTORAL CARE	23.06	495,365	39,651		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	127,861	30,010		2.00
3.00		0.00	0	0		3.00
	TOTALS		623,226	69,661		
	L - MALPRACTICE					
1.00	CORPORATE ADMINISTRATION	5.11	0	17,242,632		1.00
	TOTALS		0	17,242,632		
	M - DEPRECIATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,468,075		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	7,659,811		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	4,323,725		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	3,605,130		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	6,878,505		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,075,021		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	726,320		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	342,430		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,002,453		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,407,501		10.00
11.00	DEPRECIATION JRB	1.11	0	713,464		11.00
12.00	DEPRECIATION TOB	1.12	0	942,796		12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	50,870,716		13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	999,753		14.00
15.00	DEPRECIATION KIDSTON	1.15	0	46,842		15.00
16.00	DEPRECIATION COHN	1.16	0	1,527,673		16.00
17.00	DEPRECIATION TOWER	1.17	0	18,517,331		17.00
	TOTALS		0	102,107,546		
	N - INTEREST					
1.00	INTEREST GENERAL	2.01	0	2,027,735		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,264,851		2.00
3.00	INTEREST ATRUM PAV	2.03	0	2,698,691		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	378,895		4.00
5.00	INTEREST TOB	2.05	0	613,164		5.00
6.00	INTEREST PRO BLDG III	2.06	0	14,177		6.00
7.00	INTEREST TOWER	2.07	0	8,786,881		7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	77,932		8.00
	TOTALS		0	15,862,326		
	O - NURSING SALARY					
1.00	NURSERY	43.00	1,883,757	1,187,591		1.00
	TOTALS		1,883,757	1,187,591		

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	297,994	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		297,994	0		
	Q - RENAL DIALYSIS SPLIT					
1.00	RENAL DIALYSIS	74.00	46,594	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		46,594	0		
	R - NON-RESEARCH					
1.00	RESEARCH ADMINISTRATION	5.03	61,055	8,458		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	195,579	4,768		2.00
3.00	RESEARCH FACULTY	5.09	52,355	10,217		3.00
4.00	CORPORATE ADMINISTRATION	5.11	96,902	7,927		4.00
5.00	CLINICAL LAB ADMIN PED	18.01	86,565	58,610		5.00
6.00	CLINICAL LAB ADMIN OB	18.02	100,591	12,626		6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	129,545	134,197		7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	272,371	3,980		8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	5,726	23,936		9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	83,237	105,334		10.00
11.00	CLINICAL LAB ADMIN NEUR	18.08	306,265	201,384		11.00
12.00	DISCRETIONARY OPERATIONS	18.12	5,781,342	3,738,290		12.00
13.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	557,140	341,177		13.00
14.00	NURSING SCHOOL SPLIT	18.16	16,056	837		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	336,089	105,537		15.00
16.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	500	1,091		16.00
17.00	ANESTHESIOLOGY	53.00	0	120,000		17.00
18.00	RADIOISOTOPE	56.00	0	1,000		18.00
19.00	LABORATORY	60.00	712,004	243,252		19.00
20.00	ELECTROCARDIOLOGY	69.00	143,781	17,686		20.00
21.00	PSYCH DAY HOSPITAL	76.01	55,387	0		21.00
22.00	EMERGENCY	91.00	0	15,892		22.00
23.00	FUND RAISING	190.01	14,314	69,549		23.00
24.00	MEDICAL COLLEGE	194.00	0	2,621		24.00
	TOTALS		9,006,804	5,228,369		
	S - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,164,053	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
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
	TOTALS		1,164,053	0		
	T - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	4,038,023		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	973,427		2.00
	TOTALS		0	5,011,450		
	U - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	30,246		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	2,657		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	173,724		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	176,618		4.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00	DEPRECIATION ATRIUM PAV	1.05	0	128,492		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	117,979		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	83,841		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	3,274		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	56,335		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	55,005		10.00
11.00	DEPRECIATION JRB	1.11	0	40,893		11.00
12.00	DEPRECIATION TOB	1.12	0	63,831		12.00
13.00	DEPRECIATION KIDSTON	1.15	0	12,033		13.00
14.00	DEPRECIATION COHN	1.16	0	545		14.00
15.00	DEPRECIATION TOWER	1.17	0	7,183		15.00
	TOTALS		0	952,656		
	V - MED SUPPLY & IMPLANT DIRECT COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,244,181		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	79,845,479		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
	TOTALS		0	111,089,660		
	W - PHARMACY RESIDENTS					
1.00	PARAMED PHARMACY	23.09	529,806	21,883		1.00
	TOTALS		529,806	21,883		
	X - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	235,707		1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	126,376		2.00
3.00	PARAMED DIETARY	23.02	0	127,711		3.00
4.00	PARAMED TECHNOLOGY	23.07	0	285,599		4.00
5.00	PARAMED SPEECH	23.03	0	497,483		5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	296,540		6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0	3,355		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	23,173		8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0	108,046		9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	302,740		10.00
11.00	PARAMED RESPIRATORY THERAPY	23.10	0	231,554		11.00
12.00	MEDICAL COLLEGE	194.00	0	76,891		12.00
13.00	MEDICAL COLLEGE	194.00	0	38,857		13.00
14.00	MEDICAL COLLEGE	194.00	0	10,010		14.00
15.00	MEDICAL COLLEGE	194.00	0	187,174		15.00
	TOTALS		0	2,551,216		
	Y - DIRECT EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,019,513	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		1,019,513	0	
500.00	Grand Total: Increases		32,011,337	778,013,898	500.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - AFFIL CORP FRINGES #45960					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,188,591	0	1.00
2.00	TRANSITION RECRUITMENT	5.01	0	9,415	0	2.00
3.00	RESEARCH ADMINISTRATION	5.03	0	931,750	0	3.00
4.00	ADMIN & GEN INPT SERVICE	5.04	0	771,130	0	4.00
5.00	ADMIN & GEN OUTPT SERVICE	5.05	0	750,733	0	5.00
6.00	ADMIN & GEN ANIMAL LAB	5.06	0	231,336	0	6.00
7.00	ADMIN & GEN PT SERVICE	5.07	0	4,358,829	0	7.00
8.00	PERSONNEL DEPARTMENT	5.08	0	744,800	0	8.00
9.00	RESEARCH FACULTY	5.09	0	2,753,361	0	9.00
10.00	RESEARCH SPA	5.10	0	1,307,353	0	10.00
11.00	CORPORATE ADMINISTRATION	5.11	0	14,028,452	0	11.00
12.00	MAINTENANCE & REPAIRS	6.00	0	3,378,474	0	12.00
13.00	LAUNDRY & LINEN SERVICE	8.00	0	148,189	0	13.00
14.00	HOUSEKEEPING	9.00	0	3,962,179	0	14.00
15.00	DIETARY	10.00	0	87,145	0	15.00
16.00	PATIENT FOOD SERVICE	10.01	0	1,523,318	0	16.00
17.00	CAFETERIA	11.00	0	431,986	0	17.00
18.00	NURSING ADMINISTRATION	13.00	0	2,075,571	0	18.00
19.00	CENTRAL SERVICES & SUPPLY	14.00	0	50	0	19.00
20.00	PHARMACY	15.00	0	2,757,278	0	20.00
21.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,148,647	0	21.00
22.00	MEDICAL RECORDS & LIBRARY	16.01	0	2,336,172	0	22.00
23.00	CLINICAL LAB ADMIN MED	18.00	0	205,506	0	23.00
24.00	CLINICAL LAB ADMIN PED	18.01	0	46,599	0	24.00
25.00	CLINICAL LAB ADMIN OB	18.02	0	442,546	0	25.00
26.00	CLINICAL LAB ADMIN SURG	18.03	0	475,861	0	26.00
27.00	CLINICAL LAB ADMIN PSYCH	18.04	0	8,443	0	27.00
28.00	CLINICAL LAB ADMIN PATH	18.05	0	1,545	0	28.00
29.00	CLINICAL LAB ADMIN NEUR	18.08	0	151,794	0	29.00
30.00	CLINICAL LAB ADMIN OCLS	18.09	0	208,492	0	30.00
31.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,325,753	0	31.00
32.00	NURSING SCHOOL SPLIT	18.16	0	2,504,129	0	32.00
33.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,972,259	0	33.00
34.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,500,239	0	34.00
35.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	364,663	0	35.00
36.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	56,476	0	36.00
37.00	PARAMED DIETARY	23.02	0	85,975	0	37.00
38.00	PARAMED SPEECH	23.03	0	255,356	0	38.00
39.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	164,775	0	39.00
40.00	PARAMED MEDICAL PHYSICS	23.05	0	4,122	0	40.00
41.00	PARAMED PASTORAL CARE	23.06	0	28,129	0	41.00
42.00	PARAMED TECHNOLOGY	23.07	0	137,134	0	42.00
43.00	PARAMED VASCULAR ULTRASOUND	23.08	0	45,659	0	43.00
44.00	PARAMED RESPIRATORY THERAPY	23.10	0	122,270	0	44.00
45.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	146,725	0	45.00
46.00	ADULTS & PEDIATRICS	30.00	0	12,108,804	0	46.00
47.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,196,346	0	47.00
48.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,710,170	0	48.00
49.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,067,736	0	49.00
50.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,006,840	0	50.00
51.00	SUBPROVIDER - IPF	40.00	0	1,616,438	0	51.00
52.00	SUBPROVIDER - IRF	41.00	0	1,175,121	0	52.00
53.00	OPERATING ROOM	50.00	0	3,995,685	0	53.00
54.00	RECOVERY ROOM	51.00	0	1,143,392	0	54.00
55.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,114,864	0	55.00
56.00	ANESTHESIOLOGY	53.00	0	952,248	0	56.00
57.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,300,694	0	57.00
58.00	RADIOLOGY-THERAPEUTIC	55.00	0	770,936	0	58.00
59.00	RADIOISOTOPE	56.00	0	184,390	0	59.00
60.00	LABORATORY	60.00	0	5,165,207	0	60.00
61.00	LABORATORY - HLA	60.01	0	129,354	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	433,002	0	62.00
63.00	RESPIRATORY THERAPY	65.00	0	1,266,578	0	63.00
64.00	PHYSICAL THERAPY	66.00	0	938,311	0	64.00
65.00	OCCUPATIONAL THERAPY	67.00	0	712,214	0	65.00
66.00	SPEECH PATHOLOGY	68.00	0	442,991	0	66.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
67.00	ELECTROCARDIOLOGY	69.00	0	889,582	0	67.00
68.00	ELECTROENCEPHALOGRAPHY	70.00	0	186,329	0	68.00
69.00	RENAL DIALYSIS	74.00	0	69,483	0	69.00
70.00	PSYCH DAY HOSPITAL	76.01	0	479,575	0	70.00
71.00	CLINIC	90.00	0	3,638,385	0	71.00
72.00	EMERGENCY	91.00	0	2,383,594	0	72.00
73.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	377,022	0	73.00
74.00	KIDNEY ACQUISITION	105.00	0	332,443	0	74.00
75.00	LIVER ACQUISITION	107.00	0	169,764	0	75.00
76.00	PANCREAS ACQUISITION	109.00	0	14,432	0	76.00
77.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	232,093	0	77.00
78.00	FUND RAISING	190.01	0	1,261,140	0	78.00
79.00	RUSH DAY SCHOOL	190.02	0	378,503	0	79.00
80.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	9,785,257	0	80.00
81.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,739,144	0	81.00
82.00	MEDICAL COLLEGE	194.00	0	3,494,663	0	82.00
83.00	AFFIL CORP ARC VENTURES	194.01	0	1,495,856	0	83.00
84.00	AFFIL CORP ROOM 500	194.02	0	204,369	0	84.00
85.00	AFFIL CORP JOINT VENTURES	194.03	0	1,897,243	0	85.00
86.00	CON - GNE	194.04	0	183,286	0	86.00
	TOTALS		0	166,822,693		
	B - PARKING GARAGE RECH #49490					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,600	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	1,730	0	2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	300	0	3.00
4.00	ADMIN & GEN PT SERVICE	5.07	0	10,880	0	4.00
5.00	PERSONNEL DEPARTMENT	5.08	0	46,880	0	5.00
6.00	RESEARCH FACULTY	5.09	0	11,450	0	6.00
7.00	RESEARCH SPA	5.10	0	900	0	7.00
8.00	CORPORATE ADMINISTRATION	5.11	0	14,500	0	8.00
9.00	MAINTENANCE & REPAIRS	6.00	0	530	0	9.00
10.00	DIETARY	10.00	0	600	0	10.00
11.00	PATIENT FOOD SERVICE	10.01	0	425	0	11.00
12.00	NURSING ADMINISTRATION	13.00	0	900	0	12.00
13.00	PHARMACY	15.00	0	1,600	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	200	0	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.01	0	100	0	15.00
16.00	CLINICAL LAB ADMIN OB	18.02	0	300	0	16.00
17.00	CLINICAL LAB ADMIN PATH	18.05	0	300	0	17.00
18.00	CLINICAL LAB ADMIN NEUR	18.08	0	1,000	0	18.00
19.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,300	0	19.00
20.00	NURSING SCHOOL SPLIT	18.16	0	8,550	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	541,157	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	10,400	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,400	0	23.00
24.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	100	0	24.00
25.00	PARAMED DIETARY	23.02	0	300	0	25.00
26.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	1,400	0	26.00
27.00	PARAMED TECHNOLOGY	23.07	0	900	0	27.00
28.00	PARAMED VASCULAR ULTRASOUND	23.08	0	1,100	0	28.00
29.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	500	0	29.00
30.00	ADULTS & PEDIATRICS	30.00	0	3,200	0	30.00
31.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	200	0	31.00
32.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	600	0	32.00
33.00	SUBPROVIDER - IRF	41.00	0	560	0	33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,860	0	34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,000	0	35.00
36.00	LABORATORY	60.00	0	11,920	0	36.00
37.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	100	0	37.00
38.00	RESPIRATORY THERAPY	65.00	0	1,200	0	38.00
39.00	PSYCH DAY HOSPITAL	76.01	0	31,900	0	39.00
40.00	CLINIC	90.00	0	7,630	0	40.00
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,050	0	41.00
42.00	FUND RAISING	190.01	0	10,700	0	42.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
43.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	52,390	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,765	0		44.00
45.00	MEDICAL COLLEGE	194.00	0	21,200	0		45.00
46.00	AFFIL CORP JOINT VENTURES	194.03	0	2,300	0		46.00
	TOTALS		0	853,877			
	C - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,819,940	0		1.00
	TOTALS		0	1,819,940			
	D - PROPERTY INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	70,995	9		1.00
2.00	PARKING GARAGE	5.02	0	13,376	0		2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	2,356,799	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	32,068	0		4.00
5.00	CAFETERIA	11.00	0	2,915	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,915	0		6.00
7.00	LABORATORY	60.00	0	2,915	0		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,915	0		8.00
9.00	AFFIL CORP JOINT VENTURES	194.03	0	183,085	0		9.00
	TOTALS		0	2,667,983			
	E - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	411,655	0		1.00
	TOTALS		0	411,655			
	F - PHARMACY						
1.00	PHARMACY	15.00	0	108,462,970	0		1.00
	TOTALS		0	108,462,970			
	G - SPACE RECH #49940						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	97,853	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	6,424,019	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	194,181	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	322,224	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,535,520	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	3,323,769	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	408,317	0		7.00
8.00	RESEARCH FACULTY	5.09	0	2,337,636	0		8.00
9.00	RESEARCH SPA	5.10	0	394,750	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	8,799,514	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	60,211	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	779,453	0		12.00
13.00	DIETARY	10.00	0	203,661	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,852,976	0		14.00
15.00	CAFETERIA	11.00	0	1,932,576	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	1,284,093	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,247,254	0		17.00
18.00	PHARMACY	15.00	0	1,242,865	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	929,620	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	494,589	0		20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	21,724	0		21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	176,609	0		22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	602,497	0		23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	431,512	0		24.00
25.00	CLINICAL LAB ADMIN PATH	18.05	0	926,864	0		25.00
26.00	CLINICAL LAB ADMIN NEUR	18.08	0	35,048	0		26.00
27.00	CLINICAL LAB ADMIN OCLS	18.09	0	94,090	0		27.00
28.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	4,352,141	0		28.00
29.00	NURSING SCHOOL SPLIT	18.16	0	651,012	0		29.00
30.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,364,223	0		30.00
31.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	903,161	0		31.00
32.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	213,480	0		32.00
33.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	23,380	0		33.00
34.00	PARAMED DIETARY	23.02	0	1,185	0		34.00
35.00	PARAMED SPEECH	23.03	0	144,242	0		35.00
36.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	70,945	0		36.00
37.00	PARAMED TECHNOLOGY	23.07	0	44,309	0		37.00
38.00	PARAMED VASCULAR ULTRASOUND	23.08	0	14,327	0		38.00
39.00	PARAMED RESPIRATORY THERAPY	23.10	0	54,340	0		39.00
40.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	31,141	0		40.00
41.00	ADULTS & PEDIATRICS	30.00	0	13,747,912	0		41.00
42.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,520,136	0		42.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
43.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,724,483	0	43.00
44.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	686,485	0	44.00
45.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,548,770	0	45.00
46.00	SUBPROVIDER - IPF	40.00	0	1,948,649	0	46.00
47.00	SUBPROVIDER - IRF	41.00	0	1,663,926	0	47.00
48.00	OPERATING ROOM	50.00	0	9,691,141	0	48.00
49.00	RECOVERY ROOM	51.00	0	2,150,639	0	49.00
50.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,545,621	0	50.00
51.00	ANESTHESIOLOGY	53.00	0	1,258,220	0	51.00
52.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,448,829	0	52.00
53.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,643,200	0	53.00
54.00	RADIOISOTOPE	56.00	0	481,392	0	54.00
55.00	LABORATORY	60.00	0	7,120,323	0	55.00
56.00	LABORATORY - HLA	60.01	0	104,480	0	56.00
57.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	659,226	0	57.00
58.00	RESPIRATORY THERAPY	65.00	0	618,983	0	58.00
59.00	PHYSICAL THERAPY	66.00	0	1,184,750	0	59.00
60.00	OCCUPATIONAL THERAPY	67.00	0	801,886	0	60.00
61.00	SPEECH PATHOLOGY	68.00	0	672,461	0	61.00
62.00	ELECTROCARDIOLOGY	69.00	0	1,127,077	0	62.00
63.00	ELECTROENCEPHALOGRAPHY	70.00	0	216,785	0	63.00
64.00	RENAL DIALYSIS	74.00	0	263,349	0	64.00
65.00	PSYCH DAY HOSPITAL	76.01	0	365,447	0	65.00
66.00	CLINIC	90.00	0	5,615,328	0	66.00
67.00	EMERGENCY	91.00	0	3,602,184	0	67.00
68.00	KIDNEY ACQUISITION	105.00	0	128,043	0	68.00
69.00	LIVER ACQUISITION	107.00	0	40,558	0	69.00
70.00	PANCREAS ACQUISITION	109.00	0	304	0	70.00
71.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,595,140	0	71.00
72.00	FUND RAISING	190.01	0	391,258	0	72.00
73.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	38,976	0	73.00
74.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,922,812	0	74.00
75.00	MEDICAL COLLEGE	194.00	0	1,420,162	0	75.00
76.00	AFFIL CORP ARC VENTURES	194.01	0	403,071	0	76.00
77.00	AFFIL CORP ROOM 500	194.02	0	1,127,507	0	77.00
	TOTALS		0	130,500,824		
	H - AFFIL CORP OH #45969					
1.00	RESEARCH ADMINISTRATION	5.03	0	387	0	1.00
2.00	CORPORATE ADMINISTRATION	5.11	0	5,500,221	0	2.00
3.00	NURSING SCHOOL SPLIT	18.16	0	6,418,188	0	3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,682,224	0	4.00
5.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,485,860	0	5.00
6.00	CLINIC	90.00	0	5,243,100	0	6.00
7.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	17,134,992	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,319,940	0	8.00
9.00	MEDICAL COLLEGE	194.00	0	6,685,236	0	9.00
	TOTALS		0	81,470,148		
	I - NURSE ANESTH					
1.00	ANESTHESIOLOGY	53.00	3,090,230	0	0	1.00
	TOTALS		3,090,230	0		
	J - DATA CENTER					
1.00	CORPORATE ADMINISTRATION	5.11	14,349,360	23,678,818	0	1.00
	TOTALS		14,349,360	23,678,818		
	K - PASTORAL CARE					
1.00	PARAMED PASTORAL CARE	23.06	127,861	30,010	0	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	495,365	20,321	0	2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	19,330	0	3.00
	TOTALS		623,226	69,661		
	L - MALPRACTICE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,242,632	0	1.00
	TOTALS		0	17,242,632		
	M - DEPRECIATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	51,237,300	9	1.00
2.00	CORPORATE ADMINISTRATION	5.11	0	50,870,246	9	2.00
3.00		0.00	0	0	9	3.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00
9.00		0.00	0	0	9	9.00
10.00		0.00	0	0	9	10.00
11.00		0.00	0	0	9	11.00
12.00		0.00	0	0	9	12.00
13.00		0.00	0	0	9	13.00
14.00		0.00	0	0	9	14.00
15.00		0.00	0	0	9	15.00
16.00		0.00	0	0	9	16.00
17.00		0.00	0	0	9	17.00
	TOTALS		0	102,107,546		
	N - INTEREST					
1.00	CORPORATE ADMINISTRATION	5.11	0	15,862,326	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
4.00		0.00	0	0	11	4.00
5.00		0.00	0	0	11	5.00
6.00		0.00	0	0	11	6.00
7.00		0.00	0	0	11	7.00
8.00		0.00	0	0	11	8.00
	TOTALS		0	15,862,326		
	O - NURSING SALARY					
1.00	ADULTS & PEDIATRICS	30.00	1,883,757	1,187,591	0	1.00
	TOTALS		1,883,757	1,187,591		
	P - PHYSICS RESIDENTS					
1.00	CORPORATE ADMINISTRATION	5.11	12,233	0	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	285,761	0	0	2.00
	TOTALS		297,994	0		
	Q - RENAL DIALYSIS SPLIT					
1.00	MEDICAL RECORDS & LIBRARY	16.01	4,307	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	19,192	0	0	2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	15,901	0	0	3.00
4.00	CLINIC	90.00	7,194	0	0	4.00
	TOTALS		46,594	0		
	R - NON-RESEARCH					
1.00	DISCRETIONARY OPERATIONS	18.12	9,006,804	5,228,369	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
	TOTALS		9,006,804	5,228,369		
	S - HSM TEACHING					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	30,958	0	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	25,201	0	0	2.00
3.00	ADMIN & GEN PT SERVICE	5.07	51,381	0	0	3.00
4.00	PERSONNEL DEPARTMENT	5.08	12,945	0	0	4.00
5.00	RESEARCH FACULTY	5.09	6,157	0	0	5.00
6.00	CORPORATE ADMINISTRATION	5.11	940,882	0	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	8,150	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	10,133	0	0	8.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	16	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.01	48	0	0	10.00
11.00	CLINICAL LAB ADMIN OB	18.02	123	0	0	11.00
12.00	CLINICAL LAB ADMIN SURG	18.03	13,316	0	0	12.00
13.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	893	0	0	13.00
14.00	NURSING SCHOOL SPLIT	18.16	1,124	0	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,236	0	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,049	0	0	16.00
17.00	MEDICAL INTENSIVE CARE UNIT	35.00	6	0	0	17.00
18.00	LABORATORY	60.00	44,180	0	0	18.00
19.00	PSYCH DAY HOSPITAL	76.01	2,262	0	0	19.00
20.00	EMERGENCY	91.00	11,632	0	0	20.00
21.00	KIDNEY ACQUISITION	105.00	207	0	0	21.00
22.00	LIVER ACQUISITION	107.00	152	0	0	22.00
23.00	PANCREAS ACQUISITION	109.00	2	0	0	23.00
	TOTALS		1,164,053	0		
	T - TUITION ASSISTANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,011,450	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	5,011,450		
	U - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	952,656	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00
9.00		0.00	0	0	9	9.00
10.00		0.00	0	0	9	10.00
11.00		0.00	0	0	9	11.00
12.00		0.00	0	0	9	12.00
13.00		0.00	0	0	9	13.00
14.00		0.00	0	0	9	14.00
15.00		0.00	0	0	9	15.00
	TOTALS		0	952,656		
	V - MED SUPPLY & IMPLANT DIRECT COST					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	210,759	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,525	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	13	0	3.00
4.00	SPEECH PATHOLOGY	68.00	0	55,201	0	4.00
5.00	SPEECH PATHOLOGY	68.00	0	193,465	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	242,255	0	6.00
7.00	EMERGENCY	91.00	0	9,357	0	7.00
8.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	52	0	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	68	0	9.00
10.00	OPERATING ROOM	50.00	0	79,244,277	0	10.00
11.00	OPERATING ROOM	50.00	0	1,036,860	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	8,093,949	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	7,760,742	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,182,270	0	14.00
15.00	OPERATING ROOM	50.00	0	5,424,597	0	15.00
16.00	LABORATORY	60.00	0	545,353	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	70,913	0	17.00
18.00	CLINIC	90.00	0	4	0	18.00
	TOTALS		0	111,089,660		
	W - PHARMACY RESIDENTS					
1.00	PHARMACY	15.00	529,806	21,883	0	1.00
	TOTALS		529,806	21,883		
	X - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,551,216	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/20/2017 9:32 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
	TOTALS		0	2,551,216		
	Y - DIRECT EDUCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,250	0	0	1.00
2.00	RESEARCH FACULTY	5.09	420	0	0	2.00
3.00	PHARMACY	15.00	5,777	0	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	1,150	0	0	4.00
5.00	CLINICAL LAB ADMIN PATH	18.05	2,687	0	0	5.00
6.00	CLINICAL LAB ADMIN NEUR	18.08	64,230	0	0	6.00
7.00	DISCRETIONARY OPERATIONS	18.12	171,399	0	0	7.00
8.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	132	0	0	8.00
9.00	PARAMED PHYSICIANS ASSISTANT	23.11	30	0	0	9.00
10.00	MEDICAL INTENSIVE CARE UNIT	35.00	70,355	0	0	10.00
11.00	CLINIC	90.00	16,125	0	0	11.00
12.00	RESEARCH	191.00	26,451	0	0	12.00
13.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	157,956	0	0	13.00
14.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	1,281	0	0	14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	386,662	0	0	15.00
16.00	MEDICAL COLLEGE	194.00	112,608	0	0	16.00
	TOTALS		1,019,513	0		
500.00	Grand Total: Decreases		32,011,337	778,013,898		500.00

RECLASSIFICATIONS

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - AFFIL CORP FRINGES #45960								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	166,822,693	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,188,591	1.00
2.00		0.00	0	0	TRANSITION RECRUITMENT	5.01	0	9,415	2.00
3.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	0	931,750	3.00
4.00		0.00	0	0	ADMIN & GEN INPT SERVICE	5.04	0	771,130	4.00
5.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	750,733	5.00
6.00		0.00	0	0	ADMIN & GEN ANIMAL LAB	5.06	0	231,336	6.00
7.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	4,358,829	7.00
8.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	744,800	8.00
9.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,753,361	9.00
10.00		0.00	0	0	RESEARCH SPA	5.10	0	1,307,353	10.00
11.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	14,028,452	11.00
12.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	3,378,474	12.00
13.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	148,189	13.00
14.00		0.00	0	0	HOUSEKEEPING	9.00	0	3,962,179	14.00
15.00		0.00	0	0	DIETARY	10.00	0	87,145	15.00
16.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,523,318	16.00
17.00		0.00	0	0	CAFETERIA	11.00	0	431,986	17.00
18.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	2,075,571	18.00
19.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	50	19.00
20.00		0.00	0	0	PHARMACY	15.00	0	2,757,278	20.00
21.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	1,148,647	21.00
22.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	2,336,172	22.00
23.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	0	205,506	23.00
24.00		0.00	0	0	CLINICAL LAB ADMIN PED	18.01	0	46,599	24.00
25.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	442,546	25.00
26.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	475,861	26.00
27.00		0.00	0	0	CLINICAL LAB ADMIN PSYCH	18.04	0	8,443	27.00
28.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	1,545	28.00
29.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	151,794	29.00
30.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	208,492	30.00
31.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,325,753	31.00
32.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	2,504,129	32.00
33.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,972,259	33.00
34.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,500,239	34.00
35.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	364,663	35.00
36.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	56,476	36.00
37.00		0.00	0	0	PARAMED DIETARY	23.02	0	85,975	37.00
38.00		0.00	0	0	PARAMED SPEECH	23.03	0	255,356	38.00
39.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	164,775	39.00
40.00		0.00	0	0	PARAMED MEDICAL PHYSICS	23.05	0	4,122	40.00
41.00		0.00	0	0	PARAMED PASTORAL CARE	23.06	0	28,129	41.00
42.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	137,134	42.00
43.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	45,659	43.00
44.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	122,270	44.00
45.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	146,725	45.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
46.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	12,108,804	46.00
47.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,196,346	47.00
48.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,710,170	48.00
49.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,067,736	49.00
50.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,006,840	50.00
51.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	1,616,438	51.00
52.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,175,121	52.00
53.00		0.00	0	0	OPERATING ROOM	50.00	0	3,995,685	53.00
54.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,143,392	54.00
55.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,114,864	55.00
56.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	952,248	56.00
57.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,300,694	57.00
58.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	770,936	58.00
59.00		0.00	0	0	RADIOISOTOPE	56.00	0	184,390	59.00
60.00		0.00	0	0	LABORATORY	60.00	0	5,165,207	60.00
61.00		0.00	0	0	LABORATORY - HLA	60.01	0	129,354	61.00
62.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	433,002	62.00
63.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,266,578	63.00
64.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	938,311	64.00
65.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	712,214	65.00
66.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	442,991	66.00
67.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	889,582	67.00
68.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	186,329	68.00
69.00		0.00	0	0	RENAL DIALYSIS	74.00	0	69,483	69.00
70.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	479,575	70.00
71.00		0.00	0	0	CLINIC	90.00	0	3,638,385	71.00
72.00		0.00	0	0	EMERGENCY	91.00	0	2,383,594	72.00
73.00		0.00	0	0	OBSERVATION BEDS (DISTINCT PART)	92.01	0	377,022	73.00
74.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	332,443	74.00
75.00		0.00	0	0	LIVER ACQUISITION	107.00	0	169,764	75.00
76.00		0.00	0	0	PANCREAS ACQUISITION	109.00	0	14,432	76.00
77.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	232,093	77.00
78.00		0.00	0	0	FUND RAISING	190.01	0	1,261,140	78.00
79.00		0.00	0	0	RUSH DAY SCHOOL	190.02	0	378,503	79.00
80.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	9,785,257	80.00
81.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,739,144	81.00
82.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	3,494,663	82.00
83.00		0.00	0	0	AFFIL CORP ARC VENTURES	194.01	0	1,495,856	83.00
84.00		0.00	0	0	AFFIL CORP ROOM 500	194.02	0	204,369	84.00
85.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	1,897,243	85.00
86.00		0.00	0	0	CON - GNE	194.04	0	183,286	86.00
	TOTALS		0	166,822,693	TOTALS		0	166,822,693	
	B - PARKING GARAGE RECH #49490								
1.00	PARKING GARAGE	5.02	0	853,877	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,600	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	0	1,730	2.00
3.00		0.00	0	0	ADMIN & GEN INPT SERVICE	5.04	0	300	3.00
4.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	10,880	4.00
5.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	46,880	5.00
6.00		0.00	0	0	RESEARCH FACULTY	5.09	0	11,450	6.00
7.00		0.00	0	0	RESEARCH SPA	5.10	0	900	7.00
8.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	14,500	8.00
9.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	530	9.00
10.00		0.00	0	0	DIETARY	10.00	0	600	10.00
11.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	425	11.00
12.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	900	12.00
13.00		0.00	0	0	PHARMACY	15.00	0	1,600	13.00

RECLASSIFICATIONS

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	200	14.00
15.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	100	15.00
16.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	300	16.00
17.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	300	17.00
18.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	1,000	18.00
19.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,300	19.00
20.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	8,550	20.00
21.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	541,157	21.00
22.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	10,400	22.00
23.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,400	23.00
24.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	100	24.00
25.00		0.00	0	0	PARAMED DIETARY	23.02	0	300	25.00
26.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	1,400	26.00
27.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	900	27.00
28.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	1,100	28.00
29.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	500	29.00
30.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	3,200	30.00
31.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	200	31.00
32.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	600	32.00
33.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	560	33.00
34.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	14,860	34.00
35.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	2,000	35.00
36.00		0.00	0	0	LABORATORY	60.00	0	11,920	36.00
37.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	100	37.00
38.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,200	38.00
39.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	31,900	39.00
40.00		0.00	0	0	CLINIC	90.00	0	7,630	40.00
41.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,050	41.00
42.00		0.00	0	0	FUND RAISING	190.01	0	10,700	42.00
43.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	52,390	43.00
44.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	26,765	44.00
45.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	21,200	45.00
46.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	2,300	46.00
	TOTALS		0	853,877	TOTALS		0	853,877	
	C - REAL ESTATE TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,819,940	MAINTENANCE & REPAIRS	6.00	0	1,819,940	1.00
	TOTALS		0	1,819,940	TOTALS		0	1,819,940	
	D - PROPERTY INSURANCE								
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,667,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	70,995	1.00
2.00		0.00	0	0	PARKING GARAGE	5.02	0	13,376	2.00
3.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	2,356,799	3.00
4.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	32,068	4.00
5.00		0.00	0	0	CAFETERIA	11.00	0	2,915	5.00
6.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,915	6.00
7.00		0.00	0	0	LABORATORY	60.00	0	2,915	7.00
8.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,915	8.00
9.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	183,085	9.00
	TOTALS		0	2,667,983	TOTALS		0	2,667,983	

RECLASSIFICATIONS

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	E - CENTRAL SUPPLY								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	411,655	CENTRAL SERVICES & SUPPLY	14.00	0	411,655	1.00
	TOTALS		0	411,655	TOTALS		0	411,655	
	F - PHARMACY								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	108,462,970	PHARMACY	15.00	0	108,462,970	1.00
	TOTALS		0	108,462,970	TOTALS		0	108,462,970	
	G - SPACE RECH #49940								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	130,500,824	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	97,853	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	0	6,424,019	2.00
3.00		0.00	0	0	ADMIN & GEN INPT SERVICE	5.04	0	194,181	3.00
4.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	322,224	4.00
5.00		0.00	0	0	ADMIN & GEN ANIMAL LAB	5.06	0	1,535,520	5.00
6.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	3,323,769	6.00
7.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	408,317	7.00
8.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,337,636	8.00
9.00		0.00	0	0	RESEARCH SPA	5.10	0	394,750	9.00
10.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	8,799,514	10.00
11.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	60,211	11.00
12.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	779,453	12.00
13.00		0.00	0	0	DIETARY	10.00	0	203,661	13.00
14.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,852,976	14.00
15.00		0.00	0	0	CAFETERIA	11.00	0	1,932,576	15.00
16.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	1,284,093	16.00
17.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,247,254	17.00
18.00		0.00	0	0	PHARMACY	15.00	0	1,242,865	18.00
19.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	929,620	19.00
20.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	494,589	20.00
21.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	0	21,724	21.00
22.00		0.00	0	0	CLINICAL LAB ADMIN PED	18.01	0	176,609	22.00
23.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	602,497	23.00
24.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	431,512	24.00
25.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	926,864	25.00
26.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	35,048	26.00
27.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	94,090	27.00
28.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	4,352,141	28.00
29.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	651,012	29.00
30.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,364,223	30.00
31.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	903,161	31.00
32.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	213,480	32.00
33.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	23,380	33.00
34.00		0.00	0	0	PARAMED DIETARY	23.02	0	1,185	34.00
35.00		0.00	0	0	PARAMED SPEECH	23.03	0	144,242	35.00
36.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	70,945	36.00
37.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	44,309	37.00
38.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	14,327	38.00
39.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	54,340	39.00
40.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	31,141	40.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
41.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	13,747,912	41.00
42.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,520,136	42.00
43.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,724,483	43.00
44.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	686,485	44.00
45.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,548,770	45.00
46.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	1,948,649	46.00
47.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,663,926	47.00
48.00		0.00	0	0	OPERATING ROOM	50.00	0	9,691,141	48.00
49.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,150,639	49.00
50.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,545,621	50.00
51.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,258,220	51.00
52.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6,448,829	52.00
53.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,643,200	53.00
54.00		0.00	0	0	RADIOISOTOPE	56.00	0	481,392	54.00
55.00		0.00	0	0	LABORATORY	60.00	0	7,120,323	55.00
56.00		0.00	0	0	LABORATORY - HLA	60.01	0	104,480	56.00
57.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	659,226	57.00
58.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	618,983	58.00
59.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	1,184,750	59.00
60.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	801,886	60.00
61.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	672,461	61.00
62.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,127,077	62.00
63.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	216,785	63.00
64.00		0.00	0	0	RENAL DIALYSIS	74.00	0	263,349	64.00
65.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	365,447	65.00
66.00		0.00	0	0	CLINIC	90.00	0	5,615,328	66.00
67.00		0.00	0	0	EMERGENCY	91.00	0	3,602,184	67.00
68.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	128,043	68.00
69.00		0.00	0	0	LIVER ACQUISITION	107.00	0	40,558	69.00
70.00		0.00	0	0	PANCREAS ACQUISITION	109.00	0	304	70.00
71.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,595,140	71.00
72.00		0.00	0	0	FUND RAISING	190.01	0	391,258	72.00
73.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	38,976	73.00
74.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,922,812	74.00
75.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	1,420,162	75.00
76.00		0.00	0	0	AFFIL CORP ARC VENTURES	194.01	0	403,071	76.00
77.00		0.00	0	0	AFFIL CORP ROOM 500	194.02	0	1,127,507	77.00
	TOTALS		0	130,500,824	TOTALS		0	130,500,824	
	H - AFFIL CORP OH #45969								
1.00	CORPORATE ADMINISTRATION	5.11	0	64,416,936	RESEARCH ADMINISTRATION	5.03	0	387	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	17,053,212	CORPORATE ADMINISTRATION	5.11	0	5,500,221	2.00
3.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	6,418,188	3.00
4.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,682,224	4.00
5.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,485,860	5.00
6.00		0.00	0	0	CLINIC	90.00	0	5,243,100	6.00
7.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	17,134,992	7.00
8.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,319,940	8.00
9.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	6,685,236	9.00
	TOTALS		0	81,470,148	TOTALS		0	81,470,148	
	I - NURSE ANESTH								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	3,090,230	0	ANESTHESIOLOGY	53.00	3,090,230	0	1.00
	TOTALS		3,090,230	0	TOTALS		3,090,230	0	
	J - DATA CENTER								
1.00	ADMIN & GEN PT SERVICE	5.07	14,349,360	23,678,818	CORPORATE ADMINISTRATION	5.11	14,349,360	23,678,818	1.00
	TOTALS		14,349,360	23,678,818	TOTALS		14,349,360	23,678,818	

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	K - PASTORAL CARE								
1.00	PARAMED PASTORAL CARE	23.06	495,365	39,651	PARAMED PASTORAL CARE	23.06	127,861	30,010	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	127,861	30,010	ADMIN & GEN PT SERVICE	5.07	495,365	20,321	2.00
3.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	19,330	3.00
	TOTALS		623,226	69,661	TOTALS		623,226	69,661	
	L - MALPRACTICE								
1.00	CORPORATE ADMINISTRATION	5.11	0	17,242,632	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,242,632	1.00
	TOTALS		0	17,242,632	TOTALS		0	17,242,632	
	M - DEPRECIATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,468,075	DEPRECIATION OLD HOSPITAL	1.01	0	51,237,300	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	7,659,811	CORPORATE ADMINISTRATION	5.11	0	50,870,246	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	4,323,725		0.00	0	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	3,605,130		0.00	0	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	6,878,505		0.00	0	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,075,021		0.00	0	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	726,320		0.00	0	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	342,430		0.00	0	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,002,453		0.00	0	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,407,501		0.00	0	0	10.00
11.00	DEPRECIATION JRB	1.11	0	713,464		0.00	0	0	11.00
12.00	DEPRECIATION TOB	1.12	0	942,796		0.00	0	0	12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	50,870,716		0.00	0	0	13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	999,753		0.00	0	0	14.00
15.00	DEPRECIATION KIDSTON	1.15	0	46,842		0.00	0	0	15.00
16.00	DEPRECIATION COHN	1.16	0	1,527,673		0.00	0	0	16.00
17.00	DEPRECIATION TOWER	1.17	0	18,517,331		0.00	0	0	17.00
	TOTALS		0	102,107,546	TOTALS		0	102,107,546	
	N - INTEREST								
1.00	INTEREST GENERAL	2.01	0	2,027,735	CORPORATE ADMINISTRATION	5.11	0	15,862,326	1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,264,851		0.00	0	0	2.00
3.00	INTEREST ATRUM PAV	2.03	0	2,698,691		0.00	0	0	3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	378,895		0.00	0	0	4.00
5.00	INTEREST TOB	2.05	0	613,164		0.00	0	0	5.00
6.00	INTEREST PRO BLDG III	2.06	0	14,177		0.00	0	0	6.00
7.00	INTEREST TOWER	2.07	0	8,786,881		0.00	0	0	7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	77,932		0.00	0	0	8.00
	TOTALS		0	15,862,326	TOTALS		0	15,862,326	
	O - NURSING SALARY								
1.00	NURSERY	43.00	1,883,757	1,187,591	ADULTS & PEDIATRICS	30.00	1,883,757	1,187,591	1.00
	TOTALS		1,883,757	1,187,591	TOTALS		1,883,757	1,187,591	
	P - PHYSICS RESIDENTS								
1.00	PARAMED MEDICAL PHYSICS	23.05	297,994	0	CORPORATE ADMINISTRATION	5.11	12,233	0	1.00
2.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	285,761	0	2.00
	TOTALS		297,994	0	TOTALS		297,994	0	
	Q - RENAL DIALYSIS SPLIT								
1.00	RENAL DIALYSIS	74.00	46,594	0	MEDICAL RECORDS & LIBRARY	16.01	4,307	0	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	19,192	0	2.00
3.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	15,901	0	3.00
4.00		0.00	0	0	CLINIC	90.00	7,194	0	4.00
	TOTALS		46,594	0	TOTALS		46,594	0	
	R - NON-RESEARCH								
1.00	RESEARCH ADMINISTRATION	5.03	61,055	8,458	DISCRETIONARY OPERATIONS	18.12	9,006,804	5,228,369	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	195,579	4,768		0.00	0	0	2.00

RECLASSIFICATIONS

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
3.00	RESEARCH FACULTY	5.09	52,355	10,217		0.00	0	0	3.00
4.00	CORPORATE ADMINISTRATION	5.11	96,902	7,927		0.00	0	0	4.00
5.00	CLINICAL LAB ADMIN PED	18.01	86,565	58,610		0.00	0	0	5.00
6.00	CLINICAL LAB ADMIN OB	18.02	100,591	12,626		0.00	0	0	6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	129,545	134,197		0.00	0	0	7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	272,371	3,980		0.00	0	0	8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	5,726	23,936		0.00	0	0	9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	83,237	105,334		0.00	0	0	10.00
11.00	CLINICAL LAB ADMIN NEUR	18.08	306,265	201,384		0.00	0	0	11.00
12.00	DISCRETIONARY OPERATIONS	18.12	5,781,342	3,738,290		0.00	0	0	12.00
13.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	557,140	341,177		0.00	0	0	13.00
14.00	NURSING SCHOOL SPLIT	18.16	16,056	837		0.00	0	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	336,089	105,537		0.00	0	0	15.00
16.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	500	1,091		0.00	0	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	120,000		0.00	0	0	17.00
18.00	RADIOISOTOPE	56.00	0	1,000		0.00	0	0	18.00
19.00	LABORATORY	60.00	712,004	243,252		0.00	0	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	143,781	17,686		0.00	0	0	20.00
21.00	PSYCH DAY HOSPITAL	76.01	55,387	0		0.00	0	0	21.00
22.00	EMERGENCY	91.00	0	15,892		0.00	0	0	22.00
23.00	FUND RAISING	190.01	14,314	69,549		0.00	0	0	23.00
24.00	MEDICAL COLLEGE	194.00	0	2,621		0.00	0	0	24.00
	TOTALS		9,006,804	5,228,369	TOTALS		9,006,804	5,228,369	
	S - HSM TEACHING								
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,164,053	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	30,958	0	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	25,201	0	2.00
3.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	51,381	0	3.00
4.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	12,945	0	4.00
5.00		0.00	0	0	RESEARCH FACULTY	5.09	6,157	0	5.00
6.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	940,882	0	6.00
7.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	8,150	0	7.00
8.00		0.00	0	0	NURSING ADMINISTRATION	13.00	10,133	0	8.00
9.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	16	0	9.00
10.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	48	0	10.00
11.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	123	0	11.00
12.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	13,316	0	12.00
13.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	893	0	13.00
14.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	1,124	0	14.00
15.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,236	0	15.00
16.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,049	0	16.00
17.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	6	0	17.00
18.00		0.00	0	0	LABORATORY	60.00	44,180	0	18.00
19.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	2,262	0	19.00
20.00		0.00	0	0	EMERGENCY	91.00	11,632	0	20.00
21.00		0.00	0	0	KIDNEY ACQUISITION	105.00	207	0	21.00
22.00		0.00	0	0	LIVER ACQUISITION	107.00	152	0	22.00
23.00		0.00	0	0	PANCREAS ACQUISITION	109.00	2	0	23.00
	TOTALS		1,164,053	0	TOTALS		1,164,053	0	
	T - TUITION ASSISTANCE								
1.00	NURSING SCHOOL	20.00	0	4,038,023	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,011,450	1.00

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	973,427		0.00	0	0	2.00
	TOTALS		0	5,011,450	TOTALS		0	5,011,450	
	U - ACCREATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	30,246	DEPRECIATION OLD HOSPITAL	1.01	0	952,656	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	2,657		0.00	0	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	173,724		0.00	0	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	176,618		0.00	0	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	128,492		0.00	0	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	117,979		0.00	0	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	83,841		0.00	0	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	3,274		0.00	0	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	56,335		0.00	0	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	55,005		0.00	0	0	10.00
11.00	DEPRECIATION JRB	1.11	0	40,893		0.00	0	0	11.00
12.00	DEPRECIATION TOB	1.12	0	63,831		0.00	0	0	12.00
13.00	DEPRECIATION KIDSTON	1.15	0	12,033		0.00	0	0	13.00
14.00	DEPRECIATION COHN	1.16	0	545		0.00	0	0	14.00
15.00	DEPRECIATION TOWER	1.17	0	7,183		0.00	0	0	15.00
	TOTALS		0	952,656	TOTALS		0	952,656	
	V - MED SUPPLY & IMPLANT DIRECT COST								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,244,181	DRUGS CHARGED TO PATIENTS	73.00	0	210,759	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	79,845,479	RADIOLOGY-DIAGNOSTIC	54.00	0	19,525	2.00
3.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	13	3.00
4.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	55,201	4.00
5.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	193,465	5.00
6.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	242,255	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	9,357	7.00
8.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	52	8.00
9.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	68	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	79,244,277	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	1,036,860	11.00
12.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	8,093,949	12.00
13.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	7,760,742	13.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,182,270	14.00
15.00		0.00	0	0	OPERATING ROOM	50.00	0	5,424,597	15.00
16.00		0.00	0	0	LABORATORY	60.00	0	545,353	16.00
17.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	70,913	17.00
18.00		0.00	0	0	CLINIC	90.00	0	4	18.00
	TOTALS		0	111,089,660	TOTALS		0	111,089,660	
	W - PHARMACY RESIDENTS								
1.00	PARAMED PHARMACY	23.09	529,806	21,883	PHARMACY	15.00	529,806	21,883	1.00
	TOTALS		529,806	21,883	TOTALS		529,806	21,883	
	X - DEANS OFFICE								
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	235,707	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,551,216	1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	126,376		0.00	0	0	2.00
3.00	PARAMED DIETARY	23.02	0	127,711		0.00	0	0	3.00
4.00	PARAMED TECHNOLOGY	23.07	0	285,599		0.00	0	0	4.00
5.00	PARAMED SPEECH	23.03	0	497,483		0.00	0	0	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	296,540		0.00	0	0	6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0	3,355		0.00	0	0	7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	23,173		0.00	0	0	8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0	108,046		0.00	0	0	9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	302,740		0.00	0	0	10.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2017 9:32 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00	PARAMED RESPIRATORY THERAPY	23.10	0	231,554		0.00	0	0	11.00
12.00	MEDICAL COLLEGE	194.00	0	76,891		0.00	0	0	12.00
13.00	MEDICAL COLLEGE	194.00	0	38,857		0.00	0	0	13.00
14.00	MEDICAL COLLEGE	194.00	0	10,010		0.00	0	0	14.00
15.00	MEDICAL COLLEGE	194.00	0	187,174		0.00	0	0	15.00
	TOTALS		0	2,551,216	TOTALS		0	2,551,216	
	Y - DIRECT EDUCATION								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,019,513	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,250	0	1.00
2.00		0.00	0	0	RESEARCH FACULTY	5.09	420	0	2.00
3.00		0.00	0	0	PHARMACY	15.00	5,777	0	3.00
4.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	1,150	0	4.00
5.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	2,687	0	5.00
6.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	64,230	0	6.00
7.00		0.00	0	0	DISCRETIONARY OPERATIONS	18.12	171,399	0	7.00
8.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	132	0	8.00
9.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	30	0	9.00
10.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	70,355	0	10.00
11.00		0.00	0	0	CLINIC	90.00	16,125	0	11.00
12.00		0.00	0	0	RESEARCH	191.00	26,451	0	12.00
13.00		0.00	0	0	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	157,956	0	13.00
14.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	1,281	0	14.00
15.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	386,662	0	15.00
16.00		0.00	0	0	MEDICAL COLLEGE	194.00	112,608	0	16.00
	TOTALS		1,019,513	0	TOTALS		1,019,513	0	
500.00	Grand Total: Increases		32,011,337	778,013,898	Grand Total: Decreases		32,011,337	778,013,898	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I Date/Time Prepared: 11/20/2017 9:32 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,923,907	44,189,241	0	44,189,241	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,709,356,420	61,128,724	0	61,128,724	3,471,075	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	13,018,299	180,502,844	0	180,502,844	160,672,849	5.00
6.00	Movable Equipment	524,752,452	79,030,035	0	79,030,035	27,301,206	6.00
7.00	HIT designated Assets	12,097,050	375,185	0	375,185	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,276,148,128	365,226,029	0	365,226,029	191,445,130	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,276,148,128	365,226,029	0	365,226,029	191,445,130	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	61,113,148	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,767,014,069	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	32,848,294	0	5.00
6.00	Movable Equipment	576,481,281	0	6.00
7.00	HIT designated Assets	12,472,235	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,449,929,027	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,449,929,027	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	-78,091,655	0	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-78,091,655	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	-78,091,655	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	1.10
1.11	DEPRECIATION JRB	0	0	1.11
1.12	DEPRECIATION TOB	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	1.15
1.16	DEPRECIATION COHN	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	2.04
2.05	INTEREST TOB	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	2.06
2.07	INTEREST TOWER	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	2.08
3.00	Total (sum of lines 1-2)	0	-78,091,655	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	40,892,938	0	40,892,938	0.017118	0	1.01
1.02	DEPRECIATION DIRECT BLDG	313,869,169	0	313,869,169	0.131391	0	1.02
1.03	DEPRECIATION KELLOGG PAV	119,388,294	0	119,388,294	0.049978	0	1.03
1.04	DEPRECIATION JELKE SOUTH	148,484,020	0	148,484,020	0.062158	0	1.04
1.05	DEPRECIATION ATRIUM PAV	210,265,909	0	210,265,909	0.088021	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	43,542,370	0	43,542,370	0.018228	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	36,345,628	0	36,345,628	0.015215	0	1.07
1.08	DEPRECIATION WOOD ST	6,077,047	0	6,077,047	0.002544	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	74,384,225	0	74,384,225	0.031139	0	1.09
1.10	DEPRECIATION PRO BLDG III	57,720,666	0	57,720,666	0.024163	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	36,829,743	0	36,829,743	0.015418	0	1.12
1.13	DEPRECIATION EQUIPMENT	621,801,810	0	621,801,810	0.260296	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	35,881,584	0	35,881,584	0.015021	0	1.14
1.15	DEPRECIATION KIDSTON	5,144,076	0	5,144,076	0.002153	0	1.15
1.16	DEPRECIATION COHN	67,464,764	0	67,464,764	0.028242	0	1.16
1.17	DEPRECIATION TOWER	570,723,636	0	570,723,636	0.238915	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,388,815,879	0	2,388,815,879	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	1,825,632	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	7,629,419	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	4,497,449	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	3,781,748	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	7,026,944	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,193,000	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	929,633	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	345,704	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	1,066,448	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,462,506	0	1.10
1.11	DEPRECIATION JRB	0	0	0	1,111,871	0	1.11
1.12	DEPRECIATION TOB	0	0	0	1,006,627	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	52,874,844	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	999,753	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	58,875	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,528,218	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	18,524,514	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	105,863,185	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	0	1,825,632	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	7,629,419	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	4,497,449	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	3,781,748	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	7,026,944	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,193,000	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	929,633	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	345,704	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1,066,448	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	1,462,506	1.10
1.11	DEPRECIATION JRB	0	0	0	0	1,111,871	1.11
1.12	DEPRECIATION TOB	0	0	0	0	1,006,627	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	52,874,844	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	999,753	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	58,875	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,528,218	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	18,524,514	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	508,034	0	0	0	508,034	2.01
2.02	INTEREST DIRECT BLDG	316,899	0	0	0	316,899	2.02
2.03	INTEREST ATRUM PAV	676,138	0	0	0	676,138	2.03
2.04	INTEREST PRO BLDG SOUTH	94,929	0	0	0	94,929	2.04
2.05	INTEREST TOB	153,624	0	0	0	153,624	2.05
2.06	INTEREST PRO BLDG III	3,552	0	0	0	3,552	2.06
2.07	INTEREST TOWER	2,201,491	0	0	0	2,201,491	2.07
2.08	INTEREST PRO BLDG NORTH	19,525	0	0	0	19,525	2.08
3.00	Total (sum of lines 1-2)	3,974,192	0	0	0	109,837,377	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/20/2017 9:32 am

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

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-90,613	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,074,299			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	242,516			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-193,917	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	0	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	0	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	0	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	0	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	0	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	0	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	26.07
26.08	Depreciation - DEPRECIATION WOOD ST		0	DEPRECIATION WOOD ST	1.08	0	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III		0	DEPRECIATION PRO BLDG III	1.10	0	26.10
26.11	Depreciation - DEPRECIATION JRB		0	DEPRECIATION JRB	1.11	0	26.11
26.12	Depreciation - DEPRECIATION TOB		0	DEPRECIATION TOB	1.12	0	26.12

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
26.13	Depreciation - DEPRECIATION EQUIPMENT		0	DEPRECIATION EQUIPMENT	1.13	0	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS		0	DEPRECIATION ORTHOPEDICS	1.14	0	26.14
26.15	Depreciation - DEPRECIATION KIDSTON		0	DEPRECIATION KIDSTON	1.15	0	26.15
26.16	Depreciation - DEPRECIATION COHN		0	DEPRECIATION COHN	1.16	0	26.16
26.17	Depreciation - DEPRECIATION TOWER		0	DEPRECIATION TOWER	1.17	0	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - INTEREST GENERAL		0	INTEREST GENERAL	2.01	0	27.01
27.02	Depreciation - INTEREST DIRECT BLDG		0	INTEREST DIRECT BLDG	2.02	0	27.02
27.03	Depreciation - INTEREST ATRUM PAV		0	INTEREST ATRUM PAV	2.03	0	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH		0	INTEREST PRO BLDG SOUTH	2.04	0	27.04
27.05	Depreciation - INTEREST TOB		0	INTEREST TOB	2.05	0	27.05
27.06	Depreciation - INTEREST PRO BLDG III		0	INTEREST PRO BLDG III	2.06	0	27.06
27.07	Depreciation - INTEREST TOWER		0	INTEREST TOWER	2.07	0	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH		0	INTEREST PRO BLDG NORTH	2.08	0	27.08
28.00	Non-physician Anesthetist	A	-3,090,230	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE	A	-57,976	DEPRECIATION EQUIPMENT	1.13	9	33.00
33.01	TELEPHONE	A	-18,933	CORPORATE ADMINISTRATION	5.11	0	33.01
33.02	TELEPHONE	A	-1,220,119	ADMIN & GEN PT SERVICE	5.07	0	33.02
33.10	EMPLOYEE ALLOWANCE	A	-206,681	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.20	UNEMPLOYMENT COMP	A	73,144	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.40	COMPONENT DEPRECIATION	A	114,998	DEPRECIATION JRB	1.11	9	33.40
33.41	COMPONENT DEPRECIATION	A	119,472	DEPRECIATION PRO BLDG SOUTH	1.07	9	33.41
33.42	COMPONENT DEPRECIATION	A	-39,109	DEPRECIATION DIRECT BLDG	1.02	9	33.42
33.50	UNALLOWABLE COSTS	A	-10,413,141	CORPORATE ADMINISTRATION	5.11	0	33.50
33.60	MALPRACTICE TRUST INCOME	B	-5,189,754	CORPORATE ADMINISTRATION	5.11	0	33.60
33.70	STRATEGIC SUPPORT SUBSIDIES	A	-54,962,905	TRANSITION RECRUITMENT	5.01	0	33.70
33.71	STRATEGIC SUPPORT SUBSIDIES	A	-147,069	RESEARCH FACULTY	5.09	0	33.71
33.80	DEFFERALS	A	108,098	DEPRECIATION OLD HOSPITAL	1.01	9	33.80
33.81	DEFFERALS	A	6,060	DEPRECIATION DIRECT BLDG	1.02	9	33.81
33.82	DEFFERALS	A	19,947	DEPRECIATION ATRIUM PAV	1.05	9	33.82
33.83	DEFFERALS	A	7,660	DEPRECIATION ACADEMIC FACILITY	1.09	9	33.83
33.84	DEFFERALS	A	210,702	DEPRECIATION EQUIPMENT	1.13	9	33.84
33.90	INTEREST INCOME	B	-1,519,701	INTEREST GENERAL	2.01	11	33.90
33.91	INTEREST INCOME	B	-947,952	INTEREST DIRECT BLDG	2.02	11	33.91
33.92	INTEREST INCOME	B	-2,022,553	INTEREST ATRUM PAV	2.03	11	33.92
33.93	INTEREST INCOME	B	-283,966	INTEREST PRO BLDG SOUTH	2.04	11	33.93
33.94	INTEREST INCOME	B	-459,540	INTEREST TOB	2.05	11	33.94
33.95	INTEREST INCOME	B	-10,625	INTEREST PRO BLDG III	2.06	11	33.95
33.96	INTEREST INCOME	B	-6,585,390	INTEREST TOWER	2.07	11	33.96
33.97	INTEREST INCOME	B	-58,407	INTEREST PRO BLDG NORTH	2.08	11	33.97
34.00	GAIN OR LOSS ON SALE OF EQUIPMENT	B	-816,581	DEPRECIATION EQUIPMENT	1.13	9	34.00
34.05	MEDICAID PROVIDER TAX	A	-36,589,838	CORPORATE ADMINISTRATION	5.11	0	34.05
34.10	POST RETIREMENT INCOME	A	232,591	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.10
34.11	PENSION	A	24,948,861	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.11
34.15	PASTORAL CARE RESIDENTS	B	-4,500	PARAMED PASTORAL CARE	23.06	0	34.15

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.16	PHARMACY RESIDENTS	B	-46,000	PARAMED PHARMACY	23.09	0	34.16
34.20	SALE OF SCRAP	B	-844,712	ADMIN & GEN PT SERVICE	5.07	0	34.20
34.21	SALE OF SCRAP	B	-224,544	CORPORATE ADMINISTRATION	5.11	0	34.21
34.25	BUS REVENUE	B	-85,018	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
34.26	FITNESS CENTER	B	-485,998	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.26
35.00	MISC INCOME	B	-6,894	RADIOLOGY-DIAGNOSTIC	54.00	0	35.00
35.01	MISC INCOME	B	-3,916	RADIOLOGY-DIAGNOSTIC	54.00	0	35.01
35.02	MISC INCOME	B	-805	PHYSICAL THERAPY	66.00	0	35.02
35.03	MISC INCOME	B	-22,784	LABORATORY	60.00	0	35.03
35.04	MISC INCOME	B	-7,200	EMERGENCY	91.00	0	35.04
35.05	MISC INCOME	B	-3,263	SURGICAL INTENSIVE CARE UNIT	34.00	0	35.05
35.06	MISC INCOME	B	-400	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	35.06
35.07	MISC INCOME	B	-22,655	PREMATURE INTENSIVE CARE UNIT	35.02	0	35.07
35.08	MISC INCOME	B	21,694	NURSING ADMINISTRATION	13.00	0	35.08
35.09	MISC INCOME	B	9,480	NURSING ADMINISTRATION	13.00	0	35.09
35.10	MISC INCOME	B	-207,565	NURSING ADMINISTRATION	13.00	0	35.10
35.11	MISC INCOME	B	-640	LABORATORY	60.00	0	35.11
35.12	MISC INCOME	B	-2,725	LABORATORY	60.00	0	35.12
35.13	MISC INCOME	B	-599,662	LABORATORY	60.00	0	35.13
35.14	MISC INCOME	B	-505	LABORATORY	60.00	0	35.14
35.15	MISC INCOME	B	-150,786	LABORATORY	60.00	0	35.15
35.16	MISC INCOME	B	-122,759	LABORATORY	60.00	0	35.16
35.17	MISC INCOME	B	-2,387	LABORATORY	60.00	0	35.17
35.18	MISC INCOME	B	-170,286	LABORATORY	60.00	0	35.18
35.19	MISC INCOME	B	-18,106	LABORATORY	60.00	0	35.19
35.20	MISC INCOME	B	-2,160	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	35.20
35.21	MISC INCOME	B	-39,030	LABORATORY	60.00	0	35.21
35.22	MISC INCOME	B	-165,707	LABORATORY	60.00	0	35.22
35.23	MISC INCOME	B	-1,951	LABORATORY	60.00	0	35.23
35.24	MISC INCOME	B	-46,612	LABORATORY	60.00	0	35.24
35.25	MISC INCOME	B	-28,596	ADULTS & PEDIATRICS	30.00	0	35.25
35.26	MISC INCOME	B	-159,709	CLINIC	90.00	0	35.26
35.27	MISC INCOME	B	-3,808	ADMIN & GEN PT SERVICE	5.07	0	35.27
35.28	MISC INCOME	B	18,918	CLINICAL LAB ADMIN MED	18.00	0	35.28
35.29	MISC INCOME	B	-51,151	PSYCH DAY HOSPITAL	76.01	0	35.29
35.30	MISC INCOME	B	4,820	CORPORATE ADMINISTRATION	5.11	0	35.30
35.31	MISC INCOME	B	-466,886	CORPORATE ADMINISTRATION	5.11	0	35.31
35.32	MISC INCOME	B	-1,164,481	CORPORATE ADMINISTRATION	5.11	0	35.32
35.33	MISC INCOME	B	-1,356,160	CORPORATE ADMINISTRATION	5.11	0	35.33
35.34	MISC INCOME	B	-263,712	CORPORATE ADMINISTRATION	5.11	0	35.34
35.35	MISC INCOME	B	-2,205,330	CORPORATE ADMINISTRATION	5.11	0	35.35
35.36	MISC INCOME	B	-9,358	LABORATORY	60.00	0	35.36
35.37	MISC INCOME	B	-576,510	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.37
35.38	MISC INCOME	B	-140,400	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.38
35.39	MISC INCOME	B	-1,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.39
35.40	MISC INCOME	B	-13,459	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.40
35.41	MISC INCOME	B	-2,425	CORPORATE ADMINISTRATION	5.11	0	35.41
35.42	MISC INCOME	B	-525	ADMIN & GEN PT SERVICE	5.07	0	35.42
35.43	MISC INCOME	B	-15,151	ADMIN & GEN INPT SERVICE	5.04	0	35.43
35.44	MISC INCOME	B	-201,903	CORPORATE ADMINISTRATION	5.11	0	35.44
35.45	MISC INCOME	B	-1,000	CORPORATE ADMINISTRATION	5.11	0	35.45
35.46	MISC INCOME	B	-45,509	MAINTENANCE & REPAIRS	6.00	0	35.46
35.47	MISC INCOME	B	-24,933	MAINTENANCE & REPAIRS	6.00	0	35.47
35.48	MISC INCOME	B	-518,064	MAINTENANCE & REPAIRS	6.00	0	35.48
35.49	MISC INCOME	B	-231,105	MAINTENANCE & REPAIRS	6.00	0	35.49
35.50	MISC INCOME	B	1,935	MAINTENANCE & REPAIRS	6.00	0	35.50
35.51	MISC INCOME	B	-56,550	MAINTENANCE & REPAIRS	6.00	0	35.51
35.52	MISC INCOME	B	-74,354	HOUSEKEEPING	9.00	0	35.52
36.00	B-1 REVENUE	B	-1,282,593	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01	B-1 REVENUE	B	-12,227,891	PARKING GARAGE	5.02	0	36.01
36.02	B-1 REVENUE	B	-52,740	LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	B-1 REVENUE	B	-140	DIETARY	10.00	0	36.03

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
36.04	B-1 REVENUE	B	-28,732	PATIENT FOOD SERVICE	10.01	0	36.04
36.05	B-1 REVENUE	B	-3,498,113	CAFETERIA	11.00	0	36.05
36.06	B-1 REVENUE	B	-20	MEDICAL RECORDS & LIBRARY	16.00	0	36.06
36.07	B-1 REVENUE	B	-994,972	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	36.07
36.08	B-1 REVENUE	B	-6,665	CORPORATE ADMINISTRATION	5.11	0	36.08
36.09	B-1 REVENUE	B	-1,749,805	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	36.09
36.10	B-1 REVENUE	B	-1,171,674	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.10
36.11	B-1 REVENUE	B	-852,243	PARAMED DIETARY	23.02	0	36.11
36.12	B-1 REVENUE	B	-3,343,290	PARAMED SPEECH	23.03	0	36.12
36.13	B-1 REVENUE	B	-2,583,686	PARAMED OCCUPATIONAL THERAPY	23.04	0	36.13
36.14	B-1 REVENUE	B	-1,909,327	PARAMED TECHNOLOGY	23.07	0	36.14
36.15	B-1 REVENUE	B	-757,377	PARAMED VASCULAR ULTRASOUND	23.08	0	36.15
36.16	B-1 REVENUE	B	-1,243,192	PARAMED RESPIRATORY THERAPY	23.10	0	36.16
36.17	B-1 REVENUE	B	-2,737,334	PARAMED PHYSICIANS ASSISTANT	23.11	0	36.17
36.18	B-1 REVENUE	B	-21,896,946	NURSING SCHOOL	20.00	0	36.18
37.00	NR RECOVERIES	B	-82,945	RESEARCH ADMINISTRATION	5.03	0	37.00
37.01	NR RECOVERIES	B	-243,374	ADMIN & GEN PT SERVICE	5.07	0	37.01
37.02	NR RECOVERIES	B	-74,090	RESEARCH FACULTY	5.09	0	37.02
37.03	NR RECOVERIES	B	-126,149	CORPORATE ADMINISTRATION	5.11	0	37.03
37.04	NR RECOVERIES	B	-164,219	CLINICAL LAB ADMIN PED	18.01	0	37.04
37.05	NR RECOVERIES	B	-135,347	CLINICAL LAB ADMIN OB	18.02	0	37.05
37.06	NR RECOVERIES	B	-292,240	CLINICAL LAB ADMIN SURG	18.03	0	37.06
37.07	NR RECOVERIES	B	-336,272	CLINICAL LAB ADMIN PSYCH	18.04	0	37.07
37.08	NR RECOVERIES	B	-30,921	CLINICAL LAB ADMIN PATH	18.05	0	37.08
37.09	NR RECOVERIES	B	-206,882	CLINICAL LAB ADMIN CARD	18.06	0	37.09
37.10	NR RECOVERIES	B	-575,027	CLINICAL LAB ADMIN NEUR	18.08	0	37.10
37.11	NR RECOVERIES	B	-10,976,729	DISCRETIONARY OPERATIONS	18.12	0	37.11
37.12	NR RECOVERIES	B	-924,378	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	37.12
37.13	NR RECOVERIES	B	-540,566	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	37.13
37.14	NR RECOVERIES	B	-120,000	ANESTHESIOLOGY	53.00	0	37.14
37.15	NR RECOVERIES	B	-1,000	RADIOISOTOPE	56.00	0	37.15
37.16	NR RECOVERIES	B	-1,111,898	LABORATORY	60.00	0	37.16
37.17	NR RECOVERIES	B	-193,100	ELECTROCARDIOLOGY	69.00	0	37.17
37.18	NR RECOVERIES	B	-67,572	PSYCH DAY HOSPITAL	76.01	0	37.18
37.19	NR RECOVERIES	B	-15,892	EMERGENCY	91.00	0	37.19
37.20	NR RECOVERIES	B	-87,013	FUND RAISING	190.01	0	37.20
37.21	NR RECOVERIES	B	-2,621	MEDICAL COLLEGE	194.00	0	37.21
38.00	PROCUREMENT COSTS	A	-11,250	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.00
38.01	PROCUREMENT COSTS	A	-1,943	MEDICAL INTENSIVE CARE UNIT	35.00	0	38.01
38.02	PROCUREMENT COSTS	A	-2,377	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	38.02
38.03	PROCUREMENT COSTS	A	-10,890	OPERATING ROOM	50.00	0	38.03
38.04	PROCUREMENT COSTS	A	-1,512	ANESTHESIOLOGY	53.00	0	38.04
38.05	PROCUREMENT COSTS	A	-1,616	RADIOLOGY-DIAGNOSTIC	54.00	0	38.05
38.06	PROCUREMENT COSTS	A	-9,959	LABORATORY	60.00	0	38.06
38.07	PROCUREMENT COSTS	A	-1,174	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	38.07
38.08	PROCUREMENT COSTS	A	-186	INTRAVENOUS THERAPY	64.00	0	38.08
38.09	PROCUREMENT COSTS	A	-4,547	RESPIRATORY THERAPY	65.00	0	38.09
38.10	PROCUREMENT COSTS	A	-891	ELECTROCARDIOLOGY	69.00	0	38.10
38.11	PROCUREMENT COSTS	A	-129	ELECTROENCEPHALOGRAPHY	70.00	0	38.11
38.12	PROCUREMENT COSTS	A	-5,975	DRUGS CHARGED TO PATIENTS	73.00	0	38.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-187,457,476				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: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/20/2017 9:32 am

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

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/20/2017 9:32 am

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2017 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03	RESEARCH ADMINISTRATION	239	0	239	169,700	3	1.00
2.00	5.03	RESEARCH ADMINISTRATION	8,629	0	8,629	197,500	6	2.00
3.00	5.03	RESEARCH ADMINISTRATION	37,532	0	37,532	211,500	310	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	43,121	0	43,121	181,300	414	4.00
5.00	5.07	ADMIN & GEN PT SERVICE	249,920	0	249,920	197,500	1,514	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	57,549	0	57,549	211,500	705	6.00
7.00	5.09	RESEARCH FACULTY	361,765	0	361,765	169,700	3,313	7.00
8.00	5.09	RESEARCH FACULTY	109,077	0	109,077	179,000	1,001	8.00
9.00	5.09	RESEARCH FACULTY	14,964	0	14,964	181,300	143	9.00
10.00	5.09	RESEARCH FACULTY	1,613,495	0	1,613,495	197,500	13,501	10.00
11.00	5.09	RESEARCH FACULTY	1,115,915	0	1,115,915	211,500	8,683	11.00
12.00	5.09	RESEARCH FACULTY	76,829	0	76,829	246,400	399	12.00
13.00	5.10	RESEARCH SPA	30,436	0	30,436	169,700	326	13.00
14.00	5.10	RESEARCH SPA	55,539	0	55,539	197,500	503	14.00
15.00	5.10	RESEARCH SPA	32,453	0	32,453	211,500	1	15.00
16.00	5.10	RESEARCH SPA	37,963	0	37,963	246,400	38	16.00
17.00	5.10	RESEARCH SPA	15,118	0	15,118	271,900	1	17.00
18.00	5.11	CORPORATE ADMINISTRATION	136,968	0	136,968	169,700	1,557	18.00
19.00	5.11	CORPORATE ADMINISTRATION	60,713	0	60,713	179,000	689	19.00
20.00	5.11	CORPORATE ADMINISTRATION	67,666	0	67,666	181,300	663	20.00
21.00	5.11	CORPORATE ADMINISTRATION	855,591	0	855,591	197,500	4,388	21.00
22.00	5.11	CORPORATE ADMINISTRATION	297,606	0	297,606	211,500	2,724	22.00
23.00	5.11	CORPORATE ADMINISTRATION	277,542	0	277,542	246,400	609	23.00
24.00	13.00	NURSING ADMINISTRATION	55,286	0	55,286	211,500	418	24.00
25.00	16.01	MEDICAL RECORDS & LIBRARY	221,943	0	221,943	197,500	2,293	25.00
26.00	16.01	MEDICAL RECORDS & LIBRARY	34,276	0	34,276	211,500	308	26.00
27.00	16.01	MEDICAL RECORDS & LIBRARY	75,212	0	75,212	246,400	314	27.00
28.00	18.00	CLINICAL LAB ADMIN MED	833,958	0	833,958	197,500	5,797	28.00
29.00	18.00	CLINICAL LAB ADMIN MED	31,604	0	31,604	211,500	208	29.00
30.00	18.01	CLINICAL LAB ADMIN PED	151,428	0	151,428	169,700	1,677	30.00
31.00	18.02	CLINICAL LAB ADMIN OB	31,987	0	31,987	197,500	731	31.00
32.00	18.02	CLINICAL LAB ADMIN OB	973,447	0	973,447	237,100	5,321	32.00
33.00	18.03	CLINICAL LAB ADMIN SURG	36,251	0	36,251	197,500	313	33.00
34.00	18.03	CLINICAL LAB ADMIN SURG	50,137	0	50,137	211,500	208	34.00
35.00	18.03	CLINICAL LAB ADMIN SURG	479,216	0	479,216	246,400	1,756	35.00
36.00	18.03	CLINICAL LAB ADMIN SURG	38,978	0	38,978	271,900	208	36.00
37.00	18.04	CLINICAL LAB ADMIN PSYCH	140,906	0	140,906	181,300	1,500	37.00
38.00	18.06	CLINICAL LAB ADMIN CARD	18,859	0	18,859	246,400	259	38.00
39.00	18.08	CLINICAL LAB ADMIN NEUR	320,310	0	320,310	211,500	1,984	39.00
40.00	18.09	CLINICAL LAB ADMIN OCLS	20,066	0	20,066	260,300	1,043	40.00
41.00	18.12	DISCRETIONARY OPERATIONS	140,716	0	140,716	169,700	1,549	41.00
42.00	18.12	DISCRETIONARY OPERATIONS	131,018	0	131,018	181,300	1,072	42.00
43.00	18.12	DISCRETIONARY OPERATIONS	446,150	0	446,150	197,500	3,600	43.00
44.00	18.12	DISCRETIONARY OPERATIONS	453,852	0	453,852	211,500	3,303	44.00
45.00	18.12	DISCRETIONARY OPERATIONS	56,707	0	56,707	237,100	417	45.00
46.00	18.12	DISCRETIONARY OPERATIONS	57,273	0	57,273	246,400	2	46.00
47.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	13,231	0	13,231	169,700	27	47.00
48.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	144,510	0	144,510	197,500	1,450	48.00
49.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	40,654	0	40,654	211,500	355	49.00
50.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	107,201	0	107,201	197,500	923	50.00
51.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	33,148	0	33,148	211,500	275	51.00
52.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	142,100	0	142,100	246,400	395	52.00
53.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	341,246	0	341,246	169,700	4,187	53.00
54.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	322,715	0	322,715	181,300	3,533	54.00
55.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,066,310	0	2,066,310	197,500	18,886	55.00
56.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	866,677	0	866,677	211,500	7,377	56.00
57.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	244,558	0	244,558	237,100	2,615	57.00
58.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	534,992	0	534,992	246,400	2,072	58.00
59.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,848	0	42,848	271,900	288	59.00
60.00	23.11	PARAMED PHYSICIANS ASSISTANT	17,005	0	17,005	211,500	172	60.00
61.00	30.00	ADULTS & PEDIATRICS	133,602	0	133,602	169,700	1,527	61.00
62.00	30.00	ADULTS & PEDIATRICS	76,726	0	76,726	179,000	1,035	62.00
63.00	35.00	MEDICAL INTENSIVE CARE UNIT	33,269	0	33,269	181,300	435	63.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2017 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
64.00	35.00	MEDICAL INTENSIVE CARE UNIT	574,297	0	574,297	197,500	3,510	64.00
65.00	35.00	MEDICAL INTENSIVE CARE UNIT	58,539	0	58,539	211,500	417	65.00
66.00	35.00	MEDICAL INTENSIVE CARE UNIT	1,453	0	1,453	246,400	3	66.00
67.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	122,584	0	122,584	169,700	1,053	67.00
68.00	54.00	RADIOLOGY-DIAGNOSTIC	160,279	0	160,279	271,900	606	68.00
69.00	60.00	LABORATORY	116,459	0	116,459	169,700	1,072	69.00
70.00	60.00	LABORATORY	503,218	0	503,218	197,500	3,829	70.00
71.00	60.00	LABORATORY	384,225	0	384,225	211,500	1,005	71.00
72.00	60.00	LABORATORY	573	0	573	260,300	7	72.00
73.00	69.00	ELECTROCARDIOLOGY	57,019	0	57,019	169,700	416	73.00
74.00	69.00	ELECTROCARDIOLOGY	42,183	0	42,183	197,500	210	74.00
75.00	69.00	ELECTROCARDIOLOGY	13,338	0	13,338	211,500	139	75.00
76.00	76.01	PSYCH DAY HOSPITAL	61,018	0	61,018	181,300	510	76.00
77.00	91.00	EMERGENCY	110,230	0	110,230	211,500	898	77.00
78.00	92.01	OBSERVATION BEDS (DISTINCT PART)	17,767	0	17,767	197,500	207	78.00
79.00	105.00	KIDNEY ACQUISITION	14,859	0	14,859	169,700	189	79.00
80.00	105.00	KIDNEY ACQUISITION	94	0	94	181,300	1	80.00
81.00	105.00	KIDNEY ACQUISITION	120,141	0	120,141	197,500	1,013	81.00
82.00	105.00	KIDNEY ACQUISITION	203,939	0	203,939	246,400	1,353	82.00
83.00	107.00	LIVER ACQUISITION	152	0	152	181,300	2	83.00
84.00	107.00	LIVER ACQUISITION	142,152	0	142,152	197,500	1,018	84.00
85.00	107.00	LIVER ACQUISITION	3,097	0	3,097	211,500	25	85.00
86.00	107.00	LIVER ACQUISITION	127,649	0	127,649	246,400	621	86.00
87.00	109.00	PANCREAS ACQUISITION	8	0	8	181,300	1	87.00
88.00	109.00	PANCREAS ACQUISITION	12,035	0	12,035	197,500	80	88.00
89.00	109.00	PANCREAS ACQUISITION	37,267	0	37,267	246,400	264	89.00
200.00			18,401,577	0	18,401,577		139,773	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.03	RESEARCH ADMINISTRATION	245	12	0	0	0	1.00
2.00	5.03	RESEARCH ADMINISTRATION	570	29	0	0	0	2.00
3.00	5.03	RESEARCH ADMINISTRATION	31,522	1,576	0	0	0	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	36,086	1,804	0	0	0	4.00
5.00	5.07	ADMIN & GEN PT SERVICE	143,757	7,188	0	0	0	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	71,686	3,584	0	0	0	6.00
7.00	5.09	RESEARCH FACULTY	270,296	13,515	0	0	0	7.00
8.00	5.09	RESEARCH FACULTY	86,144	4,307	0	0	0	8.00
9.00	5.09	RESEARCH FACULTY	12,464	623	0	0	0	9.00
10.00	5.09	RESEARCH FACULTY	1,281,946	64,097	0	0	0	10.00
11.00	5.09	RESEARCH FACULTY	882,911	44,146	0	0	0	11.00
12.00	5.09	RESEARCH FACULTY	47,266	2,363	0	0	0	12.00
13.00	5.10	RESEARCH SPA	26,597	1,330	0	0	0	13.00
14.00	5.10	RESEARCH SPA	47,761	2,388	0	0	0	14.00
15.00	5.10	RESEARCH SPA	102	5	0	0	0	15.00
16.00	5.10	RESEARCH SPA	4,501	225	0	0	0	16.00
17.00	5.10	RESEARCH SPA	131	7	0	0	0	17.00
18.00	5.11	CORPORATE ADMINISTRATION	127,030	6,352	0	0	0	18.00
19.00	5.11	CORPORATE ADMINISTRATION	59,294	2,965	0	0	0	19.00
20.00	5.11	CORPORATE ADMINISTRATION	57,789	2,889	0	0	0	20.00
21.00	5.11	CORPORATE ADMINISTRATION	416,649	20,832	0	0	0	21.00
22.00	5.11	CORPORATE ADMINISTRATION	276,984	13,849	0	0	0	22.00
23.00	5.11	CORPORATE ADMINISTRATION	72,143	3,607	0	0	0	23.00
24.00	13.00	NURSING ADMINISTRATION	42,503	2,125	0	0	0	24.00
25.00	16.01	MEDICAL RECORDS & LIBRARY	217,725	10,886	0	0	0	25.00
26.00	16.01	MEDICAL RECORDS & LIBRARY	31,318	1,566	0	0	0	26.00
27.00	16.01	MEDICAL RECORDS & LIBRARY	37,197	1,860	0	0	0	27.00
28.00	18.00	CLINICAL LAB ADMIN MED	550,436	27,522	0	0	0	28.00
29.00	18.00	CLINICAL LAB ADMIN MED	21,150	1,058	0	0	0	29.00
30.00	18.01	CLINICAL LAB ADMIN PED	136,821	6,841	0	0	0	30.00
31.00	18.02	CLINICAL LAB ADMIN OB	69,410	3,471	0	0	0	31.00
32.00	18.02	CLINICAL LAB ADMIN OB	606,543	30,327	0	0	0	32.00
33.00	18.03	CLINICAL LAB ADMIN SURG	29,720	1,486	0	0	0	33.00
34.00	18.03	CLINICAL LAB ADMIN SURG	21,150	1,058	0	0	0	34.00
35.00	18.03	CLINICAL LAB ADMIN SURG	208,019	10,401	0	0	0	35.00
36.00	18.03	CLINICAL LAB ADMIN SURG	27,190	1,360	0	0	0	36.00
37.00	18.04	CLINICAL LAB ADMIN PSYCH	130,745	6,537	0	0	0	37.00
38.00	18.06	CLINICAL LAB ADMIN CARD	30,681	1,534	0	0	0	38.00
39.00	18.08	CLINICAL LAB ADMIN NEUR	201,738	10,087	0	0	0	39.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2017 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
40.00	18.09	CLINICAL LAB ADMIN OCLS	130,525	6,526	0	0	0	40.00
41.00	18.12	DISCRETIONARY OPERATIONS	126,378	6,319	0	0	0	41.00
42.00	18.12	DISCRETIONARY OPERATIONS	93,439	4,672	0	0	0	42.00
43.00	18.12	DISCRETIONARY OPERATIONS	341,827	17,091	0	0	0	43.00
44.00	18.12	DISCRETIONARY OPERATIONS	335,858	16,793	0	0	0	44.00
45.00	18.12	DISCRETIONARY OPERATIONS	47,534	2,377	0	0	0	45.00
46.00	18.12	DISCRETIONARY OPERATIONS	237	12	0	0	0	46.00
47.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	2,203	110	0	0	0	47.00
48.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	137,680	6,884	0	0	0	48.00
49.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	36,097	1,805	0	0	0	49.00
50.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	87,641	4,382	0	0	0	50.00
51.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	27,963	1,398	0	0	0	51.00
52.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	46,792	2,340	0	0	0	52.00
53.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	341,603	17,080	0	0	0	53.00
54.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	307,949	15,397	0	0	0	54.00
55.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,793,262	89,663	0	0	0	55.00
56.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	750,113	37,506	0	0	0	56.00
57.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	298,085	14,904	0	0	0	57.00
58.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	245,452	12,273	0	0	0	58.00
59.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	37,648	1,882	0	0	0	59.00
60.00	23.11	PARAMED PHYSICIANS ASSISTANT	17,489	874	0	0	0	60.00
61.00	30.00	ADULTS & PEDIATRICS	124,583	6,229	0	0	0	61.00
62.00	30.00	ADULTS & PEDIATRICS	89,070	4,454	0	0	0	62.00
63.00	35.00	MEDICAL INTENSIVE CARE UNIT	37,916	1,896	0	0	0	63.00
64.00	35.00	MEDICAL INTENSIVE CARE UNIT	333,281	16,664	0	0	0	64.00
65.00	35.00	MEDICAL INTENSIVE CARE UNIT	42,402	2,120	0	0	0	65.00
66.00	35.00	MEDICAL INTENSIVE CARE UNIT	355	18	0	0	0	66.00
67.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	85,911	4,296	0	0	0	67.00
68.00	54.00	RADIOLOGY-DIAGNOSTIC	79,217	3,961	0	0	0	68.00
69.00	60.00	LABORATORY	87,461	4,373	0	0	0	69.00
70.00	60.00	LABORATORY	363,571	18,179	0	0	0	70.00
71.00	60.00	LABORATORY	102,191	5,110	0	0	0	71.00
72.00	60.00	LABORATORY	876	44	0	0	0	72.00
73.00	69.00	ELECTROCARDIOLOGY	33,940	1,697	0	0	0	73.00
74.00	69.00	ELECTROCARDIOLOGY	19,940	997	0	0	0	74.00
75.00	69.00	ELECTROCARDIOLOGY	14,134	707	0	0	0	75.00
76.00	76.01	PSYCH DAY HOSPITAL	44,453	2,223	0	0	0	76.00
77.00	91.00	EMERGENCY	91,311	4,566	0	0	0	77.00
78.00	92.01	OBSERVATION BEDS (DISTINCT PART)	19,655	983	0	0	0	78.00
79.00	105.00	KIDNEY ACQUISITION	15,420	771	0	0	0	79.00
80.00	105.00	KIDNEY ACQUISITION	87	4	0	0	0	80.00
81.00	105.00	KIDNEY ACQUISITION	96,186	4,809	0	0	0	81.00
82.00	105.00	KIDNEY ACQUISITION	160,279	8,014	0	0	0	82.00
83.00	107.00	LIVER ACQUISITION	174	9	0	0	0	83.00
84.00	107.00	LIVER ACQUISITION	96,661	4,833	0	0	0	84.00
85.00	107.00	LIVER ACQUISITION	2,542	127	0	0	0	85.00
86.00	107.00	LIVER ACQUISITION	73,565	3,678	0	0	0	86.00
87.00	109.00	PANCREAS ACQUISITION	87	4	0	0	0	87.00
88.00	109.00	PANCREAS ACQUISITION	7,596	380	0	0	0	88.00
89.00	109.00	PANCREAS ACQUISITION	31,274	1,564	0	0	0	89.00
200.00			13,576,133	678,810	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.03	RESEARCH ADMINISTRATION	0	245	0	0		1.00
2.00	5.03	RESEARCH ADMINISTRATION	0	570	8,059	8,059		2.00
3.00	5.03	RESEARCH ADMINISTRATION	0	31,522	6,010	6,010		3.00
4.00	5.07	ADMIN & GEN PT SERVICE	0	36,086	7,035	7,035		4.00
5.00	5.07	ADMIN & GEN PT SERVICE	0	143,757	106,163	106,163		5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2017 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
6.00	5.07	ADMIN & GEN PT SERVICE	0	71,686	0	0		6.00
7.00	5.09	RESEARCH FACULTY	0	270,296	91,469	91,469		7.00
8.00	5.09	RESEARCH FACULTY	0	86,144	22,933	22,933		8.00
9.00	5.09	RESEARCH FACULTY	0	12,464	2,500	2,500		9.00
10.00	5.09	RESEARCH FACULTY	0	1,281,946	331,549	331,549		10.00
11.00	5.09	RESEARCH FACULTY	0	882,911	233,004	233,004		11.00
12.00	5.09	RESEARCH FACULTY	0	47,266	29,563	29,563		12.00
13.00	5.10	RESEARCH SPA	0	26,597	3,839	3,839		13.00
14.00	5.10	RESEARCH SPA	0	47,761	7,778	7,778		14.00
15.00	5.10	RESEARCH SPA	0	102	32,351	32,351		15.00
16.00	5.10	RESEARCH SPA	0	4,501	33,462	33,462		16.00
17.00	5.10	RESEARCH SPA	0	131	14,987	14,987		17.00
18.00	5.11	CORPORATE ADMINISTRATION	0	127,030	9,938	9,938		18.00
19.00	5.11	CORPORATE ADMINISTRATION	0	59,294	1,419	1,419		19.00
20.00	5.11	CORPORATE ADMINISTRATION	0	57,789	9,877	9,877		20.00
21.00	5.11	CORPORATE ADMINISTRATION	0	416,649	438,942	438,942		21.00
22.00	5.11	CORPORATE ADMINISTRATION	0	276,984	20,622	20,622		22.00
23.00	5.11	CORPORATE ADMINISTRATION	0	72,143	205,399	205,399		23.00
24.00	13.00	NURSING ADMINISTRATION	0	42,503	12,783	12,783		24.00
25.00	16.01	MEDICAL RECORDS & LIBRARY	0	217,725	4,218	4,218		25.00
26.00	16.01	MEDICAL RECORDS & LIBRARY	0	31,318	2,958	2,958		26.00
27.00	16.01	MEDICAL RECORDS & LIBRARY	0	37,197	38,015	38,015		27.00
28.00	18.00	CLINICAL LAB ADMIN MED	0	550,436	283,522	283,522		28.00
29.00	18.00	CLINICAL LAB ADMIN MED	0	21,150	10,454	10,454		29.00
30.00	18.01	CLINICAL LAB ADMIN PED	0	136,821	14,607	14,607		30.00
31.00	18.02	CLINICAL LAB ADMIN OB	0	69,410	0	0		31.00
32.00	18.02	CLINICAL LAB ADMIN OB	0	606,543	366,904	366,904		32.00
33.00	18.03	CLINICAL LAB ADMIN SURG	0	29,720	6,531	6,531		33.00
34.00	18.03	CLINICAL LAB ADMIN SURG	0	21,150	28,987	28,987		34.00
35.00	18.03	CLINICAL LAB ADMIN SURG	0	208,019	271,197	271,197		35.00
36.00	18.03	CLINICAL LAB ADMIN SURG	0	27,190	11,788	11,788		36.00
37.00	18.04	CLINICAL LAB ADMIN PSYCH	0	130,745	10,161	10,161		37.00
38.00	18.06	CLINICAL LAB ADMIN CARD	0	30,681	0	0		38.00
39.00	18.08	CLINICAL LAB ADMIN NEUR	0	201,738	118,572	118,572		39.00
40.00	18.09	CLINICAL LAB ADMIN OCLS	0	130,525	0	0		40.00
41.00	18.12	DISCRETIONARY OPERATIONS	0	126,378	14,338	14,338		41.00
42.00	18.12	DISCRETIONARY OPERATIONS	0	93,439	37,579	37,579		42.00
43.00	18.12	DISCRETIONARY OPERATIONS	0	341,827	104,323	104,323		43.00
44.00	18.12	DISCRETIONARY OPERATIONS	0	335,858	117,994	117,994		44.00
45.00	18.12	DISCRETIONARY OPERATIONS	0	47,534	9,173	9,173		45.00
46.00	18.12	DISCRETIONARY OPERATIONS	0	237	57,036	57,036		46.00
47.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	2,203	11,028	11,028		47.00
48.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	137,680	6,830	6,830		48.00
49.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	36,097	4,557	4,557		49.00
50.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	87,641	19,560	19,560		50.00
51.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	27,963	5,185	5,185		51.00
52.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	46,792	95,308	95,308		52.00
53.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	341,603	0	0		53.00
54.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	307,949	14,766	14,766		54.00
55.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,793,262	273,048	273,048		55.00
56.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	750,113	116,564	116,564		56.00
57.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	298,085	0	0		57.00
58.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	245,452	289,540	289,540		58.00
59.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	37,648	5,200	5,200		59.00
60.00	23.11	PARAMED PHYSICIANS ASSISTANT	0	17,489	0	0		60.00
61.00	30.00	ADULTS & PEDIATRICS	0	124,583	9,019	9,019		61.00
62.00	30.00	ADULTS & PEDIATRICS	0	89,070	0	0		62.00
63.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	37,916	0	0		63.00
64.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	333,281	241,016	241,016		64.00
65.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	42,402	16,137	16,137		65.00
66.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	355	1,098	1,098		66.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2017 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
67.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	0	85,911	36,673	36,673		67.00
68.00	54.00	RADIOLOGY-DIAGNOSTIC	0	79,217	81,062	81,062		68.00
69.00	60.00	LABORATORY	0	87,461	28,998	28,998		69.00
70.00	60.00	LABORATORY	0	363,571	139,647	139,647		70.00
71.00	60.00	LABORATORY	0	102,191	282,034	282,034		71.00
72.00	60.00	LABORATORY	0	876	0	0		72.00
73.00	69.00	ELECTROCARDIOLOGY	0	33,940	23,079	23,079		73.00
74.00	69.00	ELECTROCARDIOLOGY	0	19,940	22,243	22,243		74.00
75.00	69.00	ELECTROCARDIOLOGY	0	14,134	0	0		75.00
76.00	76.01	PSYCH DAY HOSPITAL	0	44,453	16,565	16,565		76.00
77.00	91.00	EMERGENCY	0	91,311	18,919	18,919		77.00
78.00	92.01	OBSERVATION BEDS (DISTINCT PART)	0	19,655	0	0		78.00
79.00	105.00	KIDNEY ACQUISITION	0	15,420	0	0		79.00
80.00	105.00	KIDNEY ACQUISITION	0	87	7	7		80.00
81.00	105.00	KIDNEY ACQUISITION	0	96,186	23,955	23,955		81.00
82.00	105.00	KIDNEY ACQUISITION	0	160,279	43,660	43,660		82.00
83.00	107.00	LIVER ACQUISITION	0	174	0	0		83.00
84.00	107.00	LIVER ACQUISITION	0	96,661	45,491	45,491		84.00
85.00	107.00	LIVER ACQUISITION	0	2,542	555	555		85.00
86.00	107.00	LIVER ACQUISITION	0	73,565	54,084	54,084		86.00
87.00	109.00	PANCREAS ACQUISITION	0	87	0	0		87.00
88.00	109.00	PANCREAS ACQUISITION	0	7,596	4,439	4,439		88.00
89.00	109.00	PANCREAS ACQUISITION	0	31,274	5,993	5,993		89.00
200.00			0	13,576,133	5,074,299	5,074,299		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	1,825,632	0	1,825,632			1.01
1.02	00102	DEPRECIATION DIRECT BLDG	7,629,419	0	0	7,629,419		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	4,497,449	0	0	0	4,497,449	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,781,748	0	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	7,026,944	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,193,000	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	929,633	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	345,704	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,066,448	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,462,506	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	1,111,871	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	1,006,627	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	52,874,844	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	999,753	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	58,875	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,528,218	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	18,524,514	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	00201	INTEREST GENERAL	508,034					2.01
2.02	00202	INTEREST DIRECT BLDG	316,899					2.02
2.03	00203	INTEREST ATRUM PAV	676,138					2.03
2.04	00204	INTEREST PRO BLDG SOUTH	94,929					2.04
2.05	00205	INTEREST TOB	153,624					2.05
2.06	00206	INTEREST PRO BLDG III	3,552					2.06
2.07	00207	INTEREST TOWER	2,201,491					2.07
2.08	00208	INTEREST PRO BLDG NORTH	19,525					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	187,731,554	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	293,060	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	-4,232,361	0	0	4,775,002	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	6,665,900	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	4,322,566	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	3,724,150	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	-231,501	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	61,139,822	0	22,554	0	112,551	5.07
5.08	00596	PERSONNEL DEPARTMENT	11,096,773	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	16,855,194	0	0	0	3,590	5.09
5.10	00598	RESEARCH SPA	5,912,675	0	2,905	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	81,226,370	0	5,980	445,759	19,109	5.11
6.00	00600	MAINTENANCE & REPAIRS	54,611,397	0	764,627	0	990,330	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,021,726	0	20,065	0	5,976	8.00
9.00	00900	HOUSEKEEPING	20,705,666	0	30,268	0	221,842	9.00
10.00	01000	DIETARY	401,591	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	8,504,165	0	0	0	13,700	10.01
11.00	01100	CAFETERIA	42,702	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	12,049,563	0	24,336	0	135,533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,924	0	0	0	0	14.00
15.00	01500	PHARMACY	14,943,087	0	68,029	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,309,272	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	11,818,447	0	19,601	0	6,354	16.01
18.00	01850	CLINICAL LAB ADMIN MED	582,031	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	160,597	0	23,677	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,542,153	0	94,367	0	21,424	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	2,002,020	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	-34,904	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	680,430	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	-15,491	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	446,615	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	2,280,976	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	-1,968,939	0	39,690	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	8,784,639	0	0	0	267,949	18.14
18.16	01861	NURSING SCHOOL SPLIT	13,530,083	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-17,858,923	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,299,409	0	0	0	236,841	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,230,821	0	99,688	0	38,619	22.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	551,684	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-763,079	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-319,219	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-1,517,677	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-1,413,409	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	320,084	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	502,387	0	0	0	22,274	23.06
23.07	02307	PARAMED TECHNOLOGY	-863,573	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-336,740	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	505,689	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-393,742	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,513,243	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,568,210	0	44,816	0	530,819	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,084,391	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	17,527,277	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,195,557	0	0	0	271,586	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	13,846,316	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	7,013,926	0	0	0	435,440	40.00
41.00	04100	SUBPROVIDER - IRF	5,232,869	0	0	0	0	41.00
43.00	04300	NURSERY	3,071,348	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,573,809	0	25,801	0	0	50.00
51.00	05100	RECOVERY ROOM	5,115,912	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,608,788	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,013,199	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,813,977	0	44,474	0	100,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,481,321	0	0	0	80,333	55.00
56.00	05600	RADIOISOTOPE	2,637,530	0	0	0	0	56.00
60.00	06000	LABORATORY	48,938,944	0	0	0	38,997	60.00
60.01	06002	LABORATORY - HLA	1,485,212	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,395,675	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	-3,917	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,083,557	0	22,969	0	19,392	65.00
66.00	06600	PHYSICAL THERAPY	4,048,023	0	42,155	0	21,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,042,344	0	32,220	0	22,723	67.00
68.00	06800	SPEECH PATHOLOGY	2,047,741	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,116,700	0	0	0	49,603	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	883,649	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,655,836	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,845,479	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,052,319	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	343,630	0	0	0	40,698	74.00
76.00	03020	RENAL DIALYSIS I/P	3,891,007	0	0	0	18,636	76.00
76.01	03550	PSYCH DAY HOSPITAL	2,310,674	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	38,565,053	0	0	0	30,399	90.00
91.00	09100	EMERGENCY	11,875,071	0	0	0	145,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,657,773	0	0	0	151,170	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,177,020	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,227,485	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	358,094	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,225,996,597	0	1,428,222	5,220,761	4,052,206	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,668,517	0	0	77,035	0	190.00
190.01	19001	FUND RAISING	6,911,447	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,922,946	0	0	0	0	190.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.00	19100	RESEARCH	33,700,029	0	0	2,331,623	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	25,083,234	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,941,696	0	0	0	14,408	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	197,309,077	0	383,814	0	415,529	192.00
194.00	07950	MEDICAL COLLEGE	22,011,762	0	13,596	0	15,306	194.00
194.01	07951	AFFIL CORP ARC VENTURES	42,184,277	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	2,019,775	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	31,287,537	0	0	0	0	194.03
194.04	07954	CON - GNE	1,295,999	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,597,332,893	0	1,825,632	7,629,419	4,497,449	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,781,748					1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	7,026,944				1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,193,000			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	929,633		1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	345,704	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	54,477	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	2,904	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	16,983	0	6,888	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	19,429	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	61,136	1,101	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	11,245	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	815	128,680	3,426	15,888	1,864	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	85,817	0	2,303	2,416	0	5.09
5.10	00598	RESEARCH SPA	8,376	0	0	0	66,187	5.10
5.11	00560	CORPORATE ADMINISTRATION	58,457	40,864	36	33	102,463	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,339,676	1,685,812	129,091	245,990	63,756	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,188	18,950	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,588	71,398	0	0	1,459	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	453,423	0	0	0	10.01
11.00	01100	CAFETERIA	31,699	116,594	2,448	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	132,807	0	0	0	14.00
15.00	01500	PHARMACY	0	246,368	398	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	33,658	398	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	6,482	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	39,668	24,810	3,295	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	265,403	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	2,122	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,275	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	18,098	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	7,431	868	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	47,135	5,765	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,906	0	12,001	12,425	2,391	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,296	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	5,642	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	12,428	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,812	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	833	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,694	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,799,325	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	27,797	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	324,105	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,073	524,023	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	124,511	33,088	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,257	0	58,433	11,724	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	403,643	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	546,337	621,211	56,224	59,031	0	60.00
60.01	06002	LABORATORY - HLA	25,518	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	157,733	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,409	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,412	0	14,685	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	32,355	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,413	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	28,824	876	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	193,774	174,243	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,945,623	6,981,725	503,167	569,658	238,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,219	10,176	18,894	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	531,178	0	5,671	256	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	18,860	0	12,819	21,421	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	115,143	0	1,659	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	127,433	0	510,985	238,106	105,193	192.00
194.00	07950	MEDICAL COLLEGE	43,511	0	2,144	0	2,391	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	23,002	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.02	07952	AFFIL CORP ROOM 500	0	0	123,377	81,298	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,781,748	7,026,944	1,193,000	929,633	345,704	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,066,448					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,462,506				1.10
1.11	00111	DEPRECIATION JRB	0	0	1,111,871			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	1,006,627		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	52,874,844	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	280,440	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	11,838	5.02
5.03	00591	RESEARCH ADMINISTRATION	14,271	0	0	11,192	183,492	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	74,264	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	1,930	0	0	83,783	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,635	0	0	0	191,083	5.06
5.07	00595	ADMIN & GEN PT SERVICE	8,539	16,104	4,732	334,620	1,695,590	5.07
5.08	00596	PERSONNEL DEPARTMENT	33,977	0	0	655	161,161	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	118,765	5.09
5.10	00598	RESEARCH SPA	2,051	0	0	47	129,170	5.10
5.11	00560	CORPORATE ADMINISTRATION	81,636	52,950	37,182	229,042	2,552,798	5.11
6.00	00600	MAINTENANCE & REPAIRS	263,658	259,471	97,757	106,534	9,702,632	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	203,716	8.00
9.00	00900	HOUSEKEEPING	2,289	10,207	19,608	466	876,955	9.00
10.00	01000	DIETARY	0	0	0	27,514	82,562	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,470	0	421,960	10.01
11.00	01100	CAFETERIA	86,448	0	0	10,755	656,235	11.00
13.00	01300	NURSING ADMINISTRATION	10,650	0	13,864	0	212,440	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	6,719	0	443,989	14.00
15.00	01500	PHARMACY	0	0	681	0	267,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,713	0	0	0	204,937	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,123	0	128,656	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	427	0	0	0	19,163	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	100,310	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	6,767	0	0	96,382	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	961	87,145	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	265,187	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	5,184	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,274	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	46,837	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	262,463	0	0	3,591	1,494,828	18.14
18.16	01861	NURSING SCHOOL SPLIT	64,533	0	0	0	302,363	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,255	0	4,467	7,984	346,475	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,089	0	837	326,074	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	8,433	0	0	11,127	74,193	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	880	0	0	0	7,290	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	5,514	0	0	0	46,183	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	4,951	0	0	0	23,197	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	9,643	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	52,022	23.06
23.07	02307	PARAMED TECHNOLOGY	2,666	0	0	0	14,509	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,057	0	0	0	4,954	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	2,867	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	7,916	0	0	0	37,088	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	2,213	0	0	0	10,369	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	4,259,783	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	750,918	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	5,895	0	0	0	783,405	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	225,020	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	643,123	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	139,821	0	587,633	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	219,654	0	410,706	41.00
43.00	04300	NURSERY	0	0	0	0	251,491	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,482	6,377	0	0	2,172,314	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	379,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	377,741	52.00
53.00	05300	ANESTHESIOLOGY	2,375	7,156	0	0	287,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,438	0	0	1,370,595	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	393,136	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	91,038	56.00
60.00	06000	LABORATORY	7,780	15,036	0	4,812	1,702,137	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	25,498	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	157,605	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	118,748	65.00
66.00	06600	PHYSICAL THERAPY	0	0	60,272	0	227,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	279	0	47,393	0	188,499	67.00
68.00	06800	SPEECH PATHOLOGY	740	0	10,921	0	145,218	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	214,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	43,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	30,488	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	38,468	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	28,248	2,276	225,463	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,456	393,948	43,730	2,046	2,004,712	90.00
91.00	09100	EMERGENCY	0	0	0	0	746,512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	113,245	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,360	0	0	29,019	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	15	3,219	0	0	9,042	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	31	0	0	71	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	942,197	876,083	740,642	754,459	41,061,010	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	265,079	6,168	778,716	190.00
190.01	19001	FUND RAISING	0	0	0	53,541	160,666	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	115,704	190.02
191.00	19100	RESEARCH	42,935	1,533	2,574	54,331	2,484,462	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	6,492	12,457	4,684	2,889	271,451	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	9,196	4,486	18,851	1,315	517,652	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,678	550,127	66,310	131,937	6,549,447	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.00	07950	MEDICAL COLLEGE	56,950	6,347	13,731	1,987	551,501	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	11,473	0	0	82,810	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	301,425	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,066,448	1,462,506	1,111,871	1,006,627	52,874,844	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	999,753					1.14
1.15	00115	DEPRECIATION KIDSTON	0	58,875				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,528,218			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	18,524,514		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					0	2.00
2.01	00201	INTEREST GENERAL					0	2.01
2.02	00202	INTEREST DIRECT BLDG					0	2.02
2.03	00203	INTEREST ATRUM PAV					0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH					0	2.04
2.05	00205	INTEREST TOB					0	2.05
2.06	00206	INTEREST PRO BLDG III					0	2.06
2.07	00207	INTEREST TOWER					0	2.07
2.08	00208	INTEREST PRO BLDG NORTH					0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	7,187	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	836	0	28,486	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	5,499	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	44,218	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	130,384	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,022	0	475,570	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	312	6,954	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	16,842	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	352,277	10,115	51,076	42,717	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	111,106	13,585	83,703	3,194,055	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	27,706	0	0	152,311	0	8.00
9.00	00900	HOUSEKEEPING	169,572	182	9,366	200,605	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	83,691	0	10.01
11.00	01100	CAFETERIA	0	0	509	136,570	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	26,467	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	497,639	0	14.00
15.00	01500	PHARMACY	0	0	0	38,105	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,419	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,129	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	41	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	3,160	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	114,448	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	965	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	2,743	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,347	0	9,600	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	363	0	3,606,875	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,137,989	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,145,363	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	974,630	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,233,315	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	574,760	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	572,454	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	165,880	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,107,446	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,613	24,724	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	137,965	0	56.00
60.00	06000	LABORATORY	5,331	1,510	0	337,069	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	108,709	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	50,949	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,243	0	67.00
68.00	06800	SPEECH PATHOLOGY	50,702	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	235,010	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,832	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	37,059	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	87,370	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	966,505	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	463	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	138	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	884,062	49,866	330,898	18,515,960	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,604	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	518	69	1,001,282	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	392	2,961	1,554	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	7,202	0	176,597	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,579	4,477	3,872	2,950	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,502	14,015	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	999,753	58,875	1,528,218	18,524,514	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL	508,034					2.01
2.02	00202	INTEREST DIRECT BLDG	0	316,899				2.02
2.03	00203	INTEREST ATRUM PAV	0	0	676,138			2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	0	94,929		2.04
2.05	00205	INTEREST TOB	0	0	0	0	153,624	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,242	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	201,843	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	3,379	0	0	0	1,708	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	1,621	0	1,869	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	5,883	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	5,230	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	5,420	0	12,382	1,622	51,069	5.07
5.08	00596	PERSONNEL DEPARTMENT	4,358	0	0	0	100	5.08
5.09	00597	RESEARCH FACULTY	2,764	0	0	247	0	5.09
5.10	00598	RESEARCH SPA	3,532	0	0	0	7	5.10
5.11	00560	CORPORATE ADMINISTRATION	44,155	66,902	3,932	3	34,955	5.11
6.00	00600	MAINTENANCE & REPAIRS	122,521	0	162,210	25,119	16,258	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,423	0	1,823	0	0	8.00
9.00	00900	HOUSEKEEPING	17,175	0	6,870	0	71	9.00
10.00	01000	DIETARY	0	0	0	0	4,199	10.00
10.01	01001	PATIENT FOOD SERVICE	281	0	43,629	0	0	10.01
11.00	01100	CAFETERIA	885	48,154	11,219	0	1,641	11.00
13.00	01300	NURSING ADMINISTRATION	4,627	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	12,779	0	0	14.00
15.00	01500	PHARMACY	1,350	0	23,706	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,610	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	2,620	0	3,239	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	525	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,312	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,097	0	2,387	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	147	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	7,259	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	35	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	1,282	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	40,087	0	0	89	548	18.14
18.16	01861	NURSING SCHOOL SPLIT	8,276	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,146	0	4,535	0	1,218	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,920	0	0	1,269	128	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,117	0	0	0	1,698	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	113	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	887	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	635	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	1,196	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,148	0	463	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	342	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	136	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	355	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1,015	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	284	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,881	0	173,131	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	756	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,569	0	2,675	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	8,929	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	31,186	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,588	0	50,422	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,710	0	3,184	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,468	0	0	1,197	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,742	0	38,839	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	17,534	0	59,773	6,028	734	60.00
60.01	06002	LABORATORY - HLA	698	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,314	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	853	0	1,964	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,270	0	1,387	1,500	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,142	0	0	3,304	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,416	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,017	0	2,734	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	835	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	382	0	2,773	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	347	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,918	0	0	17,793	312	90.00
91.00	09100	EMERGENCY	2,977	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,100	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	137	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	43	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	394,846	316,899	671,787	58,171	115,140	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,351	1,929	941	190.00
190.01	19001	FUND RAISING	0	0	0	0	8,171	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	56,282	0	0	26	8,292	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,303	0	0	2,187	441	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	11,479	0	0	0	201	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,012	0	0	24,314	20,135	192.00
194.00	07950	MEDICAL COLLEGE	10,112	0	0	0	303	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	8,302	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	508,034	316,899	676,138	94,929	153,624	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	3,552					2.06
2.07	00207	INTEREST TOWER	0	2,201,491				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	19,525			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	188,071,713		4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	33,185	326,245	5.01
5.02	00540	PARKING GARAGE	0	854	48	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	113	1,068,799	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	804,035	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	5	5,255	18	782,768	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	263,135	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	39	56,518	56	8,047,746	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	1,102,595	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	38	3,144,604	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	1,536,229	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	129	5,077	1	10,630,215	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	630	379,588	2,113	3,520,597	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,101	0	154,512	0	8.00
9.00	00900	HOUSEKEEPING	25	23,840	0	4,130,719	0	9.00
10.00	01000	DIETARY	0	0	0	90,864	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	9,946	0	1,588,319	0	10.01
11.00	01100	CAFETERIA	0	16,230	40	450,419	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,145	0	2,161,563	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	59,140	0	49	0	14.00
15.00	01500	PHARMACY	0	4,528	7	2,740,909	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,197,373	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	7	2,432,940	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	214,275	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	70,249	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	106	486,571	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	16	0	54	522,124	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	76,961	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	2,371	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	20,829	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	35	217,852	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	217,388	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	1,403,838	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	122	1,640,134	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	2,852,081	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	773,302	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,601	94	9,605,257	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10	0	196	1,588,560	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	711,416	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	21	64,239	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
23.02	02302	PARAMED DIETARY	0	0	0	97,793	0	23.02
23.03	02303	PARAMED SPEECH	0	0	92	290,457	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	187,424	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	79,259	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	1,141	0	123,961	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	14	155,985	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	51,935	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	132,579	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	139,077	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	166,110	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	428,650	0	12,149,103	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	135,241	0	3,332,737	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	136,117	0	3,850,920	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,109,318	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	115,827	0	3,135,144	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,695,157	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,225,265	0	41.00
43.00	04300	NURSERY	0	0	0	471,393	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15	265,412	0	4,166,184	0	50.00
51.00	05100	RECOVERY ROOM	0	68,306	0	1,192,181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	68,032	0	1,162,436	0	52.00
53.00	05300	ANESTHESIOLOGY	17	19,713	0	219,579	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215	131,611	956	3,437,146	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,938	0	730,227	0	55.00
56.00	05600	RADIOISOTOPE	0	16,396	0	192,258	0	56.00
60.00	06000	LABORATORY	37	40,058	920	5,647,425	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	134,874	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	451,479	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,919	0	1,317,983	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,055	0	978,350	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,217	0	742,605	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	461,894	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,929	0	963,446	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,824	0	194,280	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	84,107	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	14	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	4,404	0	513,333	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	957	0	3,171	5,037,898	0	90.00
91.00	09100	EMERGENCY	0	114,861	0	2,482,393	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	393,110	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	25	0	0	346,577	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	8	0	0	176,970	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	15,047	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,128	2,200,474	8,236	125,784,421	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	666	167	274,782	0	190.00
190.01	19001	FUND RAISING	0	0	0	1,318,536	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	394,654	0	190.02
191.00	19100	RESEARCH	4	0	93	4,585,674	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	30	0	210	4,099,689	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	11	0	27	661,385	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,336	351	8,362	42,626,871	326,245	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
194.00	07950	MEDICAL COLLEGE	15	0	35	3,968,998	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	28	0	376	1,555,425	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,019	213,938	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	2,378,859	0	194.03
194.04	07954	CON - GNE	0	0	0	208,481	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,552	2,201,491	19,525	188,071,713	326,245	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE	767,315					5.02
5.03	00591	RESEARCH ADMINISTRATION	0	8,002,047				5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	5,229,283			5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	4,710,247		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	371,211	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	156,261	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	31,107	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,045	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	12,643	0	0	0	0	9.00
10.00	01000	DIETARY	354	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	6,086	0	0	0	0	10.01
11.00	01100	CAFETERIA	3,019	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,976	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,382	0	0	0	0	14.00
15.00	01500	PHARMACY	65,390	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,798	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	7,511	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	554	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	213	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,521	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,671	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	22	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	824	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	1	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	452	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,320	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	7,274	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	11,802	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	27,919	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,366	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	4,873	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	185	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	252	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	883	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	568	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.05	02305	PARAMED MEDICAL PHYSICS	12	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	81	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	482	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	191	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	406	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	562	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,186	0	609,502	48,228	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,637	0	169,765	363	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	12,414	0	173,527	973	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,580	0	50,941	512	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	10,437	0	133,367	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	5,406	0	86,673	21	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,125	0	64,086	0	0	41.00
43.00	04300	NURSERY	0	0	13,956	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	63,863	0	645,914	393,296	0	50.00
51.00	05100	RECOVERY ROOM	4,297	0	43,694	41,696	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,226	0	48,095	9,786	0	52.00
53.00	05300	ANESTHESIOLOGY	4,760	0	163,001	105,528	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,822	0	362,882	471,477	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,327	0	15,336	284,804	0	55.00
56.00	05600	RADIOISOTOPE	1,688	0	10,786	58,610	0	56.00
60.00	06000	LABORATORY	32,602	0	537,593	782,776	0	60.00
60.01	06002	LABORATORY - HLA	878	0	975	17,594	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,872	0	115,748	40,068	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	98,323	9,353	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,119	0	117,548	4,386	0	65.00
66.00	06600	PHYSICAL THERAPY	3,154	0	52,212	26,900	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	0	44,387	9,835	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,743	0	16,680	12,829	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,312	0	126,719	131,283	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	658	0	41,293	7,905	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	197,187	87,577	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	526,659	162,394	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	597,442	1,107,561	0	73.00
74.00	07400	RENAL DIALYSIS	322	0	0	6,142	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,988	0	38,166	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	1,671	0	2	645	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	27,212	0	2,448	517,616	0	90.00
91.00	09100	EMERGENCY	9,151	0	99,669	355,154	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,040	0	807	14,744	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,915	0	17,475	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,297	0	5,643	191	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	196	0	782	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	510,971	0	5,229,283	4,710,247	156,261	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,221	0	0	0	0	190.00
190.01	19001	FUND RAISING	4,383	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,176	0	0	0	0	190.02
191.00	19100	RESEARCH	17,234	3,001,297	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,898	2,246,163	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	15,818	2,754,587	0	0	209,715	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	143,482	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	17,084	0	0	0	5,235	194.00
194.01	07951	AFFIL CORP ARC VENTURES	22,527	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	1,713	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	17,052	0	0	0	0	194.03
194.04	07954	CON - GNE	756	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
		5.02	5.03	5.04	5.05	5.06	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	767,315	8,002,047	5,229,283	4,710,247	371,211	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE	72,140,629					5.07
5.08	00596	PERSONNEL DEPARTMENT	0	12,399,619				5.08
5.09	00597	RESEARCH FACULTY	0	0	20,379,265			5.09
5.10	00598	RESEARCH SPA	0	0	0	7,678,021		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	96,094,233	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	350,946	0	0	78,274,269	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,829	0	0	3,656,371	8.00
9.00	00900	HOUSEKEEPING	0	638,001	0	0	27,155,815	9.00
10.00	01000	DIETARY	0	16,739	0	0	623,823	10.00
10.01	01001	PATIENT FOOD SERVICE	0	235,727	0	0	11,363,397	10.01
11.00	01100	CAFETERIA	0	79,165	0	0	1,694,732	11.00
13.00	01300	NURSING ADMINISTRATION	0	143,696	0	0	14,793,860	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,199,428	14.00
15.00	01500	PHARMACY	0	207,065	0	0	18,607,499	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	117,729	0	0	8,920,851	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	201,744	0	0	14,665,427	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	5,136	0	0	801,996	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	2,644	0	0	277,495	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	21,724	0	0	2,276,970	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	30,262	0	0	2,730,594	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	4,261	0	0	134,593	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	168	0	0	1,221,642	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	690	0	0	6,029	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	13,354	0	0	685,614	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	15,813	0	0	2,518,081	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	59,546	0	0	-392,374	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	160,384	0	0	12,666,293	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	183,085	0	0	16,952,223	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	30,127	0	0	803,429	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-17,858,923	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,150,578	0	0	48,873,127	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	73,709	0	0	9,439,009	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	37,183	0	0	1,402,689	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	4,513	0	0	-684,542	23.01
23.02	02302	PARAMED DIETARY	0	5,995	0	0	-215,179	23.02
23.03	02303	PARAMED SPEECH	0	18,524	0	0	-1,146,752	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	13,607	0	0	-1,183,027	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	6,281	0	0	428,903	23.05
23.06	02306	PARAMED PASTORAL CARE	0	11,468	0	0	731,704	23.06
23.07	02307	PARAMED TECHNOLOGY	0	11,232	0	0	-677,510	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	3,368	0	0	-275,099	23.08
23.09	02309	PARAMED PHARMACY	0	15,527	0	0	660,711	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	8,302	0	0	-199,938	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	10,896	0	0	-1,322,809	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,986,712	1,149,652	0	0	83,409,236	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,299,657	294,835	0	0	22,216,533	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,332,568	301,975	0	0	25,271,190	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	392,745	96,797	0	0	7,382,097	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,019,059	248,323	0	0	20,126,226	35.02
40.00	04000	SUBPROVIDER - IPF	662,410	170,893	0	0	10,806,309	40.00
41.00	04100	SUBPROVIDER - IRF	489,678	113,569	0	0	7,759,952	41.00
43.00	04300	NURSERY	106,640	38,665	0	0	4,308,784	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,623,445	356,386	0	0	44,191,719	50.00
51.00	05100	RECOVERY ROOM	618,748	97,032	0	0	8,135,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	434,355	93,092	0	0	8,379,005	52.00
53.00	05300	ANESTHESIOLOGY	1,966,483	25,479	0	0	7,144,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,994,028	288,655	0	0	30,436,809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,063,025	56,229	0	0	11,584,237	55.00
56.00	05600	RADIOISOTOPE	482,858	13,051	0	0	3,642,180	56.00
60.00	06000	LABORATORY	9,455,861	525,039	0	0	69,440,799	60.00
60.01	06002	LABORATORY - HLA	127,659	10,576	0	0	1,829,482	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,158,183	48,769	0	0	12,535,446	62.00
64.00	06400	INTRAVENOUS THERAPY	815,186	0	0	0	918,945	64.00
65.00	06500	RESPIRATORY THERAPY	928,153	119,901	0	0	12,883,610	65.00
66.00	06600	PHYSICAL THERAPY	582,742	85,952	0	0	6,218,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,354	63,066	0	0	4,650,294	67.00
68.00	06800	SPEECH PATHOLOGY	215,101	35,987	0	0	3,002,972	68.00
69.00	06900	ELECTROCARDIOLOGY	1,865,214	71,520	0	0	7,845,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	369,526	23,256	0	0	1,637,663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,105,049	0	0	0	34,045,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,133,718	0	0	0	85,668,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,133,390	0	0	0	121,890,712	73.00
74.00	07400	RENAL DIALYSIS	41,961	6,483	0	0	554,666	74.00
76.00	03020	RENAL DIALYSIS I/P	291,626	0	0	0	4,312,760	76.00
76.01	03550	PSYCH DAY HOSPITAL	4,426	52,659	0	0	3,181,207	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,555,180	620,404	0	0	51,289,640	90.00
91.00	09100	EMERGENCY	3,188,072	216,041	0	0	20,201,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	106,896	37,368	0	0	2,479,253	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	133,524	28,426	0	0	5,745,941	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	44,424	11,098	0	0	2,479,573	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	5,973	758	0	0	380,952	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,140,629	9,214,954	0	0	1,103,692,731	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,076	0	0	5,177,541	190.00
190.01	19001	FUND RAISING	0	96,005	0	0	8,552,749	190.01
190.02	19002	RUSH DAY SCHOOL	0	34,960	0	0	2,469,440	190.02
191.00	19100	RESEARCH	0	410,627	0	4,391,441	52,627,431	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	383,431	0	3,286,580	35,473,146	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	41,528	20,379,265	0	28,882,221	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,721,450	0	0	251,421,072	192.00
194.00	07950	MEDICAL COLLEGE	0	194,671	0	0	26,931,196	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	129,702	0	0	44,009,620	194.01
194.02	07952	AFFIL CORP ROOM 500	0	12,209	0	0	2,764,056	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	132,043	0	0	33,815,491	194.03
194.04	07954	CON - GNE	0	10,963	0	0	1,516,199	194.04
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
		5.07	5.08	5.09	5.10	5A.10	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	72,140,629	12,399,619	20,379,265	7,678,021	1,597,332,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	96,094,233					5.11
6.00	00600	MAINTENANCE & REPAIRS	4,931,670	83,205,939				6.00
6.01	00601	RENTED SPACE COSTS	0	0	0			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	230,370	489,946	0	4,376,687		8.00
9.00	00900	HOUSEKEEPING	1,710,952	2,109,112	0	0	30,975,879	9.00
10.00	01000	DIETARY	39,304	198,566	0	0	76,306	10.00
10.01	01001	PATIENT FOOD SERVICE	715,951	1,014,830	0	0	389,982	10.01
11.00	01100	CAFETERIA	106,777	1,578,270	0	0	606,503	11.00
13.00	01300	NURSING ADMINISTRATION	932,087	510,926	0	0	196,340	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	75,570	1,067,812	0	0	410,342	14.00
15.00	01500	PHARMACY	1,172,365	644,253	0	0	247,576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	562,058	492,882	0	0	189,406	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	923,995	309,424	0	0	118,906	16.01
18.00	01850	CLINICAL LAB ADMIN MED	50,530	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	17,484	46,088	0	0	17,711	18.01
18.02	01851	CLINICAL LAB ADMIN OB	143,460	241,249	0	0	92,708	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	172,041	199,800	0	0	76,780	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	8,480	6,937	0	0	2,666	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	76,970	637,785	0	0	245,090	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	380	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	43,197	12,469	0	0	4,792	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	158,652	3,064	0	0	1,177	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	112,645	0	0	43,288	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	798,040	3,595,121	0	0	1,381,545	18.14
18.16	01861	NURSING SCHOOL SPLIT	1,068,075	727,195	0	0	279,449	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	50,620	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,079,251	833,287	0	0	320,218	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	594,705	491,223	0	0	188,769	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	88,376	178,437	0	0	68,570	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	17,533	0	0	6,738	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	111,071	0	0	42,683	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	55,791	0	0	21,439	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	27,023	23,193	0	0	8,913	23.05
23.06	02306	PARAMED PASTORAL CARE	46,101	125,114	0	0	48,079	23.06
23.07	02307	PARAMED TECHNOLOGY	0	34,896	0	0	13,410	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	11,916	0	0	4,579	23.08
23.09	02309	PARAMED PHARMACY	41,628	6,894	0	0	2,649	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	89,197	0	0	34,277	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	24,938	0	0	9,583	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,255,199	10,125,959	0	1,138,197	3,891,237	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,399,753	1,805,986	0	237,290	694,010	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,592,211	1,884,119	0	237,959	724,036	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	465,109	541,183	0	0	207,968	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,268,053	1,546,736	0	100,419	594,385	35.02
40.00	04000	SUBPROVIDER - IPF	680,851	1,413,281	0	153,755	543,100	40.00
41.00	04100	SUBPROVIDER - IRF	488,916	987,765	0	99,916	379,581	41.00
43.00	04300	NURSERY	271,475	604,847	0	77,250	232,433	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,784,299	5,224,500	0	838,467	2,007,688	50.00
51.00	05100	RECOVERY ROOM	512,602	912,143	0	186,483	350,521	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,919	908,483	0	0	349,115	52.00
53.00	05300	ANESTHESIOLOGY	450,167	690,895	0	0	265,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,917,671	3,207,352	0	272,506	1,232,532	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	729,865	945,507	0	58,175	363,342	55.00
56.00	05600	RADIOISOTOPE	229,476	218,950	0	61,542	84,139	56.00
60.00	06000	LABORATORY	4,375,118	3,909,481	0	128,189	1,502,348	60.00
60.01	06002	LABORATORY - HLA	115,267	61,323	0	0	23,565	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	789,796	379,045	0	0	145,661	62.00
64.00	06400	INTRAVENOUS THERAPY	57,898	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	811,732	285,593	0	0	109,748	65.00
66.00	06600	PHYSICAL THERAPY	391,791	546,545	0	33,698	210,028	66.00
67.00	06700	OCCUPATIONAL THERAPY	292,992	453,348	0	3,497	174,214	67.00
68.00	06800	SPEECH PATHOLOGY	189,202	349,256	0	0	134,213	68.00
69.00	06900	ELECTROCARDIOLOGY	494,286	515,352	0	0	198,041	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,181	104,475	0	0	40,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,145,046	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,397,528	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,679,724	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	34,947	73,324	0	0	28,177	74.00
76.00	03020	RENAL DIALYSIS I/P	271,725	92,516	0	0	35,553	76.00
76.01	03550	PSYCH DAY HOSPITAL	200,432	202,268	0	0	77,728	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,231,504	4,821,411	0	0	1,852,788	90.00
91.00	09100	EMERGENCY	1,272,800	1,795,390	0	687,576	689,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	156,205	272,358	0	0	104,662	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	362,023	69,792	0	0	26,820	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	156,225	21,746	0	0	8,357	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	24,002	170	0	0	65	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,993,102	60,972,963	0	4,314,919	22,432,114	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	326,211	1,461,795	0	61,768	561,743	190.00
190.01	19001	FUND RAISING	538,866	386,407	0	0	148,490	190.01
190.02	19002	RUSH DAY SCHOOL	155,587	0	0	0	0	190.02
191.00	19100	RESEARCH	3,315,791	5,391,745	0	0	2,071,958	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,234,986	470,923	0	0	180,968	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,819,724	1,137,646	0	0	437,179	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,840,118	11,136,999	0	0	4,279,766	192.00
194.00	07950	MEDICAL COLLEGE	1,696,800	1,323,360	0	0	508,545	194.00
194.01	07951	AFFIL CORP ARC VENTURES	2,772,826	199,162	0	0	76,534	194.01
194.02	07952	AFFIL CORP ROOM 500	174,149	724,939	0	0	278,582	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	2,130,545	0	0	0	0	194.03
194.04	07954	CON - GNE	95,528	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	96,094,233	83,205,939	0	4,376,687	30,975,879	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	937,999					10.00
10.01	01001	PATIENT FOOD SERVICE	748,429	14,232,589				10.01
11.00	01100	CAFETERIA	189,570	0	4,175,852			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	55,824	16,489,037		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,753,152	14.00
15.00	01500	PHARMACY	0	0	80,442	0	7,965	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	45,736	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	78,375	0	4	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	1,995	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	1,027	0	13	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	8,439	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	11,756	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	1,655	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	65	0	3	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	268	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	5,188	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	6,143	0	1	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	23,133	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	62,308	0	613	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	71,126	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	11,704	183,190	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	446,987	0	347	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	28,635	0	258	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	14,445	0	263	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,753	0	6	23.01
23.02	02302	PARAMED DIETARY	0	0	2,329	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	7,196	0	59	23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	5,286	0	1	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	2,440	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	4,455	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	4,364	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	1,308	0	4	23.08
23.09	02309	PARAMED PHARMACY	0	0	6,032	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	3,225	0	9	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	4,233	0	1	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,585,821	446,627	4,892,264	191,153	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	979,038	114,540	1,541,601	61,094	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	1,007,241	117,314	1,494,088	56,045	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	258,734	37,604	494,992	24,738	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	96,471	1,415,959	34,801	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,379,075	66,390	575,988	3,985	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,022,680	44,120	435,601	7,530	41.00
43.00	04300	NURSERY	0	0	15,021	235,106	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	138,452	1,234,817	1,029,525	50.00
51.00	05100	RECOVERY ROOM	0	0	37,696	506,767	9,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	36,165	422,494	23,923	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,898	0	71,489	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	112,139	162,096	224,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,844	5,529	7,451	55.00
56.00	05600	RADIOISOTOPE	0	0	5,070	0	401	56.00
60.00	06000	LABORATORY	0	0	203,972	418,603	117,716	60.00
60.01	06002	LABORATORY - HLA	0	0	4,108	0	106	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	18,946	28,467	9,506	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	46,580	0	41,675	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,391	0	4,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	24,500	0	2,020	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	13,981	0	12,290	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	27,785	162,915	214,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,035	0	2,368	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,519	33,075	14,634	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	20,457	5,939	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	222,676	1,073,847	52,649	90.00
91.00	09100	EMERGENCY	0	0	83,929	944,519	40,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	14,517	139,773	2,207	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	11,043	59,596	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	4,311	21,606	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	294	205	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	937,999	14,232,589	3,039,267	16,489,037	2,284,482	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,634	0	0	190.00
190.01	19001	FUND RAISING	0	0	37,297	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	13,582	0	11	190.02
191.00	19100	RESEARCH	0	0	159,524	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	148,959	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	16,133	0	7,196	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	612,367	0	68,269	192.00
194.00	07950	MEDICAL COLLEGE	0	0	75,627	0	283	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	29,538	0	10,682	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	4,743	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	27,922	0	382,229	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
194.04	07954	CON - GNE	0	0	4,259	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	937,999	14,232,589	4,175,852	16,489,037	2,753,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	20,760,100					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,210,933				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	5,668,089	21,764,220			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	854,521		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	359,818	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	17	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	270	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,314	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	455	0	2,536,565	0	139,736	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	706,513	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	722,167	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	212,003	0	183,471	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	555,033	0	639	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	360,707	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	266,705	0	0	41.00
43.00	04300	NURSERY	0	0	58,082	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	122	0	2,689,613	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	181,843	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	200,157	0	0	52.00
53.00	05300	ANESTHESIOLOGY	40,382	0	678,362	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,252	0	1,510,208	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	351	0	63,822	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	44,890	0	0	56.00
60.00	06000	LABORATORY	10,607	0	2,237,301	124,780	25,909	60.00
60.01	06002	LABORATORY - HLA	0	0	4,057	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,260	0	481,709	69,014	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	409,189	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	443	0	489,200	206,894	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	217,292	76,309	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	46	0	184,724	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	69,418	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	129	0	527,365	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	171,848	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	820,633	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,191,797	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,099,132	0	2,486,375	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	10,063	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	158,835	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	9	119	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,102,327	0	10,186	13,725	0	90.00
91.00	09100	EMERGENCY	0	4,542,844	414,794	363,680	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,357	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	72,724	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	23,484	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	3,253	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,282,144	10,210,933	21,764,220	854,521	359,818	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	26	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	49,347	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,408,912	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.00	07950	MEDICAL COLLEGE	12,101	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	7,570	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,760,100	10,210,933	21,764,220	854,521	359,818	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,762,826					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	3,190,971				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	154,331			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	2,181,555		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	6,677	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	97,873	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	367,747	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,527,631	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	238,180	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,157,791	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	315,229	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	573,458	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	82,774	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	937,755	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	182,671	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	42,399	0	0	0	56.00
60.00	06000	LABORATORY	55,810	126,704	0	2,181,555	2,158	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	28,799	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	116,912	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,519	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	2,128	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	123,404	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	92,348	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	36,053	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,462	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,762,826	3,190,971	154,331	2,181,555	6,677	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,762,826	3,190,971	154,331	2,181,555	6,677	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	751,277				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	2,687,118			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	-213,308		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	18,504,190	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	7,195,171	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	462,037	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	388,149	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	229,300	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,022,972	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	853,050	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	580,410	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	268,058	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	434,926	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	852,859	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	85,195	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	2,251,688	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	83,293	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	352,137	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	131,165	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	534,917	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	751,277	2,687,118	0	12,286,932	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	530,006	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	5,687,252	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	-213,308	0	201.00
202.00		TOTAL (sum lines 118-201)	0	751,277	2,687,118	-213,308	18,504,190	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	26,293,239					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,146,816				19.00
20.00	02000	NURSING SCHOOL	21,173,945		3,315,022			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			53,554,531		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				10,742,627	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,521,120	10,797,766	2,165,950	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	19,965	1,277,835	256,324	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	3,114,052	624,655	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	639,514	128,282	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	75,330	645,480	129,478	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	271,289	919,898	184,524	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	164,250	524,974	105,306	41.00
43.00	04300	NURSERY	0	0	0	119,312	23,933	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	4,135,365	829,522	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,146,816	263,068	4,228,429	848,190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,091,220	820,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	725,419	145,513	55.00
56.00	05600	RADIOISOTOPE	0	0	0	353,164	70,842	56.00
60.00	06000	LABORATORY	0	0	0	2,153,587	431,993	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	151,527	30,395	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	394,924	79,219	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	742,123	148,864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	651,445	130,675	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	1,906,611	382,451	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	7,877,000	1,580,066	90.00
91.00	09100	EMERGENCY	0	0	0	1,835,024	368,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	120,505	24,172	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,173,945	1,146,816	3,315,022	47,405,174	9,509,113	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,103,518	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	3,060,361	613,885	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,072,292	616,278	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	16,704	3,351	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	15,776	0	0	0	0	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	26,293,239	1,146,816	3,315,022	53,554,531	10,742,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,214,817					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		-270,363				23.01
23.02	02302	PARAMED DIETARY			16,450			23.02
23.03	02303	PARAMED SPEECH				37,229		23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					-247,460	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	310,164	0	11,079	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	78,204	0	1,132	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	91,269	0	1,164	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	26,318	0	299	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	76,735	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	39,745	0	1,594	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	30,328	0	1,182	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	469,663	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	31,596	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,068	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	34,998	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	131,031	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,169	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	12,411	0	0	0	0	56.00
60.00	06000	LABORATORY	239,694	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	6,458	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	43,173	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	44,990	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,188	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,119	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,818	0	0	37,229	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83,168	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,835	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,366	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	14,619	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	12,284	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	200,070	0	0	0	0	90.00
91.00	09100	EMERGENCY	67,280	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,645	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	21,435	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	9,536	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,440	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,214,817	0	16,450	37,229	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-270,363	0	0	-247,460	201.00
202.00		TOTAL (sum lines 118-201)	2,214,817	-270,363	16,450	37,229	-247,460	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	490,472					23.05
23.06	02306	PARAMED PASTORAL CARE		955,453				23.06
23.07	02307	PARAMED TECHNOLOGY			-44,430			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				10,766		23.08
23.09	02309	PARAMED PHARMACY					717,914	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	133,824	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	33,742	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	39,379	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	11,355	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	33,108	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	17,149	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	13,085	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	202,487	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	13,633	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,404	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,100	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,236	56,535	0	5,383	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	245,236	16,900	0	5,383	0	55.00
56.00	05600	RADIOISOTOPE	0	5,355	0	0	0	56.00
60.00	06000	LABORATORY	0	103,419	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	2,787	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	18,628	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,411	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,005	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,386	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,531	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,884	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,086	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	717,914	73.00
74.00	07400	RENAL DIALYSIS	0	1,021	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	6,307	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	5,300	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	86,322	0	0	0	90.00
91.00	09100	EMERGENCY	0	29,029	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,298	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,248	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,114	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	621	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	490,472	955,453	0	10,766	717,914	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-44,430	0	0	201.00
202.00		TOTAL (sum lines 118-201)	490,472	955,453	-44,430	10,766	717,914	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	361,696					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		-431,195				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	137,920,099	-12,963,716	124,956,383	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	31,423,560	-1,534,159	29,889,401	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	36,976,889	-3,738,707	33,238,182	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	10,613,667	-767,796	9,845,871	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	28,226,484	-774,958	27,451,526	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	17,417,640	-1,104,422	16,313,218	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,331,891	-630,280	11,701,611	41.00
43.00	04300	NURSERY	0	0	6,184,423	-143,245	6,041,178	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	67,019,225	-4,964,887	62,054,338	50.00
51.00	05100	RECOVERY ROOM	0	0	11,193,442	0	11,193,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,465,191	0	11,465,191	52.00
53.00	05300	ANESTHESIOLOGY	0	0	15,971,000	-5,076,619	10,894,381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	45,383,734	-4,911,887	40,471,847	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	15,140,414	-870,932	14,269,482	55.00
56.00	05600	RADIOISOTOPE	0	0	4,770,828	-424,006	4,346,822	56.00
60.00	06000	LABORATORY	0	0	90,041,431	-2,585,580	87,455,851	60.00
60.01	06002	LABORATORY - HLA	0	0	2,130,446	0	2,130,446	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	15,059,710	-181,922	14,877,788	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,386,032	0	1,386,032	64.00
65.00	06500	RESPIRATORY THERAPY	361,696	0	15,775,715	-474,143	15,301,572	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,764,894	0	7,764,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,838,939	0	5,838,939	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,943,822	0	3,943,822	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,999,815	-890,987	10,108,828	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,206,804	0	2,206,804	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	37,026,729	0	37,026,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	93,257,575	0	93,257,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	149,873,857	0	149,873,857	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,536,912	-782,120	754,792	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	4,892,315	0	4,892,315	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	5,996,933	-2,289,062	3,707,871	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	75,072,532	-9,457,066	65,615,466	90.00
91.00	09100	EMERGENCY	0	0	33,336,874	-2,203,116	31,133,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	3,183,275	0	3,183,275	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	6,615,647	-144,677	6,470,970	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,765,005	0	2,765,005	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	413,464	0	413,464	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	361,696	0	1,021,157,213	-56,914,287	964,242,926	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	13,229,216	0	13,229,216	190.00
190.01	19001	FUND RAISING	0	0	9,663,809	0	9,663,809	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,638,646	0	2,638,646	190.02
191.00	19100	RESEARCH	0	0	63,566,449	0	63,566,449	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	38,508,982	0	38,508,982	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	36,023,692	-3,674,246	32,349,446	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	288,456,073	-3,688,570	284,767,503	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.00	07950	MEDICAL COLLEGE	0	0	36,255,219	-20,055	36,235,164	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	47,105,932	0	47,105,932	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	3,946,469	0	3,946,469	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	36,356,187	0	36,356,187	194.03
194.04	07954	CON - GNE	0	0	1,631,762	0	1,631,762	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-431,195	-1,206,756	0	-1,206,756	201.00
202.00		TOTAL (sum lines 118-201)	361,696	-431,195	1,597,332,893	-64,297,158	1,533,035,735	202.00

COST ALLOCATION STATISTICS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2017 9:32 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	4,775,002	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	22,554	0	112,551	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	3,590	5.09
5.10	00598	RESEARCH SPA	0	0	2,905	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	5,980	445,759	19,109	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	764,627	0	990,330	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	20,065	0	5,976	8.00
9.00	00900	HOUSEKEEPING	0	0	30,268	0	221,842	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	13,700	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	24,336	0	135,533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	68,029	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	19,601	0	6,354	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	23,677	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	94,367	0	21,424	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	39,690	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	267,949	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	236,841	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	99,688	0	38,619	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	22,274	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	44,816	0	530,819	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	271,586	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	435,440	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	25,801	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	44,474	0	100,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	80,333	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	38,997	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	22,969	0	19,392	65.00
66.00	06600	PHYSICAL THERAPY	0	0	42,155	0	21,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	32,220	0	22,723	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	49,603	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	40,698	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	18,636	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	30,399	90.00
91.00	09100	EMERGENCY	0	0	0	0	145,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	151,170	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	1,428,222	5,220,761	4,052,206	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	77,035	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	2,331,623	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	14,408	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	383,814	0	415,529	192.00
194.00	07950	MEDICAL COLLEGE	0	0	13,596	0	15,306	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	1,825,632	7,629,419	4,497,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	54,477	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	2,904	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	16,983	0	6,888	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	19,429	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	61,136	1,101	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	11,245	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	815	128,680	3,426	15,888	1,864	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	85,817	0	2,303	2,416	0	5.09
5.10	00598	RESEARCH SPA	8,376	0	0	0	66,187	5.10
5.11	00560	CORPORATE ADMINISTRATION	58,457	40,864	36	33	102,463	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,339,676	1,685,812	129,091	245,990	63,756	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,188	18,950	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,588	71,398	0	0	1,459	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	453,423	0	0	0	10.01
11.00	01100	CAFETERIA	31,699	116,594	2,448	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	132,807	0	0	0	14.00
15.00	01500	PHARMACY	0	246,368	398	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	33,658	398	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	6,482	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	39,668	24,810	3,295	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	265,403	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	2,122	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,275	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	18,098	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	7,431	868	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	47,135	5,765	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,906	0	12,001	12,425	2,391	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,296	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	5,642	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	12,428	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,812	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	833	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,694	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,799,325	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	27,797	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	324,105	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,073	524,023	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	124,511	33,088	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,257	0	58,433	11,724	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	403,643	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	546,337	621,211	56,224	59,031	0	60.00
60.01	06002	LABORATORY - HLA	25,518	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	157,733	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,409	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,412	0	14,685	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	32,355	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,413	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	28,824	876	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	193,774	174,243	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,945,623	6,981,725	503,167	569,658	238,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,219	10,176	18,894	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	531,178	0	5,671	256	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	18,860	0	12,819	21,421	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	115,143	0	1,659	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	127,433	0	510,985	238,106	105,193	192.00
194.00	07950	MEDICAL COLLEGE	43,511	0	2,144	0	2,391	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	23,002	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.02	07952	AFFIL CORP ROOM 500	0	0	123,377	81,298	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,781,748	7,026,944	1,193,000	929,633	345,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	280,440	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	11,838	5.02
5.03	00591	RESEARCH ADMINISTRATION	14,271	0	0	11,192	183,492	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	74,264	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	1,930	0	0	83,783	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,635	0	0	0	191,083	5.06
5.07	00595	ADMIN & GEN PT SERVICE	8,539	16,104	4,732	334,620	1,695,590	5.07
5.08	00596	PERSONNEL DEPARTMENT	33,977	0	0	655	161,161	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	118,765	5.09
5.10	00598	RESEARCH SPA	2,051	0	0	47	129,170	5.10
5.11	00560	CORPORATE ADMINISTRATION	81,636	52,950	37,182	229,042	2,552,798	5.11
6.00	00600	MAINTENANCE & REPAIRS	263,658	259,471	97,757	106,534	9,702,632	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	203,716	8.00
9.00	00900	HOUSEKEEPING	2,289	10,207	19,608	466	876,955	9.00
10.00	01000	DIETARY	0	0	0	27,514	82,562	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,470	0	421,960	10.01
11.00	01100	CAFETERIA	86,448	0	0	10,755	656,235	11.00
13.00	01300	NURSING ADMINISTRATION	10,650	0	13,864	0	212,440	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	6,719	0	443,989	14.00
15.00	01500	PHARMACY	0	0	681	0	267,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,713	0	0	0	204,937	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,123	0	128,656	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	427	0	0	0	19,163	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	100,310	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	6,767	0	0	96,382	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	961	87,145	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	265,187	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	5,184	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,274	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	46,837	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	262,463	0	0	3,591	1,494,828	18.14
18.16	01861	NURSING SCHOOL SPLIT	64,533	0	0	0	302,363	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,255	0	4,467	7,984	346,475	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,089	0	837	326,074	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	8,433	0	0	11,127	74,193	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	880	0	0	0	7,290	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	5,514	0	0	0	46,183	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	4,951	0	0	0	23,197	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	9,643	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	52,022	23.06
23.07	02307	PARAMED TECHNOLOGY	2,666	0	0	0	14,509	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,057	0	0	0	4,954	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	2,867	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	7,916	0	0	0	37,088	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	2,213	0	0	0	10,369	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	4,259,783	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	750,918	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	5,895	0	0	0	783,405	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	225,020	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	643,123	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	139,821	0	587,633	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	219,654	0	410,706	41.00
43.00	04300	NURSERY	0	0	0	0	251,491	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,482	6,377	0	0	2,172,314	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	379,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	377,741	52.00
53.00	05300	ANESTHESIOLOGY	2,375	7,156	0	0	287,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,438	0	0	1,370,595	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	393,136	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	91,038	56.00
60.00	06000	LABORATORY	7,780	15,036	0	4,812	1,702,137	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	25,498	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	157,605	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	118,748	65.00
66.00	06600	PHYSICAL THERAPY	0	0	60,272	0	227,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	279	0	47,393	0	188,499	67.00
68.00	06800	SPEECH PATHOLOGY	740	0	10,921	0	145,218	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	214,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	43,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	30,488	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	38,468	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	28,248	2,276	225,463	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,456	393,948	43,730	2,046	2,004,712	90.00
91.00	09100	EMERGENCY	0	0	0	0	746,512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	113,245	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,360	0	0	29,019	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	15	3,219	0	0	9,042	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	31	0	0	71	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	942,197	876,083	740,642	754,459	41,061,010	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	265,079	6,168	778,716	190.00
190.01	19001	FUND RAISING	0	0	0	53,541	160,666	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	115,704	190.02
191.00	19100	RESEARCH	42,935	1,533	2,574	54,331	2,484,462	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	6,492	12,457	4,684	2,889	271,451	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	9,196	4,486	18,851	1,315	517,652	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,678	550,127	66,310	131,937	6,549,447	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.00	07950	MEDICAL COLLEGE	56,950	6,347	13,731	1,987	551,501	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	11,473	0	0	82,810	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	301,425	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,066,448	1,462,506	1,111,871	1,006,627	52,874,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	7,187	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	836	0	28,486	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	5,499	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	44,218	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	130,384	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,022	0	475,570	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	312	6,954	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	16,842	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	352,277	10,115	51,076	42,717	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	111,106	13,585	83,703	3,194,055	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	27,706	0	0	152,311	0	8.00
9.00	00900	HOUSEKEEPING	169,572	182	9,366	200,605	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	83,691	0	10.01
11.00	01100	CAFETERIA	0	0	509	136,570	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	26,467	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	497,639	0	14.00
15.00	01500	PHARMACY	0	0	0	38,105	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,419	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,129	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	41	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	3,160	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	114,448	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	965	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	2,743	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,347	0	9,600	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	363	0	3,606,875	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,137,989	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,145,363	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	974,630	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,233,315	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	574,760	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	572,454	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	165,880	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,107,446	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,613	24,724	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	137,965	0	56.00
60.00	06000	LABORATORY	5,331	1,510	0	337,069	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	108,709	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	50,949	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,243	0	67.00
68.00	06800	SPEECH PATHOLOGY	50,702	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	235,010	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,832	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	37,059	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	87,370	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	966,505	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	463	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	138	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	884,062	49,866	330,898	18,515,960	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,604	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	518	69	1,001,282	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	392	2,961	1,554	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	7,202	0	176,597	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,579	4,477	3,872	2,950	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,502	14,015	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	999,753	58,875	1,528,218	18,524,514	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,242	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	201,843	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	3,379	0	0	0	1,708	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	1,621	0	1,869	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	5,883	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	5,230	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	5,420	0	12,382	1,622	51,069	5.07
5.08	00596	PERSONNEL DEPARTMENT	4,358	0	0	0	100	5.08
5.09	00597	RESEARCH FACULTY	2,764	0	0	247	0	5.09
5.10	00598	RESEARCH SPA	3,532	0	0	0	7	5.10
5.11	00560	CORPORATE ADMINISTRATION	44,155	66,902	3,932	3	34,955	5.11
6.00	00600	MAINTENANCE & REPAIRS	122,521	0	162,210	25,119	16,258	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,423	0	1,823	0	0	8.00
9.00	00900	HOUSEKEEPING	17,175	0	6,870	0	71	9.00
10.00	01000	DIETARY	0	0	0	0	4,199	10.00
10.01	01001	PATIENT FOOD SERVICE	281	0	43,629	0	0	10.01
11.00	01100	CAFETERIA	885	48,154	11,219	0	1,641	11.00
13.00	01300	NURSING ADMINISTRATION	4,627	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	12,779	0	0	14.00
15.00	01500	PHARMACY	1,350	0	23,706	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,610	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	2,620	0	3,239	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	525	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,312	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,097	0	2,387	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	147	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	7,259	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	35	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	1,282	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	40,087	0	0	89	548	18.14
18.16	01861	NURSING SCHOOL SPLIT	8,276	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,146	0	4,535	0	1,218	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,920	0	0	1,269	128	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,117	0	0	0	1,698	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	113	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	887	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	635	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	1,196	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,148	0	463	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	342	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	136	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	355	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1,015	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	284	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,881	0	173,131	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	756	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,569	0	2,675	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	8,929	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	31,186	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,588	0	50,422	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,710	0	3,184	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,468	0	0	1,197	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,742	0	38,839	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	17,534	0	59,773	6,028	734	60.00
60.01	06002	LABORATORY - HLA	698	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,314	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	853	0	1,964	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,270	0	1,387	1,500	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,142	0	0	3,304	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,416	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,017	0	2,734	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	835	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	382	0	2,773	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	347	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,918	0	0	17,793	312	90.00
91.00	09100	EMERGENCY	2,977	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,100	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	137	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	43	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	394,846	316,899	671,787	58,171	115,140	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,351	1,929	941	190.00
190.01	19001	FUND RAISING	0	0	0	0	8,171	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	56,282	0	0	26	8,292	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,303	0	0	2,187	441	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	11,479	0	0	0	201	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,012	0	0	24,314	20,135	192.00
194.00	07950	MEDICAL COLLEGE	10,112	0	0	0	303	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	8,302	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	508,034	316,899	676,138	94,929	153,624	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	340,159	340,159	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	60	5.01
5.02	00540	PARKING GARAGE	0	854	48	4,999,676	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	113	267,348	1,935	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	102,682	1,456	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	5	5,255	18	203,329	1,417	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	339,577	476	5.06
5.07	00595	ADMIN & GEN PT SERVICE	39	56,518	56	2,953,061	14,568	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	200,251	1,996	5.08
5.09	00597	RESEARCH FACULTY	0	0	38	223,206	5,693	5.09
5.10	00598	RESEARCH SPA	0	0	0	229,117	2,781	5.10
5.11	00560	CORPORATE ADMINISTRATION	129	5,077	1	4,237,648	19,243	5.11
6.00	00600	MAINTENANCE & REPAIRS	630	379,588	2,113	19,760,222	6,373	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,101	0	454,259	280	8.00
9.00	00900	HOUSEKEEPING	25	23,840	0	1,668,786	7,478	9.00
10.00	01000	DIETARY	0	0	0	114,275	164	10.00
10.01	01001	PATIENT FOOD SERVICE	0	9,946	0	1,029,100	2,875	10.01
11.00	01100	CAFETERIA	0	16,230	40	1,119,427	815	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,145	0	431,062	3,913	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	59,140	0	1,153,073	0	14.00
15.00	01500	PHARMACY	0	4,528	7	651,048	4,962	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	291,679	2,168	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	7	204,785	4,404	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	388	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	43,792	127	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	106	225,001	881	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	16	0	54	174,517	945	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	88,253	139	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	537,849	4	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	38	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	35	7,341	394	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	2,584	394	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	105,907	2,541	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	122	2,081,136	2,969	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	375,172	5,163	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,400	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,601	94	789,964	17,388	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10	0	196	540,553	2,876	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	97,533	1,288	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	21	9,600	116	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.02	02302	PARAMED DIETARY	0	0	0	0	177	23.02
23.03	02303	PARAMED SPEECH	0	0	92	61,061	526	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	28,783	339	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	23,267	143	23.05
23.06	02306	PARAMED PASTORAL CARE	0	1,141	0	93,807	224	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	14	18,364	282	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	6,147	94	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	6,916	240	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	46,019	252	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	12,866	301	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	428,650	0	10,855,643	21,993	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	135,241	0	2,024,148	6,033	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	136,117	0	2,071,536	6,971	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	532,647	2,008	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	115,827	0	1,733,580	5,675	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,171,823	3,069	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	630,360	2,218	41.00
43.00	04300	NURSERY	0	0	0	606,782	853	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15	265,412	0	5,368,822	7,542	50.00
51.00	05100	RECOVERY ROOM	0	68,306	0	1,022,329	2,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	68,032	0	1,018,227	2,104	52.00
53.00	05300	ANESTHESIOLOGY	17	19,713	0	646,904	397	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215	131,611	956	3,050,822	6,222	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,938	0	947,968	1,322	55.00
56.00	05600	RADIOISOTOPE	0	16,396	0	245,399	348	56.00
60.00	06000	LABORATORY	37	40,058	920	3,520,559	10,223	60.00
60.01	06002	LABORATORY - HLA	0	0	0	51,714	244	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	319,652	817	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,919	0	305,963	2,386	65.00
66.00	06600	PHYSICAL THERAPY	0	6,055	0	441,075	1,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,217	0	339,375	1,344	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	210,997	836	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,929	0	558,986	1,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,824	0	117,096	352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	72,021	152	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	14	89,973	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	4,404	0	297,797	929	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	957	0	3,171	2,963,829	9,120	90.00
91.00	09100	EMERGENCY	0	114,861	0	1,976,025	4,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	267,515	712	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	25	0	0	40,004	627	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	8	0	0	12,465	320	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	102	27	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,128	2,200,474	8,236	89,862,340	227,697	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	666	167	1,214,945	497	190.00
190.01	19001	FUND RAISING	0	0	0	222,378	2,387	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	115,704	714	190.02
191.00	19100	RESEARCH	4	0	93	6,521,129	8,301	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	30	0	210	361,151	7,421	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	11	0	27	878,227	1,197	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,336	351	8,362	9,293,947	76,874	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
194.00	07950	MEDICAL COLLEGE	15	0	35	733,446	7,185	194.00
194.01	07951	AFFIL CORP ARC VENTURES	28	0	376	117,689	2,816	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,019	516,421	387	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	4,306	194.03
194.04	07954	CON - GNE	0	0	0	0	377	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,552	2,201,491	19,525	109,837,377	340,159	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT	60					5.01
5.02	00540	PARKING GARAGE	0	767,315				5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	269,283			5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	104,138		5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	204,746	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	31,107	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,045	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	12,643	0	0	0	9.00
10.00	01000	DIETARY	0	354	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	6,086	0	0	0	10.01
11.00	01100	CAFETERIA	0	3,019	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,976	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,382	0	0	0	14.00
15.00	01500	PHARMACY	0	65,390	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,798	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,511	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	554	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	213	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	1,521	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,671	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	22	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	824	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	1	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	452	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	1,320	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	7,274	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	11,802	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	27,919	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,366	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	4,873	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	252	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	883	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	568	0	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.05	02305	PARAMED MEDICAL PHYSICS	0	12	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	81	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	482	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	191	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	406	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	562	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	42,186	0	12,025	2,102	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	10,637	0	3,349	16	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	12,414	0	3,424	42	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	3,580	0	1,005	22	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	10,437	0	2,631	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	5,406	0	1,710	1	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,125	0	1,264	0	41.00
43.00	04300	NURSERY	0	0	0	275	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	63,863	0	13,713	17,141	50.00
51.00	05100	RECOVERY ROOM	0	4,297	0	862	1,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,226	0	949	427	52.00
53.00	05300	ANESTHESIOLOGY	0	4,760	0	3,216	4,599	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,822	0	7,159	20,549	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,327	0	303	12,413	55.00
56.00	05600	RADIOISOTOPE	0	1,688	0	213	2,554	56.00
60.00	06000	LABORATORY	0	32,602	0	10,606	34,116	60.00
60.01	06002	LABORATORY - HLA	0	878	0	19	767	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,872	0	2,284	1,746	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,940	408	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,119	0	2,319	191	65.00
66.00	06600	PHYSICAL THERAPY	0	3,154	0	1,030	1,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,328	0	876	429	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,743	0	329	559	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,312	0	2,500	5,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	658	0	815	345	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,890	3,817	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,391	7,078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,787	47,727	73.00
74.00	07400	RENAL DIALYSIS	0	322	0	0	268	74.00
76.00	03020	RENAL DIALYSIS I/P	0	1,988	0	753	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	1,671	0	0	28	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,212	0	48	22,560	90.00
91.00	09100	EMERGENCY	0	9,151	0	1,966	15,479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,040	0	16	643	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	2,915	0	345	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,297	0	111	8	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	196	0	15	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	510,971	0	104,138	204,746	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,221	0	0	0	190.00
190.01	19001	FUND RAISING	0	4,383	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	1,176	0	0	0	190.02
191.00	19100	RESEARCH	0	17,234	100,977	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	12,898	75,597	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	15,818	92,709	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	60	143,482	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	17,084	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	22,527	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	1,713	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	17,052	0	0	0	194.03
194.04	07954	CON - GNE	0	756	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers	0	4,232,361	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	60	4,999,676	269,283	104,138	204,746	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	209,439					5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	2,967,629				5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	202,247			5.08
5.09	00597	RESEARCH FACULTY	88,163	0	0	317,062		5.09
5.10	00598	RESEARCH SPA	0	0	0	0	231,898	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,724	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	389	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	10,406	0	0	9.00
10.00	01000	DIETARY	0	0	273	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	3,845	0	0	10.01
11.00	01100	CAFETERIA	0	0	1,291	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,344	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	3,377	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,920	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,291	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	84	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	43	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	354	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	494	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	69	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	3	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	11	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	218	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	258	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	971	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	2,616	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	2,986	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	491	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	18,767	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,202	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	606	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	74	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	98	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	302	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	222	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	102	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	187	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	183	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	55	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	253	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	135	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	178	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	205,255	18,752	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	53,494	4,809	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	54,849	4,925	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	16,166	1,579	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	41,945	4,050	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	27,265	2,787	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,155	1,852	0	0	41.00
43.00	04300	NURSERY	0	4,389	631	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	313,784	5,813	0	0	50.00
51.00	05100	RECOVERY ROOM	0	25,468	1,583	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,878	1,518	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	80,941	416	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	246,717	4,708	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	84,915	917	0	0	55.00
56.00	05600	RADIOISOTOPE	0	19,875	213	0	0	56.00
60.00	06000	LABORATORY	0	389,207	8,564	0	0	60.00
60.01	06002	LABORATORY - HLA	0	5,255	172	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	47,671	795	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	33,553	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,203	1,956	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,986	1,402	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,726	1,029	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,854	587	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	76,773	1,167	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,210	379	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	86,645	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,306	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	497,706	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,727	106	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,003	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	182	859	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	146,333	10,119	0	0	90.00
91.00	09100	EMERGENCY	0	131,222	3,524	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,400	609	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,496	464	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,829	181	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	246	12	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	88,163	2,967,629	150,300	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	279	0	0	190.00
190.01	19001	FUND RAISING	0	0	1,566	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	570	0	0	190.02
191.00	19100	RESEARCH	0	0	6,698	0	132,624	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	6,254	0	99,274	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	118,323	0	677	317,062	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	28,080	0	0	192.00
194.00	07950	MEDICAL COLLEGE	2,953	0	3,175	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,116	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	199	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	2,154	0	0	194.03
194.04	07954	CON - GNE	0	0	179	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
		5.06	5.07	5.08	5.09	5.10	
201.00	Negative Cost Centers	130,614	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	340,053	2,967,629	202,247	317,062	231,898	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	4,256,891					5.11
6.00	00600	MAINTENANCE & REPAIRS	218,463	20,021,889				6.00
6.01	00601	RENTED SPACE COSTS	0	0	0			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,205	117,896	0	585,074		8.00
9.00	00900	HOUSEKEEPING	75,792	507,517	0	0	2,282,622	9.00
10.00	01000	DIETARY	1,741	47,781	0	0	5,623	10.00
10.01	01001	PATIENT FOOD SERVICE	31,715	244,199	0	0	28,738	10.01
11.00	01100	CAFETERIA	4,730	379,780	0	0	44,693	11.00
13.00	01300	NURSING ADMINISTRATION	41,290	122,944	0	0	14,468	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,348	256,948	0	0	30,238	14.00
15.00	01500	PHARMACY	51,934	155,027	0	0	18,244	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,898	118,603	0	0	13,957	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	40,931	74,457	0	0	8,762	16.01
18.00	01850	CLINICAL LAB ADMIN MED	2,238	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	774	11,090	0	0	1,305	18.01
18.02	01851	CLINICAL LAB ADMIN OB	6,355	58,052	0	0	6,832	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	7,621	48,078	0	0	5,658	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	376	1,669	0	0	196	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	3,410	153,471	0	0	18,061	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	17	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	1,914	3,000	0	0	353	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	7,028	737	0	0	87	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	27,106	0	0	3,190	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	35,352	865,096	0	0	101,806	18.14
18.16	01861	NURSING SCHOOL SPLIT	47,314	174,985	0	0	20,593	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,242	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	136,405	200,514	0	0	23,597	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	26,344	118,203	0	0	13,910	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	3,915	42,937	0	0	5,053	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	4,219	0	0	496	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	26,727	0	0	3,145	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	13,425	0	0	1,580	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	1,197	5,581	0	0	657	23.05
23.06	02306	PARAMED PASTORAL CARE	2,042	30,106	0	0	3,543	23.06
23.07	02307	PARAMED TECHNOLOGY	0	8,397	0	0	988	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	2,867	0	0	337	23.08
23.09	02309	PARAMED PHARMACY	1,844	1,659	0	0	195	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	21,464	0	0	2,526	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	6,001	0	0	706	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	232,795	2,436,615	0	152,152	286,746	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	62,006	434,575	0	31,721	51,142	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	70,532	453,377	0	31,810	53,354	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	20,603	130,225	0	0	15,325	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	56,172	372,192	0	13,424	43,800	35.02
40.00	04000	SUBPROVIDER - IPF	30,160	340,079	0	20,554	40,021	40.00
41.00	04100	SUBPROVIDER - IRF	21,658	237,686	0	13,357	27,971	41.00
43.00	04300	NURSERY	12,026	145,545	0	10,327	17,128	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	123,339	1,257,174	0	112,086	147,947	50.00
51.00	05100	RECOVERY ROOM	22,707	219,489	0	24,929	25,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,386	218,609	0	0	25,726	52.00
53.00	05300	ANESTHESIOLOGY	19,942	166,250	0	0	19,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,949	771,787	0	36,429	90,826	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32,332	227,518	0	7,777	26,775	55.00
56.00	05600	RADIOISOTOPE	10,165	52,686	0	8,227	6,200	56.00
60.00	06000	LABORATORY	193,809	940,740	0	17,136	110,708	60.00
60.01	06002	LABORATORY - HLA	5,106	14,756	0	0	1,737	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	34,986	91,210	0	0	10,734	62.00
64.00	06400	INTRAVENOUS THERAPY	2,565	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,958	68,722	0	0	8,087	65.00
66.00	06600	PHYSICAL THERAPY	17,356	131,515	0	4,505	15,477	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,979	109,089	0	468	12,838	67.00
68.00	06800	SPEECH PATHOLOGY	8,381	84,042	0	0	9,890	68.00
69.00	06900	ELECTROCARDIOLOGY	21,896	124,009	0	0	14,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,571	25,140	0	0	2,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,021	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	239,100	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,197	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,548	17,644	0	0	2,076	74.00
76.00	03020	RENAL DIALYSIS I/P	12,037	22,262	0	0	2,620	76.00
76.01	03550	PSYCH DAY HOSPITAL	8,879	48,672	0	0	5,728	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	143,149	1,160,179	0	0	136,532	90.00
91.00	09100	EMERGENCY	56,383	432,026	0	91,915	50,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,920	65,538	0	0	7,713	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	16,037	16,794	0	0	1,976	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,920	5,233	0	0	616	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,063	41	0	0	5	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,879,068	14,671,955	0	576,817	1,653,025	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,451	351,752	0	8,257	41,395	190.00
190.01	19001	FUND RAISING	23,871	92,981	0	0	10,942	190.01
190.02	19002	RUSH DAY SCHOOL	6,892	0	0	0	0	190.02
191.00	19100	RESEARCH	146,883	1,297,418	0	0	152,683	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	99,006	113,319	0	0	13,336	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	80,610	273,752	0	0	32,216	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	701,789	2,679,904	0	0	315,381	192.00
194.00	07950	MEDICAL COLLEGE	75,165	318,441	0	0	37,475	194.00
194.01	07951	AFFIL CORP ARC VENTURES	122,831	47,924	0	0	5,640	194.01
194.02	07952	AFFIL CORP ROOM 500	7,714	174,443	0	0	20,529	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	94,379	0	0	0	0	194.03
194.04	07954	CON - GNE	4,232	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,256,891	20,021,889	0	585,074	2,282,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	170,211					10.00
10.01	01001	PATIENT FOOD SERVICE	135,811	1,482,369				10.01
11.00	01100	CAFETERIA	34,400	0	1,588,155			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	21,231	645,228		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,444,989	14.00
15.00	01500	PHARMACY	0	0	30,594	0	4,180	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	17,394	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	29,808	0	2	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	759	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	391	0	7	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	3,210	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	4,471	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	629	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	25	0	2	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	102	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	1,973	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	2,336	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	8,798	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	23,697	0	322	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	27,051	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	4,451	7,168	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	169,998	0	182	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	10,890	0	135	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	5,494	0	138	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	667	0	3	23.01
23.02	02302	PARAMED DIETARY	0	0	886	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	2,737	0	31	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	2,010	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	928	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	1,694	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,660	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	498	0	2	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,294	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	1,227	0	5	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	1,610	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	998,394	169,861	191,442	100,325	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	101,970	43,562	60,324	32,065	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	104,907	44,617	58,465	29,415	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	26,948	14,302	19,369	12,984	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	36,690	55,407	18,265	35.02
40.00	04000	SUBPROVIDER - IPF	0	143,635	25,249	22,539	2,091	40.00
41.00	04100	SUBPROVIDER - IRF	0	106,515	16,780	17,045	3,952	41.00
43.00	04300	NURSERY	0	0	5,713	9,200	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	52,656	48,319	540,356	50.00
51.00	05100	RECOVERY ROOM	0	0	14,336	19,830	4,745	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,754	16,532	12,556	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,765	0	37,520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	42,649	6,343	117,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,308	216	3,910	55.00
56.00	05600	RADIOISOTOPE	0	0	1,928	0	211	56.00
60.00	06000	LABORATORY	0	0	77,574	16,380	61,783	60.00
60.01	06002	LABORATORY - HLA	0	0	1,563	0	56	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,206	1,114	4,989	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,715	0	21,873	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,699	0	2,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9,318	0	1,060	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,317	0	6,450	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,567	6,375	112,424	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,436	0	1,243	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,083	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	958	1,294	7,681	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	7,780	232	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	84,688	42,020	27,632	90.00
91.00	09100	EMERGENCY	0	0	31,920	36,960	21,205	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	5,521	5,469	1,158	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	4,200	2,332	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,640	845	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	112	8	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	170,211	1,482,369	1,155,897	645,228	1,199,011	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,523	0	0	190.00
190.01	19001	FUND RAISING	0	0	14,185	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	5,165	0	6	190.02
191.00	19100	RESEARCH	0	0	60,670	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	56,652	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	6,136	0	3,777	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	232,887	0	35,830	192.00
194.00	07950	MEDICAL COLLEGE	0	0	28,763	0	148	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	11,234	0	5,606	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	1,804	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	10,619	0	200,611	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
194.04	07954	CON - GNE	0	0	1,620	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	170,211	1,482,369	1,588,155	645,228	1,444,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	984,756					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	475,417				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	263,904	637,855			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	4,023		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	57,742	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	1	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	13	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	62	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22	0	74,272	0	22,424	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	20,687	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	21,145	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	6,208	0	29,442	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	16,252	0	103	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	10,562	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	7,809	0	0	41.00
43.00	04300	NURSERY	0	0	1,701	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6	0	79,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	5,324	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,861	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,915	0	19,863	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	961	0	44,220	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17	0	1,869	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,314	0	0	56.00
60.00	06000	LABORATORY	503	0	65,509	587	4,158	60.00
60.01	06002	LABORATORY - HLA	0	0	119	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	297	0	14,105	325	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	11,981	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21	0	14,324	974	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,362	359	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2	0	5,409	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,033	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6	0	15,442	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,032	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	24,029	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	64,177	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	811,101	0	72,802	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,615	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	4,651	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	1	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	99,722	0	298	65	0	90.00
91.00	09100	EMERGENCY	0	211,513	12,145	1,712	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	98	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,129	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	688	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	95	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	914,650	475,417	637,855	4,023	57,742	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,341	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66,831	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.00	07950	MEDICAL COLLEGE	574	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	359	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	984,756	475,417	637,855	4,023	57,742	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	302,206					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	243,455				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	74,503			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	713,649		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	51	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	7,467	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	40,225	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	167,097	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	26,053	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	88,333	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	24,050	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,726	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,315	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,546	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,937	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,235	0	0	0	56.00
60.00	06000	LABORATORY	6,105	9,667	0	713,649	16	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	13,903	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,920	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	35	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,027	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	59,573	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	7,046	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,751	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	188	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	302,206	243,455	74,503	713,649	51	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	16,850	0	118	201.00
202.00		TOTAL (sum lines 118-201)	302,206	243,455	91,353	713,649	169	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	15,646				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	14,744			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	155,787		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	3,113,007	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	1,210,461	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	77,730	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	65,299	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	38,576	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	172,097	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	143,511	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	97,644	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	45,096	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	73,169	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	143,479	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,774	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	12,355	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	457	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,932	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,732	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,140	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	15,646	14,744	0	2,067,062	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	89,164	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	956,781	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	155,787	0	201.00
202.00		TOTAL (sum lines 118-201)	0	15,646	14,744	155,787	3,113,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	1,875,527					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	23,219				19.00
20.00	02000	NURSING SCHOOL	1,510,362		236,464			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			1,384,796		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				719,480	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
60.01	06002	LABORATORY - HLA	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS I/P	0					76.00
76.01	03550	PSYCH DAY HOSPITAL	0					76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0					92.01
93.00	04040	BEHAVIORAL HEALTH	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0					98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,510,362	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	364,040					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.02	07952	AFFIL CORP ROOM 500	0					194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03
194.04	07954	CON - GNE	1,125					194.04
200.00		Cross Foot Adjustments		23,219	236,464	1,384,796	719,480	200.00
201.00		Negative Cost Centers	0	0	1,273,898	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,875,527	23,219	1,510,362	1,384,796	719,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	239,567					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		80,659				23.01
23.02	02302	PARAMED DIETARY			1,960			23.02
23.03	02303	PARAMED SPEECH				6,405		23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					190,438	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
194.04	07954	CON - GNE						194.04
200.00		Cross Foot Adjustments	239,567	0	1,960	6,405	0	200.00
201.00		Negative Cost Centers	0	80,659	38,029	261,104	190,438	201.00
202.00		TOTAL (sum lines 118-201)	239,567	80,659	39,989	267,509	190,438	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	31,887					23.05
23.06	02306	PARAMED PASTORAL CARE		131,684				23.06
23.07	02307	PARAMED TECHNOLOGY			128,000			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				1,713		23.08
23.09	02309	PARAMED PHARMACY					13,401	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
194.04	07954	CON - GNE						194.04
200.00		Cross Foot Adjustments	31,887	131,684	0	1,713	13,401	200.00
201.00		Negative Cost Centers	0	0	128,000	53,574	0	201.00
202.00		TOTAL (sum lines 118-201)	31,887	131,684	128,000	55,287	13,401	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	69,522					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		165,703				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			15,863,229	0	15,863,229	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			2,940,538	0	2,940,538	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			3,021,783	0	3,021,783	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			832,413	0	832,413	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			2,577,720	0	2,577,720	35.02
40.00	04000	SUBPROVIDER - IPF			1,846,951	0	1,846,951	40.00
41.00	04100	SUBPROVIDER - IRF			1,112,747	0	1,112,747	41.00
43.00	04300	NURSERY			840,623	0	840,623	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			8,242,008	0	8,242,008	50.00
51.00	05100	RECOVERY ROOM			1,419,754	0	1,419,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,424,479	0	1,424,479	52.00
53.00	05300	ANESTHESIOLOGY			1,016,368	0	1,016,368	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,621,454	0	4,621,454	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,375,824	0	1,375,824	55.00
56.00	05600	RADIOISOTOPE			354,256	0	354,256	56.00
60.00	06000	LABORATORY			6,236,556	0	6,236,556	60.00
60.01	06002	LABORATORY - HLA			82,843	0	82,843	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			545,735	0	545,735	62.00
64.00	06400	INTRAVENOUS THERAPY			50,447	0	50,447	64.00
65.00	06500	RESPIRATORY THERAPY			524,811	0	524,811	65.00
66.00	06600	PHYSICAL THERAPY			664,088	0	664,088	66.00
67.00	06700	OCCUPATIONAL THERAPY			527,173	0	527,173	67.00
68.00	06800	SPEECH PATHOLOGY			348,938	0	348,938	68.00
69.00	06900	ELECTROCARDIOLOGY			963,552	0	963,552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			179,968	0	179,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			221,485	0	221,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			532,052	0	532,052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,781,320	0	1,781,320	73.00
74.00	07400	RENAL DIALYSIS			107,412	0	107,412	74.00
76.00	03020	RENAL DIALYSIS I/P			146,287	0	146,287	76.00
76.01	03550	PSYCH DAY HOSPITAL			373,785	0	373,785	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			4,944,219	0	4,944,219	90.00
91.00	09100	EMERGENCY			3,088,482	0	3,088,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			367,352	0	367,352	92.01
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			100,365	0	100,365	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			34,904	0	34,904	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			2,110	0	2,110	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	69,314,031	0	69,314,031	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			2,089,524	0	2,089,524	190.00
190.01	19001	FUND RAISING			372,693	0	372,693	190.01
190.02	19002	RUSH DAY SCHOOL			130,228	0	130,228	190.02
191.00	19100	RESEARCH			8,444,617	0	8,444,617	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			844,908	0	844,908	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			1,822,845	0	1,822,845	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			13,575,065	0	13,575,065	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.00	07950	MEDICAL COLLEGE			2,181,190	0	2,181,190	194.00
194.01	07951	AFFIL CORP ARC VENTURES			338,742	0	338,742	194.01
194.02	07952	AFFIL CORP ROOM 500			723,210	0	723,210	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			329,121	0	329,121	194.03
194.04	07954	CON - GNE			8,289	0	8,289	194.04
200.00		Cross Foot Adjustments	69,522	0	2,860,098	0	2,860,098	200.00
201.00		Negative Cost Centers	75,681	165,703	6,802,816	0	6,802,816	201.00
202.00		TOTAL (sum lines 118-201)	145,203	165,703	109,837,377	0	109,837,377	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	74,792				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	7,629,419			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	190,406		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	213,551	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	4,775,002	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	959	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	635	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	924	0	4,765	46	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	152	4,846	5.09
5.10	00598	RESEARCH SPA	0	119	0	0	473	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	245	445,759	809	3,301	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	31,325	0	41,927	75,650	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	822	0	253	180	8.00
9.00	00900	HOUSEKEEPING	0	1,240	0	9,392	372	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	580	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,790	11.00
13.00	01300	NURSING ADMINISTRATION	0	997	0	5,738	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	2,787	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	803	0	269	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	970	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	3,866	0	907	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	2,240	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	14,987	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	72	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	1,626	0	0	1,022	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	11,344	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,027	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,084	0	1,635	2,197	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	943	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,836	0	22,473	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	11,498	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	18,435	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,057	0	0	2,037	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,822	0	4,234	7,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,401	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	1,651	30,851	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,441	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,907	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	941	0	821	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,727	0	895	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,320	0	962	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,100	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,723	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	789	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	1,287	0	90.00
91.00	09100	EMERGENCY	0	0	0	6,146	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	6,400	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	58,511	5,220,761	171,556	166,336	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	77,035	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	2,331,623	0	29,995	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	1,065	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	610	6,502	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,724	0	17,592	7,196	192.00
194.00	07950	MEDICAL COLLEGE	0	557	0	648	2,457	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,825,632	7,629,419	4,497,449	3,781,748	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	24.409456	1.000000	23.620311	17.708875	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	308,153					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	164,721				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	83,497			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	25,588		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	282,391	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,389	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	401	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	951	0	0	3,779	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	852	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	2,681	152	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	433	5.06
5.07	00595	ADMIN & GEN PT SERVICE	5,643	473	1,427	138	2,261	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	8,997	5.08
5.09	00597	RESEARCH FACULTY	0	318	217	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	4,899	543	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,792	5	3	7,584	21,617	5.11
6.00	00600	MAINTENANCE & REPAIRS	73,928	17,824	22,094	4,719	69,816	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	831	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,131	0	0	108	606	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	19,884	0	0	0	0	10.01
11.00	01100	CAFETERIA	5,113	338	0	0	22,891	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,824	0	0	0	0	14.00
15.00	01500	PHARMACY	10,804	55	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,248	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,476	55	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	113	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	895	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,088	455	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	293	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	1,026	78	0	69,499	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	17,088	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,067	796	0	0	597	21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,657	1,116	177	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	2,233	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	179	0	0	233	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	779	0	0	1,460	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,311	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	211	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	115	0	0	706	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	280	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	2,096	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	586	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,906	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	1,561	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,219	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	14,213	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,980	0	0	0	12,573	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,451	0	0	0	629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,068	1,053	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,701	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	27,242	7,763	5,302	0	2,060	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	895	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	632	0	1,319	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,906	0	74	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	196	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,264	121	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	26,755	15,650	0	1,180	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	4	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	306,170	69,474	51,165	17,625	249,490	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,983	1,405	1,697	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	783	23	0	11,369	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	1,770	1,924	0	1,719	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	229	0	0	2,435	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	70,553	21,386	7,786	2,298	192.00
194.00	07950	MEDICAL COLLEGE	0	296	0	177	15,080	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,176	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	17,035	7,302	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,026,944	1,193,000	929,633	345,704	1,066,448	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.803426	7.242550	11.133729	13.510395	3.776494	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	191,714					1.10
1.11	00111	DEPRECIATION JRB	0	117,492				1.11
1.12	00112	DEPRECIATION TOB	0	0	170,713			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	2,988,214		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	135,207	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	15,849	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	669	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	1,898	10,370	113	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	4,197	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	253	0	0	4,735	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	10,799	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	2,111	500	56,748	95,826	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	111	9,108	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	6,712	0	5.09
5.10	00598	RESEARCH SPA	0	0	8	7,300	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,941	3,929	38,843	144,271	47,642	5.11
6.00	00600	MAINTENANCE & REPAIRS	34,013	10,330	18,067	548,343	15,026	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	11,513	3,747	8.00
9.00	00900	HOUSEKEEPING	1,338	2,072	79	49,561	22,933	9.00
10.00	01000	DIETARY	0	0	4,666	4,666	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	261	0	23,847	0	10.01
11.00	01100	CAFETERIA	0	0	1,824	37,087	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,465	0	12,006	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	710	0	25,092	0	14.00
15.00	01500	PHARMACY	0	72	0	15,139	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,582	10,335	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	330	0	7,271	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	1,083	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	5,669	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	887	0	0	5,447	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	163	4,925	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	14,987	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	293	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	72	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	2,647	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	609	84,480	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	17,088	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	472	1,354	19,581	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	536	0	142	18,428	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,887	4,193	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	412	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	2,610	371	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,311	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,940	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	820	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	280	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	2,096	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	586	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	240,741	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	42,438	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	44,274	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	12,717	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	36,346	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	14,775	0	33,210	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	23,211	0	23,211	0	41.00
43.00	04300	NURSERY	0	0	0	14,213	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	836	0	0	122,768	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,434	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,348	0	52.00
53.00	05300	ANESTHESIOLOGY	938	0	0	16,235	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,593	0	0	77,459	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,218	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,145	0	56.00
60.00	06000	LABORATORY	1,971	0	816	96,196	721	60.00
60.01	06002	LABORATORY - HLA	0	0	0	1,441	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,907	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,711	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,369	0	12,843	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,008	0	10,653	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,154	0	8,207	6,857	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,110	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,455	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,723	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,174	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	2,985	386	12,742	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	51,641	4,621	347	113,296	11,816	90.00
91.00	09100	EMERGENCY	0	0	0	42,189	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	6,400	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,358	0	0	1,640	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	422	0	0	511	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	114,842	78,264	127,948	2,320,557	119,561	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,011	1,046	44,009	0	190.00
190.01	19001	FUND RAISING	0	0	9,080	9,080	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	19100	RESEARCH	201	272	9,214	140,409	70	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,633	495	490	15,341	53	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	588	1,992	223	29,255	974	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,114	7,007	22,375	370,141	14,549	192.00
194.00	07950	MEDICAL COLLEGE	832	1,451	337	31,168	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,504	0	0	4,680	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	17,035	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,462,506	1,111,871	1,006,627	52,874,844	999,753	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.628582	9.463376	5.896604	17.694464	7.394240	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON	35,825					1.15
1.16	00116	DEPRECIATION COHN	0	114,056				1.16
1.17	00117	DEPRECIATION TOWER	0	0	690,818			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	00201	INTEREST GENERAL				0	1,048,925	2.01
2.02	00202	INTEREST DIRECT BLDG				0	0	2.02
2.03	00203	INTEREST ATRUM PAV				0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	00205	INTEREST TOB				0	0	2.05
2.06	00206	INTEREST PRO BLDG III				0	0	2.06
2.07	00207	INTEREST TOWER				0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	268	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	2,126	0	0	6,977	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,346	0	0	0	3,346	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,649	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	9,731	0	0	10,799	5.06
5.07	00595	ADMIN & GEN PT SERVICE	3,056	0	17,735	0	11,190	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	8,997	5.08
5.09	00597	RESEARCH FACULTY	190	519	0	0	5,707	5.09
5.10	00598	RESEARCH SPA	0	1,257	0	0	7,292	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,155	3,812	1,593	0	91,165	5.11
6.00	00600	MAINTENANCE & REPAIRS	8,265	6,247	119,113	0	252,974	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,680	0	5,002	8.00
9.00	00900	HOUSEKEEPING	111	699	7,481	0	35,460	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	3,121	0	580	10.01
11.00	01100	CAFETERIA	0	38	5,093	0	1,828	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	987	0	9,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	18,558	0	0	14.00
15.00	01500	PHARMACY	0	0	1,421	0	2,787	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	11,582	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	4,338	0	0	0	5,410	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	1,083	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	4,773	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	25	0	0	0	2,264	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	14,987	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	72	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	2,647	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	1,923	0	0	0	82,767	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	17,088	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,268	0	10,624	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	8,093	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	72	0	0	2,306	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	233	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,831	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,311	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,428	0	358	0	2,371	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	706	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	280	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	2,096	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	586	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	221	0	134,508	0	24,531	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	42,438	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	42,713	0	1,561	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	11,498	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	36,346	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	18,435	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	83,285	0	15,667	50.00
51.00	05100	RECOVERY ROOM	0	0	21,434	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	21,348	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,186	0	7,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	41,299	0	13,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	195	922	0	3,596	55.00
56.00	05600	RADIOISOTOPE	0	0	5,145	0	0	56.00
60.00	06000	LABORATORY	919	0	12,570	0	36,202	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,441	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,907	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,054	0	1,762	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,900	0	2,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	382	0	2,357	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,053	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,764	0	2,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,455	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,723	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	789	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,382	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	14,283	90.00
91.00	09100	EMERGENCY	0	0	36,043	0	6,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	6,400	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	282	0	0	0	282	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	84	0	0	0	89	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,343	24,696	690,499	0	815,228	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	209	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
191.00	19100	RESEARCH	42	74,729	0	0	116,205	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,802	116	0	0	4,754	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	13,180	0	0	23,701	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,724	289	110	0	68,158	192.00
194.00	07950	MEDICAL COLLEGE	914	1,046	0	0	20,879	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	58,875	1,528,218	18,524,514	0	508,034	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.643405	13.398839	26.815332	0.000000	0.484338	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	316,899					2.02
2.03	00203	INTEREST ATRUM PAV	0	308,153				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	83,497			2.04
2.05	00205	INTEREST TOB	0	0	0	170,713		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	191,714	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,389	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	201,843	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	1,898	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	852	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	2,681	0	0	253	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,643	1,427	56,748	2,111	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	111	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	217	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	8	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	66,902	1,792	3	38,843	6,941	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	73,928	22,094	18,067	34,013	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	831	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,131	0	79	1,338	9.00
10.00	01000	DIETARY	0	0	0	4,666	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	19,884	0	0	0	10.01
11.00	01100	CAFETERIA	48,154	5,113	0	1,824	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,824	0	0	0	14.00
15.00	01500	PHARMACY	0	10,804	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	1,476	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,088	0	0	887	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	163	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	78	609	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,067	0	1,354	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,116	142	536	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	1,887	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	211	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	78,906	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,219	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	14,213	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	22,980	0	0	836	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,451	0	0	938	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,053	0	11,593	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,701	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	27,242	5,302	816	1,971	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	895	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	632	1,319	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,906	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,246	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	1,264	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	386	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	15,650	347	51,641	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,358	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	422	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	316,899	306,170	51,165	127,948	114,842	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,983	1,697	1,046	0	190.00
190.01	19001	FUND RAISING	0	0	0	9,080	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	23	9,214	201	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	1,924	490	1,633	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	223	588	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	21,386	22,375	72,114	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	337	832	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,504	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	7,302	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	316,899	676,138	94,929	153,624	3,552	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000000	2.194163	1.136915	0.899896	0.018528	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	690,818					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	164,721				2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	751,563,712			4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	132,612	10,000		5.01
5.02	00540	PARKING GARAGE	268	401	0	0	1,500,940,887	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	951	4,271,079	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	3,213,041	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	1,649	152	3,128,056	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	1,051,528	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	17,735	473	32,159,982	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	4,406,131	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	318	12,566,303	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	6,138,999	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,593	5	42,479,910	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	119,113	17,824	14,068,824	0	60,875,609	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,680	0	617,453	0	4,002,107	8.00
9.00	00900	HOUSEKEEPING	7,481	0	16,506,964	0	24,742,199	9.00
10.00	01000	DIETARY	0	0	363,106	0	693,137	10.00
10.01	01001	PATIENT FOOD SERVICE	3,121	0	6,347,159	0	11,909,616	10.01
11.00	01100	CAFETERIA	5,093	338	1,799,941	0	5,908,292	11.00
13.00	01300	NURSING ADMINISTRATION	987	0	8,637,927	0	15,609,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,558	0	194	0	2,703,899	14.00
15.00	01500	PHARMACY	1,421	55	10,953,077	0	127,965,266	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,784,880	0	9,388,909	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	55	9,722,386	0	14,698,853	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	856,275	0	1,084,319	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	280,727	0	417,456	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	895	1,944,410	0	2,976,652	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	455	2,086,484	0	3,269,711	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	307,549	0	43,621	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	9,476	0	1,613,085	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	83,237	0	2,820	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	293	870,569	0	884,637	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	868,716	0	2,583,559	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	5,609,943	0	14,235,173	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	1,026	6,554,218	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	11,397,335	0	23,096,193	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	3,090,230	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,268	796	38,384,025	0	54,636,498	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,657	6,348,119	0	10,501,648	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,842,925	0	9,537,087	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	179	256,709	0	362,175	23.01
23.02	02302	PARAMED DIETARY	0	0	390,796	0	492,773	23.02
23.03	02303	PARAMED SPEECH	0	779	1,160,711	0	1,727,727	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	748,975	0	1,110,857	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	316,729	0	22,857	23.05
23.06	02306	PARAMED PASTORAL CARE	358	0	495,365	0	157,871	23.06
23.07	02307	PARAMED TECHNOLOGY	0	115	623,338	0	942,499	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	207,540	0	373,677	23.08
23.09	02309	PARAMED PHARMACY	0	0	529,806	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	555,772	0	794,506	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	663,802	0	1,099,748	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,508	0	48,549,611	0	82,556,281	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,438	0	13,318,108	0	20,815,586	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	42,713	0	15,388,845	0	24,293,085	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,432,998	0	7,005,129	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	36,346	0	12,528,499	0	20,424,634	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,774,099	0	10,579,013	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,896,338	0	8,072,475	41.00
43.00	04300	NURSERY	0	0	1,883,757	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,285	0	16,648,687	0	124,977,258	50.00
51.00	05100	RECOVERY ROOM	21,434	0	4,764,132	0	8,409,943	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,348	0	4,645,266	0	8,269,273	52.00
53.00	05300	ANESTHESIOLOGY	6,186	0	877,472	0	9,315,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,299	8,068	13,735,343	0	34,876,559	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	922	0	2,918,094	0	10,425,473	55.00
56.00	05600	RADIOISOTOPE	5,145	0	768,292	0	3,303,312	56.00
60.00	06000	LABORATORY	12,570	7,763	22,567,945	0	63,799,420	60.00
60.01	06002	LABORATORY - HLA	0	0	538,975	0	1,719,046	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,804,177	0	11,491,405	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,054	0	5,266,854	0	11,974,864	65.00
66.00	06600	PHYSICAL THERAPY	1,900	0	3,909,630	0	6,171,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	382	0	2,967,559	0	4,556,444	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,845,795	0	3,411,858	68.00
69.00	06900	ELECTROCARDIOLOGY	8,764	0	3,850,071	0	22,136,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,455	0	776,371	0	1,286,892	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	336,105	0	629,868	74.00
76.00	03020	RENAL DIALYSIS I/P	0	121	0	0	3,891,007	76.00
76.01	03550	PSYCH DAY HOSPITAL	1,382	0	2,051,355	0	3,269,759	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	26,755	20,132,183	0	53,252,528	90.00
91.00	09100	EMERGENCY	36,043	0	9,920,010	0	17,907,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,570,925	0	2,034,794	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,384,973	0	5,705,335	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	707,199	0	2,538,089	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	60,132	0	383,265	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	690,499	69,474	502,653,133	0	999,949,141	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	209	1,405	1,098,068	0	4,346,244	190.00
190.01	19001	FUND RAISING	0	0	5,269,064	0	8,577,695	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,577,096	0	2,301,449	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
191.00	19100	RESEARCH	0	783	18,325,029	0	33,726,480	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	1,770	16,382,962	0	25,241,190	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	229	2,642,993	0	30,954,591	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	110	70,553	170,344,637	10,000	280,127,092	192.00
194.00	07950	MEDICAL COLLEGE	0	296	15,860,703	0	33,432,699	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,176	6,215,708	0	44,083,204	194.01
194.02	07952	AFFIL CORP ROOM 500	0	17,035	854,927	0	3,351,652	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	9,506,272	0	33,370,165	194.03
194.04	07954	CON - GNE	0	0	833,120	0	1,479,285	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,201,491	19,525	188,071,713	326,245	767,315	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.186789	0.118534	0.250241	32.624500	0.000511	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			340,159	60	4,999,676	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000453	0.006000	0.000511	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION	89,922,261					5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	2,022,979,056				5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,629,344,992			5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	1,669,574		5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	3,652,324,047	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	702,803	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	235,784,049	16,682,123	0	252,466,172	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	65,673,227	125,536	0	65,798,763	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	67,128,386	336,582	0	67,464,968	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	19,706,556	177,269	0	19,883,825	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	51,592,564	140	0	51,592,704	35.02
40.00	04000	SUBPROVIDER - IPF	0	33,529,160	7,187	0	33,536,347	40.00
41.00	04100	SUBPROVIDER - IRF	0	24,791,335	0	0	24,791,335	41.00
43.00	04300	NURSERY	0	5,398,935	0	0	5,398,935	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	249,916,468	136,041,665	0	385,958,133	50.00
51.00	05100	RECOVERY ROOM	0	16,903,060	14,422,797	0	31,325,856	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,605,406	3,385,029	0	21,990,435	52.00
53.00	05300	ANESTHESIOLOGY	0	63,056,548	36,502,128	0	99,558,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,379,994	163,084,389	0	303,464,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,932,518	98,513,881	0	104,446,399	55.00
56.00	05600	RADIOISOTOPE	0	4,172,683	20,273,326	0	24,446,009	56.00
60.00	06000	LABORATORY	0	207,966,298	270,762,983	0	478,729,281	60.00
60.01	06002	LABORATORY - HLA	0	377,155	6,085,949	0	6,463,103	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	44,776,779	13,859,452	0	58,636,231	62.00
64.00	06400	INTRAVENOUS THERAPY	0	38,035,818	3,235,219	0	41,271,037	64.00
65.00	06500	RESPIRATORY THERAPY	0	45,473,103	1,517,246	0	46,990,350	65.00
66.00	06600	PHYSICAL THERAPY	0	20,198,196	9,304,759	0	29,502,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,170,816	3,401,965	0	20,572,781	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,452,661	4,437,443	0	10,890,103	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,020,704	45,410,931	0	94,431,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,973,999	2,734,307	0	18,708,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76,281,176	30,292,813	0	106,573,989	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	203,736,443	56,172,329	0	259,908,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	231,118,676	383,171,712	0	614,290,388	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,124,414	0	2,124,414	74.00
76.00	03020	RENAL DIALYSIS I/P	0	14,764,376	0	0	14,764,376	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	869	223,198	0	224,067	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	946,828	179,044,048	0	179,990,876	90.00
91.00	09100	EMERGENCY	0	38,556,834	122,848,209	0	161,405,043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	312,086	5,099,813	0	5,411,899	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,760,000	0	0	6,760,000	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,182,950	66,150	0	2,249,100	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	302,400	0	0	302,400	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,022,979,056	1,629,344,992	702,803	3,652,324,047	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	33,726,480	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	25,241,190	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	30,954,591	0	0	943,228	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	23,543	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,002,047	5,229,283	4,710,247	371,211	72,140,629	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.088988	0.002585	0.002891	0.222339	0.019752	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	269,283	104,138	204,746	340,053	2,967,629	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002995	0.000051	0.000126	0.125445	0.000813	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT	736,318					5.08
5.09	00597	RESEARCH FACULTY	0	10,000				5.09
5.10	00598	RESEARCH SPA	0	0	58,967,670			5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	-96,094,233	1,525,194,813	5.11
6.00	00600	MAINTENANCE & REPAIRS	20,840	0	0	0	78,274,269	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,415	0	0	0	3,656,371	8.00
9.00	00900	HOUSEKEEPING	37,886	0	0	0	27,155,815	9.00
10.00	01000	DIETARY	994	0	0	0	623,823	10.00
10.01	01001	PATIENT FOOD SERVICE	13,998	0	0	0	11,363,397	10.01
11.00	01100	CAFETERIA	4,701	0	0	0	1,694,732	11.00
13.00	01300	NURSING ADMINISTRATION	8,533	0	0	0	14,793,860	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,199,428	14.00
15.00	01500	PHARMACY	12,296	0	0	0	18,607,499	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,991	0	0	0	8,920,851	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	11,980	0	0	0	14,665,427	16.01
18.00	01850	CLINICAL LAB ADMIN MED	305	0	0	0	801,996	18.00
18.01	01080	CLINICAL LAB ADMIN PED	157	0	0	0	277,495	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,290	0	0	0	2,276,970	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,797	0	0	0	2,730,594	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	253	0	0	0	134,593	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	10	0	0	0	1,221,642	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	41	0	0	0	6,029	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	793	0	0	0	685,614	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	939	0	0	0	2,518,081	18.09
18.12	01859	DISCRETIONARY OPERATIONS	3,536	0	0	392,374	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	9,524	0	0	0	12,666,293	18.14
18.16	01861	NURSING SCHOOL SPLIT	10,872	0	0	0	16,952,223	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,789	0	0	0	803,429	19.00
20.00	02000	NURSING SCHOOL	0	0	0	17,858,923	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	68,324	0	0	0	48,873,127	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,377	0	0	0	9,439,009	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,208	0	0	0	1,402,689	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	268	0	0	684,542	0	23.01
23.02	02302	PARAMED DIETARY	356	0	0	215,179	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	1,100	0	0	1,146,752	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	808	0	0	1,183,027	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	373	0	0	0	428,903	23.05
23.06	02306	PARAMED PASTORAL CARE	681	0	0	0	731,704	23.06
23.07	02307	PARAMED TECHNOLOGY	667	0	0	677,510	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	200	0	0	275,099	0	23.08
23.09	02309	PARAMED PHARMACY	922	0	0	0	660,711	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	493	0	0	199,938	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	647	0	0	1,322,809	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,269	0	0	0	83,409,236	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,508	0	0	0	22,216,533	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	17,932	0	0	0	25,271,190	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,748	0	0	0	7,382,097	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	14,746	0	0	0	20,126,226	35.02
40.00	04000	SUBPROVIDER - IPF	10,148	0	0	0	10,806,309	40.00
41.00	04100	SUBPROVIDER - IRF	6,744	0	0	0	7,759,952	41.00
43.00	04300	NURSERY	2,296	0	0	0	4,308,784	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,163	0	0	0	44,191,719	50.00
51.00	05100	RECOVERY ROOM	5,762	0	0	0	8,135,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,528	0	0	0	8,379,005	52.00
53.00	05300	ANESTHESIOLOGY	1,513	0	0	0	7,144,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,141	0	0	0	30,436,809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,339	0	0	0	11,584,237	55.00
56.00	05600	RADIOISOTOPE	775	0	0	0	3,642,180	56.00
60.00	06000	LABORATORY	31,178	0	0	0	69,440,799	60.00
60.01	06002	LABORATORY - HLA	628	0	0	0	1,829,482	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,896	0	0	0	12,535,446	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	918,945	64.00
65.00	06500	RESPIRATORY THERAPY	7,120	0	0	0	12,883,610	65.00
66.00	06600	PHYSICAL THERAPY	5,104	0	0	0	6,218,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,745	0	0	0	4,650,294	67.00
68.00	06800	SPEECH PATHOLOGY	2,137	0	0	0	3,002,972	68.00
69.00	06900	ELECTROCARDIOLOGY	4,247	0	0	0	7,845,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,381	0	0	0	1,637,663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	34,045,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	85,668,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	121,890,712	73.00
74.00	07400	RENAL DIALYSIS	385	0	0	0	554,666	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	4,312,760	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,127	0	0	0	3,181,207	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	36,841	0	0	0	51,289,640	90.00
91.00	09100	EMERGENCY	12,829	0	0	0	20,201,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,219	0	0	0	2,479,253	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,688	0	0	0	5,745,941	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	659	0	0	0	2,479,573	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	45	0	0	0	380,952	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	547,205	0	0	-72,138,080	1,031,554,651	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,014	0	0	0	5,177,541	190.00
190.01	19001	FUND RAISING	5,701	0	0	0	8,552,749	190.01
190.02	19002	RUSH DAY SCHOOL	2,076	0	0	0	2,469,440	190.02
191.00	19100	RESEARCH	24,384	0	33,726,480	0	52,627,431	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	22,769	0	25,241,190	0	35,473,146	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,466	10,000	0	0	28,882,221	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	102,224	0	0	0	251,421,072	192.00
194.00	07950	MEDICAL COLLEGE	11,560	0	0	0	26,931,196	194.00
194.01	07951	AFFIL CORP ARC VENTURES	7,702	0	0	0	44,009,620	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
194.02	07952	AFFIL CORP ROOM 500	725	0	0	0	2,764,056	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	7,841	0	0	0	33,815,491	194.03
194.04	07954	CON - GNE	651	0	0	0	1,516,199	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,399,619	20,379,265	7,678,021		96,094,233	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.840032	2,037.926500	0.130207		0.063005	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	202,247	317,062	231,898		4,256,891	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.274673	31.706200	0.003933		0.002791	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS	1,955,216					6.00
6.01	00601	RENTED SPACE COSTS	0	10,000				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,513	0	2,923,333			8.00
9.00	00900	HOUSEKEEPING	49,561	0	0	1,894,142		9.00
10.00	01000	DIETARY	4,666	0	0	4,666	10,000	10.00
10.01	01001	PATIENT FOOD SERVICE	23,847	0	0	23,847	7,979	10.01
11.00	01100	CAFETERIA	37,087	0	0	37,087	2,021	11.00
13.00	01300	NURSING ADMINISTRATION	12,006	0	0	12,006	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,092	0	0	25,092	0	14.00
15.00	01500	PHARMACY	15,139	0	0	15,139	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,582	0	0	11,582	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	7,271	0	0	7,271	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	1,083	0	0	1,083	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	5,669	0	0	5,669	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	4,695	0	0	4,695	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	163	0	0	163	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	14,987	0	0	14,987	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	293	0	0	293	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	72	0	0	72	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	2,647	0	0	2,647	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	84,480	0	0	84,480	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	17,088	0	0	17,088	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,581	0	0	19,581	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,543	0	0	11,543	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	4,193	0	0	4,193	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	412	0	0	412	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	2,610	0	0	2,610	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,311	0	0	1,311	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,940	0	0	2,940	0	23.06
23.07	02307	PARAMED TECHNOLOGY	820	0	0	820	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	280	0	0	280	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,096	0	0	2,096	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	586	0	0	586	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	237,945	0	760,237	237,945	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,438	0	158,494	42,438	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	44,274	0	158,941	44,274	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	12,717	0	0	12,717	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	36,346	0	67,073	36,346	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,210	0	102,698	33,210	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,211	0	66,737	23,211	0	41.00
43.00	04300	NURSERY	14,213	0	51,598	14,213	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	122,768	0	560,040	122,768	0	50.00
51.00	05100	RECOVERY ROOM	21,434	0	124,558	21,434	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,348	0	0	21,348	0	52.00
53.00	05300	ANESTHESIOLOGY	16,235	0	0	16,235	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,368	0	182,016	75,368	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,218	0	38,857	22,218	0	55.00
56.00	05600	RADIOISOTOPE	5,145	0	41,106	5,145	0	56.00
60.00	06000	LABORATORY	91,867	0	85,622	91,867	0	60.00
60.01	06002	LABORATORY - HLA	1,441	0	0	1,441	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,907	0	0	8,907	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,711	0	0	6,711	0	65.00
66.00	06600	PHYSICAL THERAPY	12,843	0	22,508	12,843	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,653	0	2,336	10,653	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,207	0	0	8,207	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,110	0	0	12,110	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,455	0	0	2,455	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,723	0	0	1,723	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,174	0	0	2,174	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	4,753	0	0	4,753	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	113,296	0	0	113,296	0	90.00
91.00	09100	EMERGENCY	42,189	0	459,255	42,189	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,400	0	0	6,400	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,640	0	0	1,640	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	511	0	0	511	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,432,774	0	2,882,076	1,371,700	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,350	0	41,257	34,350	0	190.00
190.01	19001	FUND RAISING	9,080	0	0	9,080	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	126,698	0	0	126,698	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	11,066	0	0	11,066	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	26,733	10,000	0	26,733	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	261,703	0	0	261,703	0	192.00
194.00	07950	MEDICAL COLLEGE	31,097	0	0	31,097	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,680	0	0	4,680	0	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
194.02	07952	AFFIL CORP ROOM 500	17,035	0	0	17,035	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	83,205,939	0	4,376,687	30,975,879	937,999	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.555881	0.000000	1.497156	16.353515	93.799900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,021,889	0	585,074	2,282,622	170,211	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.240244	0.000000	0.200139	1.205095	17.021100	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE	447,110					10.01
11.00	01100	CAFETERIA	0	638,298				11.00
13.00	01300	NURSING ADMINISTRATION	0	8,533	161,029			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	73,587,177		14.00
15.00	01500	PHARMACY	0	12,296	0	212,896	131,685,084	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,991	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	11,980	0	99	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	305	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	157	0	339	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	1,290	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,797	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	253	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	10	0	81	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	41	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	793	0	0	105	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	939	0	18	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	3,536	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	9,524	0	16,395	1,710	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	10,872	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,789	1,789	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	68,324	0	9,283	8,334	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,377	0	6,885	175	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,208	0	7,030	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	268	0	162	0	23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	356	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	1,100	0	1,589	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	808	0	23	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	373	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	681	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	667	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	200	0	99	0	23.08
23.09	02309	PARAMED PHARMACY	0	922	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	493	0	235	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	647	0	21	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	301,134	68,269	47,777	5,109,255	2,884	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	30,756	17,508	15,055	1,632,968	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	31,642	17,932	14,591	1,498,017	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8,128	5,748	4,834	661,213	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	14,746	13,828	930,189	0	35.02
40.00	04000	SUBPROVIDER - IPF	43,323	10,148	5,625	106,511	0	40.00
41.00	04100	SUBPROVIDER - IRF	32,127	6,744	4,254	201,275	0	41.00
43.00	04300	NURSERY	0	2,296	2,296	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,163	12,059	27,516,939	774	50.00
51.00	05100	RECOVERY ROOM	0	5,762	4,949	241,639	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,528	4,126	639,432	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,513	0	1,910,796	256,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,141	1,583	5,996,375	128,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,339	54	199,143	2,228	55.00
56.00	05600	RADIOISOTOPE	0	775	0	10,730	60	56.00
60.00	06000	LABORATORY	0	31,178	4,088	3,146,400	67,279	60.00
60.01	06002	LABORATORY - HLA	0	628	0	2,830	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,896	278	254,076	39,711	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,120	0	1,113,914	2,807	65.00
66.00	06600	PHYSICAL THERAPY	0	5,104	0	113,296	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,745	0	53,995	289	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,137	0	328,497	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,247	1,591	5,725,394	819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,381	0	63,299	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	411,655	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	108,462,971	73.00
74.00	07400	RENAL DIALYSIS	0	385	323	391,155	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	3,127	58	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	34,037	10,487	1,407,232	13,335,408	90.00
91.00	09100	EMERGENCY	0	12,829	9,224	1,079,922	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,219	1,365	58,987	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,688	582	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	659	211	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	45	2	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	447,110	464,567	161,029	61,060,289	122,310,161	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,014	0	0	0	190.00
190.01	19001	FUND RAISING	0	5,701	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,076	0	291	167	190.02
191.00	19100	RESEARCH	0	24,384	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	22,769	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	2,466	0	192,331	313,015	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	93,602	0	1,824,733	8,936,964	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
194.00	07950	MEDICAL COLLEGE	0	11,560	0	7,557	76,761	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	4,515	0	285,504	48,016	194.01
194.02	07952	AFFIL CORP ROOM 500	0	725	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	4,268	0	10,216,472	0	194.03
194.04	07954	CON - GNE	0	651	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,232,589	4,175,852	16,489,037	2,753,152	20,760,100	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.832410	6.542167	102.397935	0.037413	0.157650	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,482,369	1,588,155	645,228	1,444,989	984,756	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.315446	2.488109	4.006906	0.019636	0.007478	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,551	2,022,979,056				16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	28,701			18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	11,263		18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	26,633	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	235,784,049	0	4,374	3,545	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	65,673,227	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	67,128,386	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	19,706,556	0	5,743	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	51,592,564	0	20	14,726	35.02
40.00	04000	SUBPROVIDER - IPF	0	33,529,160	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	24,791,335	0	0	0	41.00
43.00	04300	NURSERY	0	5,398,935	0	0	2,296	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	249,916,468	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	16,903,060	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,605,406	0	0	5,528	52.00
53.00	05300	ANESTHESIOLOGY	0	63,056,548	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,379,994	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,932,518	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,172,683	0	0	0	56.00
60.00	06000	LABORATORY	0	207,966,298	4,191	811	538	60.00
60.01	06002	LABORATORY - HLA	0	377,155	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	44,776,779	2,318	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	38,035,818	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	45,473,103	6,949	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,198,196	2,563	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,170,816	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,452,661	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,020,704	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,973,999	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76,281,176	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	203,736,443	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	231,118,676	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	315	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	14,764,376	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	869	4	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	946,828	461	0	0	90.00
91.00	09100	EMERGENCY	4,449	38,556,834	12,215	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	312,086	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,760,000	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,182,950	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	302,400	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	2,022,979,056	28,701	11,263	26,633	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	10,210,933	21,764,220	854,521	359,818	2,762,826	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,021.093300	0.010758	29.773213	31.946906	103.736943	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	475,417	637,855	4,023	57,742	302,206	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	47.541700	0.000315	0.140169	5.126698	11.347051	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG	58,327					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	2,031				18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	2,560			18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	3,144		18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	4,405	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,789	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,163	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	5,762	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,513	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,141	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,339	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	775	0	0	0	0	56.00
60.00	06000	LABORATORY	2,316	0	2,560	1,016	1,509	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,896	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	379	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,137	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,128	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	28	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,624	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,688	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	659	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	45	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,327	2,031	2,560	3,144	4,405	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,190,971	154,331	2,181,555	6,677	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	54.708300	75.987691	852.169922	2.123728	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	243,455	91,353	713,649	169	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.173967	36.682915	278.769141	0.016221	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	7,910					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	20,260				18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	589,377			18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	9,524	96,919		18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	10,872	37,686	10,000	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,789	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,053	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	68,324	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,377	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,208	2,420	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	268	2,033	0	23.01
23.02	02302	PARAMED DIETARY	0	0	356	1,201	0	23.02
23.03	02303	PARAMED SPEECH	0	0	1,100	5,358	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	808	4,468	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	373	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	681	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	667	3,040	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	200	1,404	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	922	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	493	2,278	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	647	4,467	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	68,269	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	17,508	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	17,932	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	5,748	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	14,746	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	10,148	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,744	0	0	41.00
43.00	04300	NURSERY	0	0	2,296	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	897	0	21,163	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	5,762	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,528	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,513	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,141	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,339	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	775	0	0	56.00
60.00	06000	LABORATORY	0	16,977	31,178	0	0	60.00
60.01	06002	LABORATORY - HLA	0	628	628	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,655	2,896	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,120	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,104	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,745	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,137	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,247	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,381	0	1,381	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	385	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	3,127	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,632	0	34,037	0	0	90.00
91.00	09100	EMERGENCY	0	0	12,829	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	2,219	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,688	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	659	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	45	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,910	20,260	415,646	64,355	8,053	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,014	2,776	1,941	190.00
190.01	19001	FUND RAISING	0	0	5,701	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,076	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
191.00	19100	RESEARCH	0	0	24,384	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	22,769	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,466	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	93,602	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	11,560	29,788	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	4,515	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	725	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	4,268	0	0	194.03
194.04	07954	CON - GNE	0	0	651	0	6	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	751,277	2,687,118	-213,308	18,504,190	26,293,239	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	94.978129	132.631688	0.000000	190.924277	2,629.323900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,646	14,744	155,787	3,113,007	1,875,527	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.978003	0.727739	0.264325	32.119677	187.552700	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		19,759				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			44,886			21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				44,886		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					589,484,671	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	15,027	9,050	9,050	82,556,281	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	119	1,071	1,071	20,815,586	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	2,610	2,610	24,293,085	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	536	536	7,005,129	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	449	541	541	20,424,634	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,617	771	771	10,579,013	40.00
41.00	04100	SUBPROVIDER - IRF	0	979	440	440	8,072,475	41.00
43.00	04300	NURSERY	0	0	100	100	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	3,466	3,466	124,977,258	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,409,943	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,269,273	52.00
53.00	05300	ANESTHESIOLOGY	10,000	1,568	3,544	3,544	9,315,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,429	3,429	34,876,559	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	608	608	10,425,473	55.00
56.00	05600	RADIOISOTOPE	0	0	296	296	3,303,312	56.00
60.00	06000	LABORATORY	0	0	1,805	1,805	63,799,420	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,719,046	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	127	127	11,491,405	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	331	331	11,974,864	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,171,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,556,444	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,411,858	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	622	622	22,136,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,286,892	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	546	546	629,868	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	3,891,007	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,598	1,598	3,269,759	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	6,602	6,602	53,252,528	90.00
91.00	09100	EMERGENCY	0	0	1,538	1,538	17,907,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,034,794	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	101	101	5,705,335	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,538,089	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	383,265	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	19,759	39,732	39,732	589,484,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,565	2,565	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,575	2,575	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	14	14	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,146,816	3,315,022	53,554,531	10,742,627	2,214,817	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	114.681600	167.772762	1,193.123268	239.331351	0.003757	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,219	1,510,362	1,384,796	719,480	239,567	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.321900	11.967407	30.851401	16.029051	0.000406	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000					23.01
23.02	02302	PARAMED DIETARY		447,110				23.02
23.03	02303	PARAMED SPEECH			10,000			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY				10,000		23.04
23.05	02305	PARAMED MEDICAL PHYSICS					10,000	23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	301,134	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	30,756	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	31,642	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	8,128	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	43,323	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	32,127	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	447,110	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-270,363	16,450	37,229	-247,460	490,472	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.036792	3.722900	0.000000	49.047200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	80,659	39,989	267,509	190,438	31,887	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.065900	0.004384	0.640500	19.043800	3.188700	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	589,484,671					23.06
23.07	02307	PARAMED TECHNOLOGY		10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			10,000			23.08
23.09	02309	PARAMED PHARMACY				10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,556,281	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,815,586	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	24,293,085	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,005,129	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	20,424,634	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	10,579,013	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,072,475	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	124,977,258	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	8,409,943	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,269,273	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,315,409	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,876,559	0	5,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,425,473	0	5,000	0	0	55.00
56.00	05600	RADIOISOTOPE	3,303,312	0	0	0	0	56.00
60.00	06000	LABORATORY	63,799,420	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,719,046	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,491,405	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,974,864	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	6,171,901	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,556,444	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,411,858	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,136,809	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,286,892	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	629,868	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	3,891,007	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,269,759	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	53,252,528	0	0	0	0	90.00
91.00	09100	EMERGENCY	17,907,957	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,034,794	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,705,335	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,538,089	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	383,265	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	589,484,671	10,000	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	955,453	-44,430	10,766	717,914	361,696	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001621	0.000000	1.076600	71.791400	36.169600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	131,684	128,000	55,287	13,401	145,203	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000223	12.800000	0.171300	1.340100	6.952200	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
23.01	02301	PARAMED MEDICAL PERFUSION TECH			23.01
23.02	02302	PARAMED DIETARY			23.02
23.03	02303	PARAMED SPEECH			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY			23.04
23.05	02305	PARAMED MEDICAL PHYSICS			23.05
23.06	02306	PARAMED PASTORAL CARE			23.06
23.07	02307	PARAMED TECHNOLOGY			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			23.08
23.09	02309	PARAMED PHARMACY			23.09
23.10	02310	PARAMED RESPIRATORY THERAPY			23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	589,484,671		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	82,556,281		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,815,586		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	24,293,085		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,005,129		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	20,424,634		35.02
40.00	04000	SUBPROVIDER - IPF	10,579,013		40.00
41.00	04100	SUBPROVIDER - IRF	8,072,475		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	124,977,258		50.00
51.00	05100	RECOVERY ROOM	8,409,943		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,269,273		52.00
53.00	05300	ANESTHESIOLOGY	9,315,409		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,876,559		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,425,473		55.00
56.00	05600	RADIOISOTOPE	3,303,312		56.00
60.00	06000	LABORATORY	63,799,420		60.00
60.01	06002	LABORATORY - HLA	1,719,046		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,491,405		62.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	11,974,864		65.00
66.00	06600	PHYSICAL THERAPY	6,171,901		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,556,444		67.00
68.00	06800	SPEECH PATHOLOGY	3,411,858		68.00
69.00	06900	ELECTROCARDIOLOGY	22,136,809		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,286,892		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	629,868		74.00
76.00	03020	RENAL DIALYSIS I/P	3,891,007		76.00
76.01	03550	PSYCH DAY HOSPITAL	3,269,759		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	53,252,528		90.00
91.00	09100	EMERGENCY	17,907,957		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,034,794		92.01
93.00	04040	BEHAVIORAL HEALTH	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	5,705,335		105.00
106.00	10600	HEART ACQUISITION	0		106.00
107.00	10700	LIVER ACQUISITION	2,538,089		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	383,265		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	589,484,671		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
190.01	19001	FUND RAISING	0		190.01
190.02	19002	RUSH DAY SCHOOL	0		190.02
191.00	19100	RESEARCH	0		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0		191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	MEDICAL COLLEGE	0		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0		194.01
194.02	07952	AFFIL CORP ROOM 500	0		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0		194.03
194.04	07954	CON - GNE	0		194.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-431,195		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	165,703		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000281		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-2 | Date/Time Prepared: 11/20/2017 9:32 am

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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/20/2017 9:32 am

		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 XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	124,956,383		124,956,383	9,019	124,965,402	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	29,889,401		29,889,401	0	29,889,401	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	33,238,182		33,238,182	258,251	33,496,433	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,845,871		9,845,871	36,673	9,882,544	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	27,451,526		27,451,526	0	27,451,526	35.02
40.00	04000	SUBPROVIDER - IPF	16,313,218		16,313,218	0	16,313,218	40.00
41.00	04100	SUBPROVIDER - IRF	11,701,611		11,701,611	0	11,701,611	41.00
43.00	04300	NURSERY	6,041,178		6,041,178	0	6,041,178	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,054,338		62,054,338	0	62,054,338	50.00
51.00	05100	RECOVERY ROOM	11,193,442		11,193,442	0	11,193,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,465,191		11,465,191	0	11,465,191	52.00
53.00	05300	ANESTHESIOLOGY	10,894,381		10,894,381	0	10,894,381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,471,847		40,471,847	81,062	40,552,909	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,269,482		14,269,482	0	14,269,482	55.00
56.00	05600	RADIOISOTOPE	4,346,822		4,346,822	0	4,346,822	56.00
60.00	06000	LABORATORY	87,455,851		87,455,851	450,679	87,906,530	60.00
60.01	06002	LABORATORY - HLA	2,130,446		2,130,446	0	2,130,446	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,877,788		14,877,788	0	14,877,788	62.00
64.00	06400	INTRAVENOUS THERAPY	1,386,032		1,386,032	0	1,386,032	64.00
65.00	06500	RESPIRATORY THERAPY	15,301,572	0	15,301,572	0	15,301,572	65.00
66.00	06600	PHYSICAL THERAPY	7,764,894	0	7,764,894	0	7,764,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,838,939	0	5,838,939	0	5,838,939	67.00
68.00	06800	SPEECH PATHOLOGY	3,943,822	0	3,943,822	0	3,943,822	68.00
69.00	06900	ELECTROCARDIOLOGY	10,108,828		10,108,828	45,322	10,154,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,206,804		2,206,804	0	2,206,804	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,026,729		37,026,729	0	37,026,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	93,257,575		93,257,575	0	93,257,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,873,857		149,873,857	0	149,873,857	73.00
74.00	07400	RENAL DIALYSIS	754,792		754,792	0	754,792	74.00
76.00	03020	RENAL DIALYSIS I/P	4,892,315		4,892,315	0	4,892,315	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,707,871		3,707,871	16,565	3,724,436	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	65,615,466		65,615,466	0	65,615,466	90.00
91.00	09100	EMERGENCY	31,133,758		31,133,758	18,919	31,152,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,596,234		10,596,234		10,596,234	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,183,275		3,183,275	0	3,183,275	92.01
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,470,970		6,470,970		6,470,970	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	2,765,005		2,765,005		2,765,005	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	413,464		413,464		413,464	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	974,839,160	0	974,839,160	916,490	975,755,650	200.00
201.00		Less Observation Beds	10,596,234		10,596,234		10,596,234	201.00
202.00		Total (see instructions)	964,242,926	0	964,242,926	916,490	965,159,416	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	235,784,049		235,784,049			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	65,673,227		65,673,227			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	67,128,386		67,128,386			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	19,706,556		19,706,556			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	51,592,564		51,592,564			35.02
40.00	04000	SUBPROVIDER - IPF	33,529,160		33,529,160			40.00
41.00	04100	SUBPROVIDER - IRF	24,791,335		24,791,335			41.00
43.00	04300	NURSERY	5,398,935		5,398,935			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	249,916,468	136,041,665	385,958,133	0.160780	0.000000	50.00
51.00	05100	RECOVERY ROOM	16,903,060	14,422,797	31,325,857	0.357323	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,605,406	3,385,029	21,990,435	0.521372	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	63,056,548	36,502,128	99,558,676	0.109427	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,379,994	163,084,389	303,464,383	0.133366	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,932,518	98,513,881	104,446,399	0.136620	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,172,683	20,273,326	24,446,009	0.177813	0.000000	56.00
60.00	06000	LABORATORY	207,966,298	270,762,983	478,729,281	0.182683	0.000000	60.00
60.01	06002	LABORATORY - HLA	377,155	6,085,949	6,463,104	0.329632	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,776,779	13,859,452	58,636,231	0.253730	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	38,035,818	3,235,219	41,271,037	0.033584	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	45,473,103	1,517,246	46,990,349	0.325632	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,198,196	9,304,759	29,502,955	0.263190	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,170,816	3,401,965	20,572,781	0.283819	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	6,452,661	4,437,443	10,890,104	0.362147	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	49,020,704	45,410,931	94,431,635	0.107049	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,973,999	2,734,307	18,708,306	0.117959	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,281,176	30,292,813	106,573,989	0.347427	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	203,736,443	56,172,329	259,908,772	0.358809	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	231,118,676	383,171,712	614,290,388	0.243979	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	2,124,414	2,124,414	0.355294	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	14,764,376	0	14,764,376	0.331359	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	869	223,198	224,067	16.548046	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	946,828	179,044,048	179,990,876	0.364549	0.000000	90.00
91.00	09100	EMERGENCY	38,556,834	122,848,209	161,405,043	0.192892	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,328,838	17,328,838	0.611480	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	312,086	5,099,813	5,411,899	0.588199	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,760,000	0	6,760,000			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	2,182,950	66,150	2,249,100			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	302,400	0	302,400			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	2,022,979,056	1,629,344,993	3,652,324,049			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,022,979,056	1,629,344,993	3,652,324,049			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.160780		50.00
51.00	05100	RECOVERY ROOM	0.357323		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521372		52.00
53.00	05300	ANESTHESIOLOGY	0.109427		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133633		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136620		55.00
56.00	05600	RADIOISOTOPE	0.177813		56.00
60.00	06000	LABORATORY	0.183625		60.00
60.01	06002	LABORATORY - HLA	0.329632		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.253730		62.00
64.00	06400	INTRAVENOUS THERAPY	0.033584		64.00
65.00	06500	RESPIRATORY THERAPY	0.325632		65.00
66.00	06600	PHYSICAL THERAPY	0.263190		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283819		67.00
68.00	06800	SPEECH PATHOLOGY	0.362147		68.00
69.00	06900	ELECTROCARDIOLOGY	0.107529		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.117959		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347427		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358809		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243979		73.00
74.00	07400	RENAL DIALYSIS	0.355294		74.00
76.00	03020	RENAL DIALYSIS I/P	0.331359		76.00
76.01	03550	PSYCH DAY HOSPITAL	16.621975		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.364549		90.00
91.00	09100	EMERGENCY	0.193009		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611480		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.588199		92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/20/2017 9:32 am

Title XIX | Hospital

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	137,920,099		137,920,099	9,019	137,929,118	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	31,423,560		31,423,560	0	31,423,560	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	36,976,889		36,976,889	258,251	37,235,140	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	10,613,667		10,613,667	36,673	10,650,340	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	28,226,484		28,226,484	0	28,226,484	35.02
40.00	04000	SUBPROVIDER - IPF	17,417,640		17,417,640	0	17,417,640	40.00
41.00	04100	SUBPROVIDER - IRF	12,331,891		12,331,891	0	12,331,891	41.00
43.00	04300	NURSERY	6,184,423		6,184,423	0	6,184,423	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,019,225		67,019,225	0	67,019,225	50.00
51.00	05100	RECOVERY ROOM	11,193,442		11,193,442	0	11,193,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,465,191		11,465,191	0	11,465,191	52.00
53.00	05300	ANESTHESIOLOGY	15,971,000		15,971,000	0	15,971,000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,383,734		45,383,734	81,062	45,464,796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,140,414		15,140,414	0	15,140,414	55.00
56.00	05600	RADIOISOTOPE	4,770,828		4,770,828	0	4,770,828	56.00
60.00	06000	LABORATORY	90,041,431		90,041,431	450,679	90,492,110	60.00
60.01	06002	LABORATORY - HLA	2,130,446		2,130,446	0	2,130,446	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,059,710		15,059,710	0	15,059,710	62.00
64.00	06400	INTRAVENOUS THERAPY	1,386,032		1,386,032	0	1,386,032	64.00
65.00	06500	RESPIRATORY THERAPY	15,775,715	0	15,775,715	0	15,775,715	65.00
66.00	06600	PHYSICAL THERAPY	7,764,894	0	7,764,894	0	7,764,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,838,939	0	5,838,939	0	5,838,939	67.00
68.00	06800	SPEECH PATHOLOGY	3,943,822	0	3,943,822	0	3,943,822	68.00
69.00	06900	ELECTROCARDIOLOGY	10,999,815		10,999,815	45,322	11,045,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,206,804		2,206,804	0	2,206,804	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,026,729		37,026,729	0	37,026,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	93,257,575		93,257,575	0	93,257,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,873,857		149,873,857	0	149,873,857	73.00
74.00	07400	RENAL DIALYSIS	1,536,912		1,536,912	0	1,536,912	74.00
76.00	03020	RENAL DIALYSIS I/P	4,892,315		4,892,315	0	4,892,315	76.00
76.01	03550	PSYCH DAY HOSPITAL	5,996,933		5,996,933	16,565	6,013,498	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	75,072,532		75,072,532	0	75,072,532	90.00
91.00	09100	EMERGENCY	33,336,874		33,336,874	18,919	33,355,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,596,234		10,596,234		10,596,234	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,183,275		3,183,275	0	3,183,275	92.01
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,615,647		6,615,647		6,615,647	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	2,765,005		2,765,005		2,765,005	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	413,464		413,464		413,464	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,031,753,447	0	1,031,753,447	916,490	1,032,669,937	200.00
201.00		Less Observation Beds	10,596,234		10,596,234		10,596,234	201.00
202.00		Total (see instructions)	1,021,157,213	0	1,021,157,213	916,490	1,022,073,703	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/20/2017 9:32 am

Title XIX | Hospital

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	235,784,049		235,784,049			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	65,673,227		65,673,227			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	67,128,386		67,128,386			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	19,706,556		19,706,556			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	51,592,564		51,592,564			35.02
40.00	04000	SUBPROVIDER - IPF	33,529,160		33,529,160			40.00
41.00	04100	SUBPROVIDER - IRF	24,791,335		24,791,335			41.00
43.00	04300	NURSERY	5,398,935		5,398,935			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	249,916,468	136,041,665	385,958,133	0.173644	0.000000	50.00
51.00	05100	RECOVERY ROOM	16,903,060	14,422,797	31,325,857	0.357323	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,605,406	3,385,029	21,990,435	0.521372	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	63,056,548	36,502,128	99,558,676	0.160418	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,379,994	163,084,389	303,464,383	0.149552	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,932,518	98,513,881	104,446,399	0.144959	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,172,683	20,273,326	24,446,009	0.195158	0.000000	56.00
60.00	06000	LABORATORY	207,966,298	270,762,983	478,729,281	0.188084	0.000000	60.00
60.01	06002	LABORATORY - HLA	377,155	6,085,949	6,463,104	0.329632	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,776,779	13,859,452	58,636,231	0.256833	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	38,035,818	3,235,219	41,271,037	0.033584	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	45,473,103	1,517,246	46,990,349	0.335722	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,198,196	9,304,759	29,502,955	0.263190	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,170,816	3,401,965	20,572,781	0.283819	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	6,452,661	4,437,443	10,890,104	0.362147	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	49,020,704	45,410,931	94,431,635	0.116484	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,973,999	2,734,307	18,708,306	0.117959	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,281,176	30,292,813	106,573,989	0.347427	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	203,736,443	56,172,329	259,908,772	0.358809	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	231,118,676	383,171,712	614,290,388	0.243979	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	2,124,414	2,124,414	0.723452	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	14,764,376	0	14,764,376	0.331359	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	869	223,198	224,067	26.764017	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	946,828	179,044,048	179,990,876	0.417091	0.000000	90.00
91.00	09100	EMERGENCY	38,556,834	122,848,209	161,405,043	0.206542	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,328,838	17,328,838	0.611480	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	312,086	5,099,813	5,411,899	0.588199	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,760,000	0	6,760,000			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	2,182,950	66,150	2,249,100			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	302,400	0	302,400			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	2,022,979,056	1,629,344,993	3,652,324,049			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,022,979,056	1,629,344,993	3,652,324,049			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/20/2017 9:32 am

Title XIX | Hospital

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		35.02
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06002	LABORATORY - HLA	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
		SPECIAL PURPOSE COST CENTERS		
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)		112.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,863,229	0	15,863,229	109,678	144.63	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,940,538		2,940,538	15,378	191.22	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	3,021,783		3,021,783	15,821	191.00	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	832,413		832,413	4,064	204.83	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	2,577,720		2,577,720	16,687	154.47	35.02
40.00	SUBPROVIDER - IPF	1,846,951	0	1,846,951	14,441	127.90	40.00
41.00	SUBPROVIDER - IRF	1,112,747	0	1,112,747	10,709	103.91	41.00
43.00	NURSERY	840,623		840,623	3,873	217.05	43.00
200.00	Total (lines 30-199)	29,036,004		29,036,004	190,651		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	35,381	5,117,154		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,385	1,029,720		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	7,681	1,467,071		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	18	3,687		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	SUBPROVIDER - IPF	5,468	699,357		40.00
41.00	SUBPROVIDER - IRF	5,396	560,698		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	59,329	8,877,687		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part II Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII Hospital PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,242,008	385,958,133	0.021355	76,179,009	1,626,803	50.00
51.00	05100	RECOVERY ROOM	1,419,754	31,325,857	0.045322	7,201,226	326,374	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,424,479	21,990,435	0.064777	160,946	10,426	52.00
53.00	05300	ANESTHESIOLOGY	1,016,368	99,558,676	0.010209	21,021,035	214,604	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,621,454	303,464,383	0.015229	51,841,037	789,487	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,375,824	104,446,399	0.013173	2,272,688	29,938	55.00
56.00	05600	RADIOISOTOPE	354,256	24,446,009	0.014491	1,791,294	25,958	56.00
60.00	06000	LABORATORY	6,236,556	478,729,281	0.013027	71,965,424	937,494	60.00
60.01	06002	LABORATORY - HLA	82,843	6,463,104	0.012818	123,670	1,585	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	545,735	58,636,231	0.009307	15,099,492	140,531	62.00
64.00	06400	INTRAVENOUS THERAPY	50,447	41,271,037	0.001222	13,038,374	15,933	64.00
65.00	06500	RESPIRATORY THERAPY	524,811	46,990,349	0.011168	10,824,460	120,888	65.00
66.00	06600	PHYSICAL THERAPY	664,088	29,502,955	0.022509	5,521,034	124,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,173	20,572,781	0.025625	4,265,910	109,314	67.00
68.00	06800	SPEECH PATHOLOGY	348,938	10,890,104	0.032042	1,722,126	55,180	68.00
69.00	06900	ELECTROCARDIOLOGY	963,552	94,431,635	0.010204	20,234,380	206,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,968	18,708,306	0.009620	4,389,505	42,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,485	106,573,989	0.002078	26,133,004	54,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	532,052	259,908,772	0.002047	77,989,888	159,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,781,320	614,290,388	0.002900	70,555,094	204,610	73.00
74.00	07400	RENAL DIALYSIS	107,412	2,124,414	0.050561	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	146,287	14,764,376	0.009908	7,331,760	72,643	76.00
76.01	03550	PSYCH DAY HOSPITAL	373,785	224,067	1.668184	579	966	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,944,219	179,990,876	0.027469	515,930	14,172	90.00
91.00	09100	EMERGENCY	3,088,482	161,405,043	0.019135	14,072,252	269,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,345,097	17,328,838	0.077622	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	367,352	5,411,899	0.067879	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	41,485,745	3,139,408,337		504,250,117	5,553,100	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part III Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,521,120	455,067	0	0	2,976,187	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,965	113,078	0		133,043	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	131,812	0		131,812	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	37,972	0		37,972	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	75,330	109,843	0		185,173	35.02
40.00	04000	SUBPROVIDER - IPF	271,289	58,488	0	0	329,777	40.00
41.00	04100	SUBPROVIDER - IRF	164,250	44,595	0	0	208,845	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	3,051,954	950,855	0		4,002,809	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,678	27.14	35,381	960,240	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,378	8.65	5,385	46,580	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	15,821	8.33	7,681	63,983	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,064	9.34	18	168	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	16,687	11.10	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	14,441	22.84	5,468	124,889	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,709	19.50	5,396	105,222	0	41.00
43.00	04300	NURSERY	3,873	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	190,651		59,329	1,301,082	0	200.00

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	672,150	0	672,150	50.00
51.00	05100	RECOVERY ROOM	0	0	45,229	0	45,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	44,472	0	44,472	52.00
53.00	05300	ANESTHESIOLOGY	0	263,068	50,098	0	313,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	438,185	0	438,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	306,688	0	306,688	55.00
56.00	05600	RADIOISOTOPE	0	0	17,766	0	17,766	56.00
60.00	06000	LABORATORY	0	0	343,113	0	343,113	60.00
60.01	06002	LABORATORY - HLA	0	0	9,245	0	9,245	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	61,801	0	61,801	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	426,097	0	426,097	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,193	0	33,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	24,505	0	24,505	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	55,578	0	55,578	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	119,052	0	119,052	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,921	0	6,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	717,914	0	717,914	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,387	0	3,387	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	20,926	0	20,926	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	17,584	0	17,584	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	286,392	0	286,392	90.00
91.00	09100	EMERGENCY	0	0	96,309	0	96,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	213,779	38,591	0	252,370	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	10,943	0	10,943	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	476,847	3,846,139	0	4,322,986	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	672,150	385,958,133	0.001742	0.001742	76,179,009	50.00
51.00	05100	RECOVERY ROOM	45,229	31,325,857	0.001444	0.001444	7,201,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,472	21,990,435	0.002022	0.002022	160,946	52.00
53.00	05300	ANESTHESIOLOGY	313,166	99,558,676	0.003146	0.003146	21,021,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	438,185	303,464,383	0.001444	0.001444	51,841,037	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	306,688	104,446,399	0.002936	0.002936	2,272,688	55.00
56.00	05600	RADIOISOTOPE	17,766	24,446,009	0.000727	0.000727	1,791,294	56.00
60.00	06000	LABORATORY	343,113	478,729,281	0.000717	0.000717	71,965,424	60.00
60.01	06002	LABORATORY - HLA	9,245	6,463,104	0.001430	0.001430	123,670	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	61,801	58,636,231	0.001054	0.001054	15,099,492	62.00
64.00	06400	INTRAVENOUS THERAPY	0	41,271,037	0.000000	0.000000	13,038,374	64.00
65.00	06500	RESPIRATORY THERAPY	426,097	46,990,349	0.009068	0.009068	10,824,460	65.00
66.00	06600	PHYSICAL THERAPY	33,193	29,502,955	0.001125	0.001125	5,521,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,505	20,572,781	0.001191	0.001191	4,265,910	67.00
68.00	06800	SPEECH PATHOLOGY	55,578	10,890,104	0.005104	0.005104	1,722,126	68.00
69.00	06900	ELECTROCARDIOLOGY	119,052	94,431,635	0.001261	0.001261	20,234,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,921	18,708,306	0.000370	0.000370	4,389,505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,573,989	0.000000	0.000000	26,133,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	259,908,772	0.000000	0.000000	77,989,888	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	717,914	614,290,388	0.001169	0.001169	70,555,094	73.00
74.00	07400	RENAL DIALYSIS	3,387	2,124,414	0.001594	0.001594	0	74.00
76.00	03020	RENAL DIALYSIS I/P	20,926	14,764,376	0.001417	0.001417	7,331,760	76.00
76.01	03550	PSYCH DAY HOSPITAL	17,584	224,067	0.078477	0.078477	579	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	286,392	179,990,876	0.001591	0.001591	515,930	90.00
91.00	09100	EMERGENCY	96,309	161,405,043	0.000597	0.000597	14,072,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	252,370	17,328,838	0.014564	0.014564	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,943	5,411,899	0.002022	0.002022	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	4,322,986	3,139,408,337			504,250,117	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:32 am

		Cost Center Description	Title XVIII			Hospital	PPS	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	132,704	28,590,184	49,804	0	0	50.00
51.00	05100	RECOVERY ROOM	10,399	7,325,438	10,578	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	325	25,987	53	0	0	52.00
53.00	05300	ANESTHESIOLOGY	66,132	8,594,512	27,038	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,858	47,633,433	68,783	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,673	31,526,921	92,563	0	0	55.00
56.00	05600	RADIOISOTOPE	1,302	8,211,745	5,970	0	0	56.00
60.00	06000	LABORATORY	51,599	76,431,803	54,802	0	0	60.00
60.01	06002	LABORATORY - HLA	177	3,363,271	4,809	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,915	3,846,576	4,054	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,136,558	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,156	281,107	2,549	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,211	2,362,000	2,657	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,081	940,797	1,120	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,790	1,073,969	5,482	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,516	15,540,310	19,596	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,624	420,053	155	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,327,732	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,906,673	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,479	119,802,832	140,050	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	828,202	1,320	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	10,389	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	45	138,536	10,872	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	821	54,018,654	85,944	0	0	90.00
91.00	09100	EMERGENCY	8,401	17,382,299	10,377	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,407,993	78,762	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	607,597	464,117,585	677,338	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part V Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.160780	28,590,184	0	0	4,596,730	50.00
51.00	05100	RECOVERY ROOM	0.357323	7,325,438	0	0	2,617,547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521372	25,987	0	0	13,549	52.00
53.00	05300	ANESTHESIOLOGY	0.109427	8,594,512	0	0	940,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133366	47,633,433	0	0	6,352,680	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136620	31,526,921	0	0	4,307,208	55.00
56.00	05600	RADIOISOTOPE	0.177813	8,211,745	0	0	1,460,155	56.00
60.00	06000	LABORATORY	0.182683	76,431,803	3,602	0	13,962,791	60.00
60.01	06002	LABORATORY - HLA	0.329632	3,363,271	0	0	1,108,642	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.253730	3,846,576	0	0	975,992	62.00
64.00	06400	INTRAVENOUS THERAPY	0.033584	1,136,558	0	0	38,170	64.00
65.00	06500	RESPIRATORY THERAPY	0.325632	281,107	0	0	91,537	65.00
66.00	06600	PHYSICAL THERAPY	0.263190	2,362,000	0	0	621,655	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283819	940,797	0	0	267,016	67.00
68.00	06800	SPEECH PATHOLOGY	0.362147	1,073,969	0	0	388,935	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107049	15,540,310	0	0	1,663,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.117959	420,053	0	0	49,549	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347427	9,327,732	0	0	3,240,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358809	19,906,673	497,179	0	7,142,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243979	119,802,832	833,237	0	29,229,375	73.00
74.00	07400	RENAL DIALYSIS	0.355294	828,202	0	0	294,255	74.00
76.00	03020	RENAL DIALYSIS I/P	0.331359	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	16.548046	138,536	0	0	2,292,500	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.364549	54,018,654	0	0	19,692,446	90.00
91.00	09100	EMERGENCY	0.192892	17,382,299	0	0	3,352,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611480	5,407,993	0	0	3,306,880	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.588199	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		464,117,585	1,334,018	0	108,007,964	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		464,117,585	1,334,018	0	108,007,964	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	658	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	178,392	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,292	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	382,342	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	382,342	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0119
Component CCN: 14-S119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part II
Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,242,008	385,958,133	0.021355	0	0	50.00
51.00	05100	RECOVERY ROOM	1,419,754	31,325,857	0.045322	505,915	22,929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,424,479	21,990,435	0.064777	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,016,368	99,558,676	0.010209	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,621,454	303,464,383	0.015229	390,073	5,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,375,824	104,446,399	0.013173	0	0	55.00
56.00	05600	RADIOISOTOPE	354,256	24,446,009	0.014491	16,052	233	56.00
60.00	06000	LABORATORY	6,236,556	478,729,281	0.013027	1,403,124	18,278	60.00
60.01	06002	LABORATORY - HLA	82,843	6,463,104	0.012818	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	545,735	58,636,231	0.009307	1,234	11	62.00
64.00	06400	INTRAVENOUS THERAPY	50,447	41,271,037	0.001222	122,929	150	64.00
65.00	06500	RESPIRATORY THERAPY	524,811	46,990,349	0.011168	93,313	1,042	65.00
66.00	06600	PHYSICAL THERAPY	664,088	29,502,955	0.022509	63,292	1,425	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,173	20,572,781	0.025625	493,624	12,649	67.00
68.00	06800	SPEECH PATHOLOGY	348,938	10,890,104	0.032042	37,642	1,206	68.00
69.00	06900	ELECTROCARDIOLOGY	963,552	94,431,635	0.010204	179,937	1,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,968	18,708,306	0.009620	22,719	219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,485	106,573,989	0.002078	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	532,052	259,908,772	0.002047	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,781,320	614,290,388	0.002900	1,431,811	4,152	73.00
74.00	07400	RENAL DIALYSIS	107,412	2,124,414	0.050561	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	146,287	14,764,376	0.009908	32,168	319	76.00
76.01	03550	PSYCH DAY HOSPITAL	373,785	224,067	1.668184	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,944,219	179,990,876	0.027469	4,870	134	90.00
91.00	09100	EMERGENCY	3,088,482	161,405,043	0.019135	700,048	13,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,328,838	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	367,352	5,411,899	0.067879	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	40,140,648	3,139,408,337		5,498,751	83,918	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119
Component CCN: 14-S119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	672,150	0	672,150	50.00
51.00	05100	RECOVERY ROOM	0	0	45,229	0	45,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	44,472	0	44,472	52.00
53.00	05300	ANESTHESIOLOGY	0	263,068	50,098	0	313,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	438,185	0	438,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	306,688	0	306,688	55.00
56.00	05600	RADIOISOTOPE	0	0	17,766	0	17,766	56.00
60.00	06000	LABORATORY	0	0	343,113	0	343,113	60.00
60.01	06002	LABORATORY - HLA	0	0	9,245	0	9,245	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	61,801	0	61,801	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	426,097	0	426,097	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,193	0	33,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	24,505	0	24,505	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	55,578	0	55,578	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	119,052	0	119,052	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,921	0	6,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	717,914	0	717,914	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,387	0	3,387	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	20,926	0	20,926	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	17,584	0	17,584	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	286,392	0	286,392	90.00
91.00	09100	EMERGENCY	0	0	96,309	0	96,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	10,943	0	10,943	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	263,068	3,807,548	0	4,070,616	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119
Component CCN: 14-S119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	672,150	385,958,133	0.001742	0.001742	0	50.00
51.00	05100	RECOVERY ROOM	45,229	31,325,857	0.001444	0.001444	505,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,472	21,990,435	0.002022	0.002022	0	52.00
53.00	05300	ANESTHESIOLOGY	313,166	99,558,676	0.003146	0.003146	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	438,185	303,464,383	0.001444	0.001444	390,073	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	306,688	104,446,399	0.002936	0.002936	0	55.00
56.00	05600	RADIOISOTOPE	17,766	24,446,009	0.000727	0.000727	16,052	56.00
60.00	06000	LABORATORY	343,113	478,729,281	0.000717	0.000717	1,403,124	60.00
60.01	06002	LABORATORY - HLA	9,245	6,463,104	0.001430	0.001430	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	61,801	58,636,231	0.001054	0.001054	1,234	62.00
64.00	06400	INTRAVENOUS THERAPY	0	41,271,037	0.000000	0.000000	122,929	64.00
65.00	06500	RESPIRATORY THERAPY	426,097	46,990,349	0.009068	0.009068	93,313	65.00
66.00	06600	PHYSICAL THERAPY	33,193	29,502,955	0.001125	0.001125	63,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,505	20,572,781	0.001191	0.001191	493,624	67.00
68.00	06800	SPEECH PATHOLOGY	55,578	10,890,104	0.005104	0.005104	37,642	68.00
69.00	06900	ELECTROCARDIOLOGY	119,052	94,431,635	0.001261	0.001261	179,937	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,921	18,708,306	0.000370	0.000370	22,719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,573,989	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	259,908,772	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	717,914	614,290,388	0.001169	0.001169	1,431,811	73.00
74.00	07400	RENAL DIALYSIS	3,387	2,124,414	0.001594	0.001594	0	74.00
76.00	03020	RENAL DIALYSIS I/P	20,926	14,764,376	0.001417	0.001417	32,168	76.00
76.01	03550	PSYCH DAY HOSPITAL	17,584	224,067	0.078477	0.078477	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	286,392	179,990,876	0.001591	0.001591	4,870	90.00
91.00	09100	EMERGENCY	96,309	161,405,043	0.000597	0.000597	700,048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,328,838	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,943	5,411,899	0.002022	0.002022	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	4,070,616	3,139,408,337			5,498,751	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119
Component CCN: 14-S119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	731	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	563	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	12	0	0	0	0	56.00
60.00	06000	LABORATORY	1,006	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	846	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	71	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	588	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	192	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	227	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,674	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	46	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8	0	0	0	0	90.00
91.00	09100	EMERGENCY	418	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	6,391	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0119
Component CCN: 14-T119

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part II
Date/Time Prepared:
11/20/2017 9:32 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,242,008	385,958,133	0.021355	144,825	3,093	50.00
51.00	05100	RECOVERY ROOM	1,419,754	31,325,857	0.045322	39,647	1,797	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,424,479	21,990,435	0.064777	591	38	52.00
53.00	05300	ANESTHESIOLOGY	1,016,368	99,558,676	0.010209	24,861	254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,621,454	303,464,383	0.015229	709,685	10,808	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,375,824	104,446,399	0.013173	353,669	4,659	55.00
56.00	05600	RADIOISOTOPE	354,256	24,446,009	0.014491	15,189	220	56.00
60.00	06000	LABORATORY	6,236,556	478,729,281	0.013027	1,538,638	20,044	60.00
60.01	06002	LABORATORY - HLA	82,843	6,463,104	0.012818	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	545,735	58,636,231	0.009307	85,771	798	62.00
64.00	06400	INTRAVENOUS THERAPY	50,447	41,271,037	0.001222	375,276	459	64.00
65.00	06500	RESPIRATORY THERAPY	524,811	46,990,349	0.011168	187,120	2,090	65.00
66.00	06600	PHYSICAL THERAPY	664,088	29,502,955	0.022509	3,335,039	75,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,173	20,572,781	0.025625	3,086,042	79,080	67.00
68.00	06800	SPEECH PATHOLOGY	348,938	10,890,104	0.032042	884,655	28,346	68.00
69.00	06900	ELECTROCARDIOLOGY	963,552	94,431,635	0.010204	76,257	778	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,968	18,708,306	0.009620	24,879	239	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,485	106,573,989	0.002078	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	532,052	259,908,772	0.002047	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,781,320	614,290,388	0.002900	2,004,821	5,814	73.00
74.00	07400	RENAL DIALYSIS	107,412	2,124,414	0.050561	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	146,287	14,764,376	0.009908	259,238	2,569	76.00
76.01	03550	PSYCH DAY HOSPITAL	373,785	224,067	1.668184	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,944,219	179,990,876	0.027469	2,185	60	90.00
91.00	09100	EMERGENCY	3,088,482	161,405,043	0.019135	8,127	156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,328,838	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	367,352	5,411,899	0.067879	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	40,140,648	3,139,408,337		13,156,515	236,370	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119
Component CCN: 14-T119

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/20/2017 9:32 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	672,150	0	672,150	50.00
51.00	05100	RECOVERY ROOM	0	0	45,229	0	45,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	44,472	0	44,472	52.00
53.00	05300	ANESTHESIOLOGY	0	263,068	50,098	0	313,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	438,185	0	438,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	306,688	0	306,688	55.00
56.00	05600	RADIOISOTOPE	0	0	17,766	0	17,766	56.00
60.00	06000	LABORATORY	0	0	343,113	0	343,113	60.00
60.01	06002	LABORATORY - HLA	0	0	9,245	0	9,245	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	61,801	0	61,801	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	426,097	0	426,097	65.00
66.00	06600	PHYSICAL THERAPY	0	0	33,193	0	33,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	24,505	0	24,505	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	55,578	0	55,578	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	119,052	0	119,052	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,921	0	6,921	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	717,914	0	717,914	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,387	0	3,387	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	20,926	0	20,926	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	17,584	0	17,584	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	286,392	0	286,392	90.00
91.00	09100	EMERGENCY	0	0	96,309	0	96,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	10,943	0	10,943	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	263,068	3,807,548	0	4,070,616	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119
Component CCN: 14-T119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	672,150	385,958,133	0.001742	0.001742	144,825	50.00
51.00	05100	RECOVERY ROOM	45,229	31,325,857	0.001444	0.001444	39,647	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,472	21,990,435	0.002022	0.002022	591	52.00
53.00	05300	ANESTHESIOLOGY	313,166	99,558,676	0.003146	0.003146	24,861	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	438,185	303,464,383	0.001444	0.001444	709,685	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	306,688	104,446,399	0.002936	0.002936	353,669	55.00
56.00	05600	RADIOISOTOPE	17,766	24,446,009	0.000727	0.000727	15,189	56.00
60.00	06000	LABORATORY	343,113	478,729,281	0.000717	0.000717	1,538,638	60.00
60.01	06002	LABORATORY - HLA	9,245	6,463,104	0.001430	0.001430	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	61,801	58,636,231	0.001054	0.001054	85,771	62.00
64.00	06400	INTRAVENOUS THERAPY	0	41,271,037	0.000000	0.000000	375,276	64.00
65.00	06500	RESPIRATORY THERAPY	426,097	46,990,349	0.009068	0.009068	187,120	65.00
66.00	06600	PHYSICAL THERAPY	33,193	29,502,955	0.001125	0.001125	3,335,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,505	20,572,781	0.001191	0.001191	3,086,042	67.00
68.00	06800	SPEECH PATHOLOGY	55,578	10,890,104	0.005104	0.005104	884,655	68.00
69.00	06900	ELECTROCARDIOLOGY	119,052	94,431,635	0.001261	0.001261	76,257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,921	18,708,306	0.000370	0.000370	24,879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,573,989	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	259,908,772	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	717,914	614,290,388	0.001169	0.001169	2,004,821	73.00
74.00	07400	RENAL DIALYSIS	3,387	2,124,414	0.001594	0.001594	0	74.00
76.00	03020	RENAL DIALYSIS I/P	20,926	14,764,376	0.001417	0.001417	259,238	76.00
76.01	03550	PSYCH DAY HOSPITAL	17,584	224,067	0.078477	0.078477	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	286,392	179,990,876	0.001591	0.001591	2,185	90.00
91.00	09100	EMERGENCY	96,309	161,405,043	0.000597	0.000597	8,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,328,838	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,943	5,411,899	0.002022	0.002022	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	4,070,616	3,139,408,337			13,156,515	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119
Component CCN: 14-T119

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	252	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	57	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	78	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,025	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,038	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11	0	0	0	0	56.00
60.00	06000	LABORATORY	1,103	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	90	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,697	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,752	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,675	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,515	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	96	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,344	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	367	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	0	0	0	0	90.00
91.00	09100	EMERGENCY	5	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	20,118	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	109,678	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	109,678	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.	96,910	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,468	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)	35,381	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)	35,519	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)	124,965,402	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)	124,965,402	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	241,182,984	28.00
29.00	Private room charges (excluding swing-bed charges)	224,320,680	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	16,862,304	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.518135	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,314.73	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	4,862.26	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)	124,965,402	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)	1,139.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	40,312,404	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)	40,312,404	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	29,889,401	15,378	1,943.65	5,385	10,466,555	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	33,496,433	15,821	2,117.21	7,681	16,262,290	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	9,882,544	4,064	2,431.73	18	43,771	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	27,451,526	16,687	1,645.08	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	111,412,396	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	178,497,416	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	8,688,603	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,160,697	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	14,849,300	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	163,648,116	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)	9,300	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,139.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	10,596,234	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

	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	15,863,229	124,965,402	0.126941	10,596,234	1,345,097	90.00
91.00	Nursing School cost	2,521,120	124,965,402	0.020175	10,596,234	213,779	91.00
92.00	Allied health cost	455,067	124,965,402	0.003642	10,596,234	38,591	92.00
93.00	All other Medical Education	0	124,965,402	0.000000	10,596,234	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,441	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,441	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	13,907	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	534	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)	5,468	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	5,473	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)	16,313,218	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)	16,313,218	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	33,529,160	28.00
29.00	Private room charges (excluding swing-bed charges)	32,274,260	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,254,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.486538	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,320.72	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,350.00	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)	16,313,218	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)	1,129.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,176,926	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,176,926	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,217,532	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,394,458	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)	824,246	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	90,309	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	914,555	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,479,903	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

	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	1,846,951	16,313,218	0.113218	0	0	90.00
91.00	Nursing School cost	271,289	16,313,218	0.016630	0	0	91.00
92.00	Allied health cost	58,488	16,313,218	0.003585	0	0	92.00
93.00	All other Medical Education	0	16,313,218	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,709	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,709	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	7,534	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,175	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)	5,396	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	3,927	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	11,701,611	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	11,701,611	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	24,791,335	28.00
29.00	Private room charges (excluding swing-bed charges)	17,436,436	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	7,354,899	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.472004	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,314.37	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,316.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	11,701,611	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)	1,092.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,896,155	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)	5,896,155	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,226,703	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	9,122,858	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)	665,920	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	256,488	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	922,408	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	8,200,450	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

	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	1,112,747	11,701,611	0.095093	0	0	90.00
91.00	Nursing School cost	164,250	11,701,611	0.014037	0	0	91.00
92.00	Allied health cost	44,595	11,701,611	0.003811	0	0	92.00
93.00	All other Medical Education	0	11,701,611	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		82,807,644		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		22,548,444		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		32,577,625		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		87,606		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.160780	76,179,009	12,248,061	50.00
51.00	05100	RECOVERY ROOM	0.357323	7,201,226	2,573,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521372	160,946	83,913	52.00
53.00	05300	ANESTHESIOLOGY	0.109427	21,021,035	2,300,269	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133633	51,841,037	6,927,673	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136620	2,272,688	310,495	55.00
56.00	05600	RADIOISOTOPE	0.177813	1,791,294	318,515	56.00
60.00	06000	LABORATORY	0.183625	71,965,424	13,214,651	60.00
60.01	06002	LABORATORY - HLA	0.329632	123,670	40,766	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.253730	15,099,492	3,831,194	62.00
64.00	06400	INTRAVENOUS THERAPY	0.033584	13,038,374	437,881	64.00
65.00	06500	RESPIRATORY THERAPY	0.325632	10,824,460	3,524,791	65.00
66.00	06600	PHYSICAL THERAPY	0.263190	5,521,034	1,453,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283819	4,265,910	1,210,746	67.00
68.00	06800	SPEECH PATHOLOGY	0.362147	1,722,126	623,663	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107529	20,234,380	2,175,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.117959	4,389,505	517,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347427	26,133,004	9,079,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358809	77,989,888	27,983,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243979	70,555,094	17,213,961	73.00
74.00	07400	RENAL DIALYSIS	0.355294	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.331359	7,331,760	2,429,445	76.00
76.01	03550	PSYCH DAY HOSPITAL	16.621975	579	9,624	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.364549	515,930	188,082	90.00
91.00	09100	EMERGENCY	0.193009	14,072,252	2,716,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611480	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.588199	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		504,250,117	111,412,396	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)		504,250,117		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		12,668,449		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	0.160780	0	0	50.00
51.00	05100	RECOVERY ROOM	0.357323	505,915	180,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521372	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109427	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133633	390,073	52,127	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136620	0	0	55.00
56.00	05600	RADIOISOTOPE	0.177813	16,052	2,854	56.00
60.00	06000	LABORATORY	0.183625	1,403,124	257,649	60.00
60.01	06002	LABORATORY - HLA	0.329632	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.253730	1,234	313	62.00
64.00	06400	INTRAVENOUS THERAPY	0.033584	122,929	4,128	64.00
65.00	06500	RESPIRATORY THERAPY	0.325632	93,313	30,386	65.00
66.00	06600	PHYSICAL THERAPY	0.263190	63,292	16,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283819	493,624	140,100	67.00
68.00	06800	SPEECH PATHOLOGY	0.362147	37,642	13,632	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107529	179,937	19,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.117959	22,719	2,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347427	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358809	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243979	1,431,811	349,332	73.00
74.00	07400	RENAL DIALYSIS	0.355294	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.331359	32,168	10,659	76.00
76.01	03550	PSYCH DAY HOSPITAL	16.621975	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.364549	4,870	1,775	90.00
91.00	09100	EMERGENCY	0.193009	700,048	135,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611480	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.588199	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,498,751	1,217,532	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		5,498,751		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0119
Component CCN: 14-T119

Period:
From 07/01/2016
To 06/30/2017

Worksheet D-3
Date/Time Prepared:
11/20/2017 9:32 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		12,523,134		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.160780	144,825	23,285	50.00
51.00	05100	RECOVERY ROOM	0.357323	39,647	14,167	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521372	591	308	52.00
53.00	05300	ANESTHESIOLOGY	0.109427	24,861	2,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133633	709,685	94,837	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136620	353,669	48,318	55.00
56.00	05600	RADIOISOTOPE	0.177813	15,189	2,701	56.00
60.00	06000	LABORATORY	0.183625	1,538,638	282,532	60.00
60.01	06002	LABORATORY - HLA	0.329632	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.253730	85,771	21,763	62.00
64.00	06400	INTRAVENOUS THERAPY	0.033584	375,276	12,603	64.00
65.00	06500	RESPIRATORY THERAPY	0.325632	187,120	60,932	65.00
66.00	06600	PHYSICAL THERAPY	0.263190	3,335,039	877,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283819	3,086,042	875,877	67.00
68.00	06800	SPEECH PATHOLOGY	0.362147	884,655	320,375	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107529	76,257	8,200	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.117959	24,879	2,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.347427	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.358809	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243979	2,004,821	489,134	73.00
74.00	07400	RENAL DIALYSIS	0.355294	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.331359	259,238	85,901	76.00
76.01	03550	PSYCH DAY HOSPITAL	16.621975	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.364549	2,185	797	90.00
91.00	09100	EMERGENCY	0.193009	8,127	1,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611480	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.588199	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,156,515	3,226,703	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		13,156,515		202.00

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4
Date/Time Prepared: 11/20/2017 9:32 am

Kidney Hospital PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	122,695	1,139.38	53	60,387	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	125,703	1,943.65	26	50,535	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	55,917	2,117.21	12	25,407	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	12,084	2,431.73	1	2,432	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,645.08	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		316,399		92	138,761	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	0.160780	1,308,512	210,383	8.00
9.00	RECOVERY ROOM	51.00	0.357323	354,560	126,692	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.521372	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109427	269,749	29,518	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133366	1,413,390	188,498	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.136620	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.177813	3,159,269	561,759	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.182683	7,580,103	1,384,756	18.00
18.01	LABORATORY - HLA	60.01	0.329632	4,609,701	1,519,505	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.253730	283,288	71,879	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.033584	33,703	1,132	22.00
23.00	RESPIRATORY THERAPY	65.00	0.325632	62,913	20,486	23.00
24.00	PHYSICAL THERAPY	66.00	0.263190	465	122	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.283819	661	188	25.00
26.00	SPEECH PATHOLOGY	68.00	0.362147	719	260	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.107049	1,635,567	175,086	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.117959	8,356	986	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.347427	361,134	125,468	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.358809	99,974	35,872	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243979	1,033,868	252,242	31.00
32.00	RENAL DIALYSIS	74.00	0.355294	15,138	5,378	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.331359	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	16.548046	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.364549	522,024	190,303	37.00
38.00	EMERGENCY	91.00	0.192892	4,771	920	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.611480	148,314	90,691	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.588199	0	0	39.01
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			22,906,179	4,992,124	41.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4
Date/Time Prepared: 11/20/2017 9:32 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	53	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	26	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	12	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			92	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	522,024	0.000000	0	51.00
52.00	EMERGENCY	24.00	4,771	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	148,314	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		675,109		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	5,130,885		23,222,578		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)	6,470,970		6,760,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	11,601,855		29,982,578		61.00
62.00	Total Usable Organs (see instructions)		142			62.00
63.00	Medicare Usable Organs (see instructions)		108			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.760563			64.00
65.00	Medicare Cost/Charges (see instructions)	8,823,942		22,803,639		65.00
66.00	Revenue for Organs Sold	191,719		191,719		66.00
67.00	Subtotal (line 65 minus line 66)	8,632,223		22,611,920		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,632,223	0	22,611,920	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)	25	36		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	4	0		72.00
73.00	Organs Purchased from OPOs	0	77		73.00
74.00	Total (sum of lines 70 through 73)	29	113		74.00
75.00	Organs Transplanted	25	77	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	36	122,586	77.00
78.00	Organs Sold to Transplant Hospitals	4	0	69,133	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 through 83 should equal line 74)	29	113		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: 14-0119
Component CCN:

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4
Date/Time Prepared: 11/20/2017 9:32 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,139.38	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	33,566	1,943.65	7	13,606	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	6,713	2,117.21	1	2,117	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	3,357	2,431.73	1	2,432	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,645.08	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		43,636		9	18,155	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	0.160780	84,654	13,611	8.00
9.00	RECOVERY ROOM	51.00	0.357323	47,125	16,839	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.521372	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109427	18,389	2,012	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133366	126,637	16,889	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.136620	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.177813	10,052	1,787	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.182683	915,064	167,167	18.00
18.01	LABORATORY - HLA	60.01	0.329632	1,903	627	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.253730	40,535	10,285	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.033584	7,377	248	22.00
23.00	RESPIRATORY THERAPY	65.00	0.325632	16,881	5,497	23.00
24.00	PHYSICAL THERAPY	66.00	0.263190	465	122	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.283819	308	87	25.00
26.00	SPEECH PATHOLOGY	68.00	0.362147	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.107049	210,868	22,573	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.117959	1,085	128	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.347427	8,843	3,072	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.358809	13,458	4,829	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243979	72,802	17,762	31.00
32.00	RENAL DIALYSIS	74.00	0.355294	1,892	672	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.331359	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	16.548046	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.364549	35,156	12,816	37.00
38.00	EMERGENCY	91.00	0.192892	1,281	247	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.611480	16,991	10,390	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.588199	0	0	39.01
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,631,766	307,660	41.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4
Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Liver		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	7	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	1	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			9	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	35,156	0.000000	0	51.00
52.00	EMERGENCY	24.00	1,281	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	16,991	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		53,428		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	325,815		1,675,402		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)	2,765,005		2,249,100		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)	3,090,820		3,924,502		61.00
62.00	Total Usable Organs (see instructions)		44			62.00
63.00	Medicare Usable Organs (see instructions)		24			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.545455			64.00
65.00	Medicare Cost/Charges (see instructions)	1,685,903		2,140,639		65.00
66.00	Revenue for Organs Sold	34,052		34,052		66.00
67.00	Subtotal (line 65 minus line 66)	1,651,851		2,106,587		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,651,851	0	2,106,587	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	10		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	34		73.00
74.00	Total (sum of lines 70 through 73)	0	44		74.00
75.00	Organs Transplanted	0	34	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	10	34,052	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 through 83 should equal line 74)	0	44		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: 14-0119
Component CCN:

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4
Date/Time Prepared: 11/20/2017 9:32 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,139.38	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	10,070	1,943.65	2	3,887	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	2,014	2,117.21	1	2,117	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	1,007	2,431.73	1	2,432	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,645.08	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		13,091		4	8,436	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	0.160780	23,796	3,826	8.00
9.00	RECOVERY ROOM	51.00	0.357323	11,362	4,060	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.521372	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109427	4,602	504	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133366	24,901	3,321	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.136620	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.177813	46,245	8,223	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.182683	134,373	24,548	18.00
18.01	LABORATORY - HLA	60.01	0.329632	72,732	23,975	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.253730	5,185	1,316	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.033584	2,611	88	22.00
23.00	RESPIRATORY THERAPY	65.00	0.325632	5,064	1,649	23.00
24.00	PHYSICAL THERAPY	66.00	0.263190	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.283819	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.362147	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.107049	104,878	11,227	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.117959	325	38	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.347427	2,828	983	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.358809	10,868	3,900	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243979	21,017	5,128	31.00
32.00	RENAL DIALYSIS	74.00	0.355294	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.331359	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	16.548046	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.364549	12,116	4,417	37.00
38.00	EMERGENCY	91.00	0.192892	865	167	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.611480	869	531	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.588199	0	0	39.01
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			484,637	97,901	41.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4
Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital: Organ Acquisition	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	2	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	1	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			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	12,116	0.000000	0	51.00
52.00	EMERGENCY	24.00	865	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	869	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		13,850		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	106,337		497,728		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)	413,464		302,400		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	519,801		800,128		61.00
62.00	Total Usable Organs (see instructions)		9			62.00
63.00	Medicare Usable Organs (see instructions)		9			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	519,801		800,128		65.00
66.00	Revenue for Organs Sold	10,216		10,216		66.00
67.00	Subtotal (line 65 minus line 66)	509,585		789,912		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	509,585	0	789,912	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	6		73.00
74.00	Total (sum of lines 70 through 73)	0	9		74.00
75.00	Organs Transplanted	0	6	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	10,216	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 through 83 should equal line 74)	0	9		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/20/2017 9:32 am
	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)	27,925,222	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	83,775,665	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)	5,448,901	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	17,337,935	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	525.11	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	391.99	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	17.61	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	85.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	459.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	535.57	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	459.38	12.00
13.00	Total allowable FTE count for the prior year.	459.38	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	459.38	14.00
15.00	Sum of lines 12 through 14 divided by 3.	459.38	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	459.38	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.874826	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.862264	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.862264	21.00
22.00	IME payment adjustment (see instructions)	43,183,786	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	6,702,880	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	76.19	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	43,183,786	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	6,702,880	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	9.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)	29.52	31.00
32.00	Sum of lines 30 and 31	38.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)	21.37	33.00
34.00	Disproportionate share adjustment (see instructions)	5,967,620	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/20/2017 9:32 am
	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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	9,456,230	8,571,364	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,376,975	6,410,909	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,787,884		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	9,080		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	459	476	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	459	476	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	10.30		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	7,803		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.192208		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81	447.81	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	499,178		46.00
47.00	Subtotal (see instructions)	175,588,256		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)	182,291,136	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	13,614,862	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).	10,667,391	52.00
53.00	Nursing and Allied Health Managed Care payment	231,348	53.00
54.00	Special add-on payments for new technologies	39,666	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)	10,793,659	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	1,070,971	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	607,597	58.00
59.00	Total (sum of amounts on lines 49 through 58)	219,316,630	59.00
60.00	Primary payer payments	142,139	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	219,174,491	61.00
62.00	Deductibles billed to program beneficiaries	7,803,081	62.00
63.00	Coinsurance billed to program beneficiaries	772,484	63.00
64.00	Allowable bad debts (see instructions)	1,935,378	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,257,996	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,755,918	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	211,856,922	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)	951,347	70.93
70.94	HRR adjustment amount (see instructions)	-688,231	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/20/2017 9:32 am
	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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		212,120,038	71.00
71.01	Sequestration adjustment (see instructions)		4,242,401	71.01
72.00	Interim payments		212,890,592	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)		-5,012,955	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		12,140,885	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

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet DSH | Date/Time Prepared: 11/20/2017 9:32 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	9.46	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	29.52	0.00			29.52	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	38.98	0.00			29.52	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	525.11	0.00			525.11	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	21.37	0.00			13.57	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	9.46	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	4.29	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	11,238	0			11,238	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	4,490	0			4,490	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	322	0			322	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	30,053	0			30,053	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	46,103	0			46,103	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	156,201	0			156,201	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	156,201	0			156,201	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	29.52	0.00			29.52	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	21.37		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		21.37		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		21.37		0.00		31.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	13.57		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	13.57		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	13.57		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	382,342	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	107,330,626	2.00
3.00	PPS payments	96,965,760	3.00
4.00	Outlier payment (see instructions)	568,694	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.818	5.00
6.00	Line 2 times line 5	87,796,452	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	677,338	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	382,342	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,334,018	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,334,018	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,334,018	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	951,676	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)	382,342	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)	98,211,792	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	99,436	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,015,180	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)	81,479,518	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,619,348	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	1,320	29.00
30.00	Subtotal (sum of lines 27 through 29)	87,100,186	30.00
31.00	Primary payer payments	50,368	31.00
32.00	Subtotal (line 30 minus line 31)	87,049,818	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	29,385	33.00
34.00	Allowable bad debts (see instructions)	2,090,775	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,359,004	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,941,388	36.00
37.00	Subtotal (see instructions)	88,438,207	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	88,438,207	40.00
40.01	Sequestration adjustment (see instructions)	1,768,764	40.01
41.00	Interim payments	86,710,580	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-41,137	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		212,957,780		86,845,790	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	06/29/2017	67,188	06/29/2017	135,210	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)		-67,188		-135,210	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)		212,890,592		86,710,580	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		5,012,955		41,137	6.02
7.00	Total Medicare program liability (see instructions)		207,877,637		86,669,443	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: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,883,315		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)		4,883,315		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		235,054		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,118,369		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		8,451,476		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)		8,451,476		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		761,582		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,213,058		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: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	29,253	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	48,465	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	8,447	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	152,328	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	3,652,324,049	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	71,835,023	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
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	4,973,352	1.00
2.00	Net IPF PPS Outlier Payments	32,793	2.00
3.00	Net IPF PPS ECT Payments	141,741	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	11.57	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	5.75	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)	5.75	8.00
9.00	Average Daily Census (see instructions)	39.564384	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.072383	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	359,986	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	5,507,872	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	5,507,872	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	5,507,872	18.00
19.00	Deductibles	269,812	19.00
20.00	Subtotal (line 18 minus line 19)	5,238,060	20.00
21.00	Coinsurance	146,514	21.00
22.00	Subtotal (line 20 minus line 21)	5,091,546	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	5,091,546	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)	131,280	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	5,222,826	31.00
31.01	Sequestration adjustment (see instructions)	104,457	31.01
32.00	Interim payments	4,883,315	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)	235,054	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	32,793	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	7,788,890	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0429	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	592,735	3.00
4.00	Outlier Payments	282,296	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5.11	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	2.95	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	2.95	9.00
10.00	Average Daily Census (see instructions)	29.339726	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.102266	11.00
12.00	Teaching Adjustment (see instructions)	796,539	12.00
13.00	Total PPS Payment (see instructions)	9,460,460	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	9,460,460	17.00
18.00	Primary payer payments	844	18.00
19.00	Subtotal (line 17 less line 18).	9,459,616	19.00
20.00	Deductibles	66,891	20.00
21.00	Subtotal (line 19 minus line 20)	9,392,725	21.00
22.00	Coinsurance	116,985	22.00
23.00	Subtotal (line 21 minus line 22)	9,275,740	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	9,275,740	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	125,340	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	9,401,080	32.00
32.01	Sequestration adjustment (see instructions)	188,022	32.01
33.00	Interim payments	8,451,476	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	761,582	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	282,296	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: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			440.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			559.96	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	186.84	313.24	500.08	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	165.35	277.21	442.56	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	165.35	277.21		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	164.99	277.55		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	165.49	278.16		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	165.28	277.64		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	165.28	277.64		17.00
18.00	Per resident amount	97,658.67	98,227.53		18.00
19.00	Approved amount for resident costs	16,141,025	27,271,891	43,412,916	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			64.41	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			43,412,916	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	59,329	8,447		26.00
27.00	Total Inpatient Days (see instructions)	177,478	177,478		27.00
28.00	Ratio of inpatient days to total inpatient days	0.334289	0.047595		28.00
29.00	Program direct GME amount	14,512,460	2,066,238		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		291,959		30.00
31.00	Net Program direct GME amount			16,286,739	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	3,387	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	2,124,414	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.001594	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	828,202	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	1,320	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	195,014,732	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	10,793,659	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	142,983	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	205,665,408	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	108,390,306	42.00
43.00	Primary payer payments (see instructions)	50,368	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	108,339,938	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	314,005,346	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.654974	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.345026	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	16,286,739	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	10,667,391	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,619,348	50.00

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

Provider CCN: 14-0119

Period: From 07/01/2016 To 06/30/2017

Worksheet G

Date/Time Prepared: 11/20/2017 9:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	83,725,013	0	0	0	1.00
2.00	Temporary investments	780,863,705	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	342,312,182	0	0	0	4.00
5.00	Other receivable	58,994,451	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-88,639,175	0	0	0	6.00
7.00	Inventory	26,800,807	0	0	0	7.00
8.00	Prepaid expenses	14,093,536	0	0	0	8.00
9.00	Other current assets	25,182,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,243,332,519	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	61,113,148	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,767,014,069	0	0	0	15.00
16.00	Accumulated depreciation	-1,187,249,140	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	26,889,152	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	582,440,422	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	12,472,235	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)	1,262,679,886	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	116,620,959	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	39,476,419	542,993,985	1,964,264	34.00
35.00	Total other assets (sum of lines 31-34)	116,620,959	39,476,419	542,993,985	1,964,264	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,622,633,364	39,476,419	542,993,985	1,964,264	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	57,544,736	0	0	0	37.00
38.00	Salaries, wages, and fees payable	229,453,784	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,945,000	0	0	0	40.00
41.00	Deferred income	20,515,104	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	171,778,665	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	489,237,289	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	177,655,043	0	0	0	46.00
47.00	Notes payable	514,013,456	0	0	0	47.00
48.00	Unsecured loans	68,458,173	0	0	0	48.00
49.00	Other long term liabilities	97,529,752	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	857,656,424	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,346,893,713	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,275,739,651				52.00
53.00	Specific purpose fund		39,476,419			53.00
54.00	Donor created - endowment fund balance - restricted			542,993,985		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				1,964,264	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,275,739,651	39,476,419	542,993,985	1,964,264	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,622,633,364	39,476,419	542,993,985	1,964,264	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/20/2017 9:32 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,077,024,372		37,679,608		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		105,405,000				2.00
3.00	Total (sum of line 1 and line 2)		1,182,429,372		37,679,608		3.00
4.00	ADDITIONS	93,310,279		1,796,811		54,364,314	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)		93,310,279		1,796,811		10.00
11.00	Subtotal (line 3 plus line 10)		1,275,739,651		39,476,419		11.00
12.00	DEDUCTIONS	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,275,739,651		39,476,419		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	488,629,671		5,985,981		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)	488,629,671		5,985,981		3.00
4.00	ADDITIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	54,364,314		0		10.00
11.00	Subtotal (line 3 plus line 10)	542,993,985		5,985,981		11.00
12.00	DEDUCTIONS		4,021,717			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		4,021,717		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	542,993,985		1,964,264		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/20/2017 9:32 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	241,182,984		241,182,984	1.00
2.00	SUBPROVIDER - IPF	33,529,160		33,529,160	2.00
3.00	SUBPROVIDER - IRF	24,791,335		24,791,335	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)	299,503,479		299,503,479	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	65,673,227		65,673,227	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	67,128,386		67,128,386	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	19,706,556		19,706,556	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	51,592,564		51,592,564	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	204,100,733		204,100,733	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	503,604,212		503,604,212	17.00
18.00	Ancillary services	1,519,374,844	22,428,650	1,541,803,494	18.00
19.00	Outpatient services	0	1,606,916,342	1,606,916,342	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	141,886,944	875,363,008	1,017,249,952	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,164,866,000	2,504,708,000	4,669,574,000	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,784,790,369		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OAK PARK	123,383,880			31.00
32.00	OAK PARK MEDICAL OFFICE BLDG	5,937,246			32.00
33.00	OPI MRI	12,257			33.00
34.00	UNLOCATED	333			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		129,333,716		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CONSOLIDATION ENTRY	60,962,962			38.00
39.00	PHILANTHROPHY	8,577,695			39.00
40.00	ROOM 500	3,351,652			40.00
41.00	FUND VARIANCE	809,776			41.00
42.00	Total deductions (sum of lines 37-41)		73,702,085		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,840,422,000		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-3 | Date/Time Prepared: 11/20/2017 9:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,669,574,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,114,967,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,554,607,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,840,422,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-285,815,000	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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.)	70,510,000	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	RESEARCH AND OTHER	113,013,000	24.00
24.01	NON-OPERATING REVENUES	46,205,000	24.01
24.02	MEDICAID TAX REVENUE	90,938,000	24.02
24.03	OTHER OPERATING REVENUE	70,554,000	24.03
25.00	Total other income (sum of lines 6-24)	391,220,000	25.00
26.00	Total (line 5 plus line 25)	105,405,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	105,405,000	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0119
Component CCN: 14-2312

Period:
From 07/01/2016
To 06/30/2017

Worksheet I-1
Date/Time Prepared:
11/20/2017 9:32 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	150,225	Hours of Service	3,696.00	1.78	1.00
2.00	LICENSED PRACTICAL NURSES	0	Hours of Service	0.00	0.00	2.00
3.00	NURSES AIDES	128	Hours of Service	8.00	0.00	3.00
4.00	TECHNICIANS	37,643	Hours of Service	1,262.00	0.61	4.00
5.00	SOCIAL WORKERS	0	Hours of Service	0.00	0.00	5.00
6.00	DIETICIANS	0	Hours of Service	0.00	0.00	6.00
7.00	PHYSICIANS	33,428	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	68,087	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	289,511				9.00
10.00	EMPLOYEE BENEFITS	0	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	94	Percentage of Time			13.00
14.00	SUPPLIES	43,299	Requisitions			14.00
15.00	DRUGS	2,510	Requisitions			15.00
16.00	OTHER	8,216	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	343,630				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	71,186	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	835	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	84,107	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	89,855	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	101,501	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	3,387				23.00
24.00	CENTRAL SERVICE & SUPPLIES	14,634	Requisitions			24.00
25.00	PHARMACY	0	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	45,657	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	754,792				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	Charges	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	Charges	0		29.00
30.00	RENAL DIALYSIS I/P	0	Charges	0		30.00
30.01	PSYCH DAY HOSPITAL	0	CHARGES	0		30.01
31.00	TOTAL COSTS (SUM OF LINES 27-30)	754,792				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: 14-0119
Component CCN: 14-2312

Period: From 07/01/2016 To 06/30/2017

Worksheet I-2
Date/Time Prepared: 11/20/2017 9:32 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	172,687	929	150,225	37,771	84,107	2,510	1.00
	MAINTENANCE							
2.00	Hemodialysis	172,687	901	78,915	19,841	44,182	1,318	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	9	61,726	15,520	34,559	1,031	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	19	9,584	2,410	5,366	160	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						27,597	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)	172,687	929	150,225	37,771	84,107	2,509	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	57,933	0	506,162	245,243	751,405		1.00
	MAINTENANCE							
2.00	Hemodialysis	30,433	0	348,277	168,745	517,022		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	23,804	0	136,649	66,209	202,858		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	3,696	0	21,235	10,289	31,524		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)	57,933	0	506,161	245,243	751,404		17.00
18.00	Medical Educational Program Costs					3,387		18.00
19.00	Total Renal Costs (line 17 + line 18)					754,791		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0119
Component CCN: 14-2312

Period: From 07/01/2016 To 06/30/2017

Worksheet I-3
Date/Time Prepared: 11/20/2017 9:32 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		172,687	929	150,225	37,771	84,107	1.00
	MAINTENANCE							
2.00	Hemodialysis		1,088	97.00	110,736.00	197,735.00	148,885	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	1.00	86,616.00	154,665.00	116,455	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	304	0	2.00	13,448.00	24,013.00	18,081	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		1,088	100.00	210,800.00	376,413.00	283,421	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		158.719669	9.290000	0.712642	0.100345	0.296756	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	2,510	57,933	0	506,162	245,243		1.00
	MAINTENANCE							
2.00	Hemodialysis	2,145	36,281	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	1,678	28,379	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	261	4,406	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	4,084	69,066	0		506,161		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.614594	0.838806	0.000000		0.484516		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0119
Component CCN: 14-2312

Period: From 07/01/2016 To 06/30/2017

Worksheet I-4
Date/Time Prepared: 11/20/2017 9:32 am

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	2,224	517,022	232.47	508	118,095	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	5	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	712	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	202,858	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	2,941	719,880		508	118,095	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,941					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	137,605	270.88	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	137,605		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 14-0119 | Period: From 07/01/2016 To 06/30/2017 | Worksheet I-5 | Date/Time Prepared: 11/20/2017 9:32 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	118,095		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	137,605	137,605	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)	137,605	137,605	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	45,207	45,207	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)	45,207	45,207	5.05
6.00	Allowable bad debts (see instructions)	29,385		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-45,207	8.00
9.00	Program payment (see instructions)	110,084	110,084	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)	29,385		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	719,880		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	719,880		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0119	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/20/2017 9:32 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	9,019,913	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	568,460	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)	417.34	3.00
4.00	Number of interns & residents (see instructions)	459.38	4.00
5.00	Indirect medical education percentage (see instructions)	36.43	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)	3,285,954	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	9.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	29.52	8.00
9.00	Sum of lines 7 and 8	38.98	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.21	10.00
11.00	Disproportionate share adjustment (see instructions)	740,535	11.00
12.00	Total prospective capital payments (see instructions)	13,614,862	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