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

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 1:15 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2018 Time: 1:15 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (15-0056) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 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.

[ ] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(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	-1,125,297	1,641,520	0	0	1.00
2.00	Subprovider - IPF	0	28,267	1		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	2,438		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		2		0	11.00
200.00	Total	0	-1,097,030	1,643,961	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 340 W 10TH ST	PO Box:			1.00
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	County: MARION	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	CLARIAN BEHAVIORAL CARE CTR.	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CLARIAN HOME CARE-INDIANAPOLIS	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	YELLOW ROSE UNIT	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC	HEALTHNET BARRINGTON	151804	26900		07/01/1966	N	O	N	16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	CLARIAN DIALYSIS	153510	26900		01/01/1997				18.00
18.01	Renal Dialysis	CLARIAN	153515	26900		04/26/2002				18.01
18.02	Renal Dialysis	CLARIAN HEALTH PARTNERS	153521	26900		01/30/2009				18.02
18.03	Renal Dialysis	METHODIST DIALYSIS	153522	26900		04/09/2007				18.03
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2017	12/31/2017	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.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	20,322	9,207	1,021	1,122	99,067	252	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

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

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	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(b) 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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.06
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.07

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			22.00	22.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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)						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)						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).						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)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						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. Enter in column 4, the 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. Enter in column 4, the 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 through 67. (see instructions)	Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	12.21	424.72	0.027945	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.91	24.93	0.164544	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	0.99	50.83	0.019105	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.30	0.95	0.240000	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.73	28.56	0.057115	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	0.30	25.95	0.011429	65.04
65.05		PEDIATRICS GENERAL	2000	1.24	62.64	0.019411	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	0.00	0.00	0.000000	65.06

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	19.67	469.23	0.040233	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	7.76	28.44	0.214365	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.72	39.09	0.018086	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.10	0.45	0.181818	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	0.89	29.99	0.028821	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	0.59	24.77	0.023265	67.04
67.05		PEDIATRICS GENERAL	2000	2.10	59.43	0.034130	67.05

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

			1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,081,661	0	0	118.01

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		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 healthcare related taxes as defined in §1903(w)(3) of the Act?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.	Y	5.06	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/07/2005		131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 1:14 pm

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	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)	10/01/2017	12/31/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	7,462	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 1:14 pm

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

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

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

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/05/2018	Y	04/05/2018	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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				Y	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.				Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				Y	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 1:14 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2018 1:14 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	918	334,982	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)		918	334,982	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	64	23,360	0.00	0	9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	98	35,770	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02	UH SURG 6IC	34.02	18	6,570	0.00	0	11.02
11.03	UH NS 3IC	34.03	0	0	0.00	0	11.03
11.04	RH PED IC	34.04	36	13,140	0.00	0	11.04
11.05	TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05
11.06	PEDS CANCER CARE	34.06	12	4,380	0.00	0	11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,230	448,862	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	26	9,490		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		1,256				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)		26	9,490			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2018 1:14 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	68,956	12,991	233,626			1.00
2.00	HMO and other (see instructions)	29,588	106,212				2.00
3.00	HMO IPF Subprovider	249	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	68,956	12,991	233,626			7.00
8.00	INTENSIVE CARE UNIT	6,574	1,665	18,426			8.00
9.00	CORONARY CARE UNIT	4,362	0	16,050			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	2,160	31,518			9.01
10.00	BURN INTENSIVE CARE UNIT	0	114	2,288			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02	UH SURG 6IC	1,595	0	4,288			11.02
11.03	UH NS 3IC	0	0	0			11.03
11.04	RH PED IC	50	2,554	8,940			11.04
11.05	TRANSPLANT ICU	804	0	2,173			11.05
11.06	PEDS CANCER CARE	62	0	2,863			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		5,043	5,948			13.00
14.00	Total (see instructions)	82,403	24,527	326,120	681.47	8,338.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,787	0	5,539	0.43	52.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	41,509	13,602	93,814	0.00	381.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	109.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	702			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	1,091	0	6,641	1.34	0.00	26.25
27.00	Total (sum of lines 14-26)				683.24	8,880.00	27.00
28.00	Observation Bed Days		0	20,869			28.00
29.00	Ambulance Trips	3,058					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	252	1,474			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
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2018 1:14 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	13,085	1,959	48,942	1.00
2.00	HMO and other (see instructions)			4,246	12,322		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.02	UH SURG 6IC						11.02
11.03	UH NS 3IC						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	13,085	1,959	48,942	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	210	66	796	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	651,505,483	-3,669,969	647,835,514	18,474,774.95	35.07	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		231,442	0	231,442	2,362.51	97.96	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		391,062	0	391,062	18,051.10	21.66	6.00
7.00	Interns & residents (in an approved program)	21.00	33,871,772	0	33,871,772	1,203,026.24	28.16	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)		67,609,015	1,194,078	68,803,093	2,237,729.74	30.75	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		24,839,807	0	24,839,807	315,825.08	78.65	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		26,087	0	26,087	187.50	139.13	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)		92,819,793	0	92,819,793			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		11,468,307	0	11,468,307			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		18,389	0	18,389			22.01
23.00	Physician Part B		26,246	0	26,246			23.00
24.00	Wage-related costs (RHC/FQHC)		72,952	0	72,952			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	137,418	-405	137,013	4,107.60	33.36	26.00
27.00	Administrative & General	5.00	16,179,138	136,450	16,315,588	351,253.63	46.45	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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.)		2,067,594	0	2,067,594	14,630.52	141.32	28.00
29.00	Maintenance & Repairs	6.00	4,691,419	-10,811	4,680,608	134,068.34	34.91	29.00
30.00	Operation of Plant	7.00	4,673,601	-10,143	4,663,458	164,055.00	28.43	30.00
31.00	Laundry & Linen Service	8.00	9,363	0	9,363	952.30	9.83	31.00
32.00	Housekeeping	9.00	782,033	-732	781,301	53,945.61	14.48	32.00
33.00	Housekeeping under contract (see instructions)		2,329	0	2,329	87.00	26.77	33.00
34.00	Dietary	10.00	6,860,506	-63,294	6,797,212	341,854.31	19.88	34.00
35.00	Dietary under contract (see instructions)		33,208	0	33,208	2,352.17	14.12	35.00
36.00	Cafeteria	11.00	183,417	-358	183,059	10,827.90	16.91	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	18,971,155	-94,153	18,877,002	468,896.43	40.26	38.00
39.00	Central Services and Supply	14.00	8,817,672	-56,623	8,761,049	467,869.59	18.73	39.00
40.00	Pharmacy	15.00	30,235,882	-818,038	29,417,844	673,305.25	43.69	40.00
41.00	Medical Records & Medical Records Library	16.00	92,275	0	92,275	3,795.02	24.31	41.00
42.00	Social Service	17.00	4,529,436	-9,736	4,519,700	164,618.03	27.46	42.00
43.00	Other General Service	18.00	1,766,525	-9,866	1,756,659	99,066.71	17.73	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 1:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		619,114,338	-3,669,969	615,444,369	17,268,404.79	35.64	1.00
2.00	Excluded area salaries (see instructions)		67,609,015	1,194,078	68,803,093	2,237,729.74	30.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)		551,505,323	-4,864,047	546,641,276	15,030,675.05	36.37	3.00
4.00	Subtotal other wages & related costs (see inst.)		24,865,894	0	24,865,894	316,012.58	78.69	4.00
5.00	Subtotal wage-related costs (see inst.)		92,819,793	0	92,819,793	0.00	16.98	5.00
6.00	Total (sum of lines 3 thru 5)		669,191,010	-4,864,047	664,326,963	15,346,687.63	43.29	6.00
7.00	Total overhead cost (see instructions)		100,032,971	-937,709	99,095,262	2,955,685.41	33.53	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	31,894,316	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	380,299	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	17,887,396	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	1,585,580	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	422,202	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)	1,005,972	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,626,556	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	45,538,497	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	196,772	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,868,098	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	104,405,688	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	24,839,807	104,405,688	1.00
2.00	Hospital	24,839,807	104,405,688	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 15-0056 Component CCN: 15-7158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/30/2018 1:14 pm
		Home Health Agency I	PPS

					1.00		
0.00	County				MARION		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,640.00	0.00	7,318.00	7,318.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		9.74	0.00	9.74	4.00
5.00	Other Administrative Personnel		118.90	3.49	122.39	5.00
6.00	Direct Nursing Service		87.81	0.06	87.87	6.00
7.00	Nursing Supervisor		2.99	0.00	2.99	7.00
8.00	Physical Therapy Service		45.85	0.00	45.85	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		18.23	0.00	18.23	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		1.01	0.00	1.01	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		4.63	0.00	4.63	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		8.16	0.00	8.16	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION AND RT		82.59	0.40	82.99	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		14020			20.00
20.01			26900			20.01
20.02			29020			20.02
20.03			29200			20.03
20.04			31140			20.04
20.05			34620			20.05
20.06			99915			20.06

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	12,070	4,174	1,022	299	17,565	21.00
22.00	Skilled Nursing Visit Charges	3,312,472	1,138,089	292,351	82,037	4,824,949	22.00
23.00	Physical Therapy Visits	12,943	1,196	409	199	14,747	23.00
24.00	Physical Therapy Visit Charges	4,369,917	403,618	137,566	67,262	4,978,363	24.00
25.00	Occupational Therapy Visits	4,073	828	62	114	5,077	25.00
26.00	Occupational Therapy Visit Charges	1,374,847	279,423	20,280	38,532	1,713,082	26.00
27.00	Speech Pathology Visits	359	101	12	12	484	27.00
28.00	Speech Pathology Visit Charges	121,342	34,138	4,056	4,056	163,592	28.00
29.00	Medical Social Service Visits	524	170	17	20	731	29.00
30.00	Medical Social Service Visit Charges	176,923	57,334	5,070	6,760	246,087	30.00
31.00	Home Health Aide Visits	2,155	694	11	45	2,905	31.00
32.00	Home Health Aide Visit Charges	311,747	100,162	1,305	6,525	419,739	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	32,124	7,163	1,533	689	41,509	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	9,667,248	2,012,764	460,628	205,172	12,345,812	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,371		552	46	2,969	36.00
37.00	Total Number of Outlier Episodes		223		13	236	37.00
38.00	Total Non-Routine Medical Supply Charges	71,691	37,004	3,918	1,241	113,854	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-5 | Date/Time Prepared: 5/30/2018 1:14 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	8	0	1	0	19	1.00
2.00	Number of times per week patient receives dialysis	0.00	3.00	3.00	7.00	4.00	7.00	2.00
3.00	Average patient dialysis time including setup	0.00	5.00	4.00	4.00			3.00
4.00	CAPD exchanges per day				4.00		13.00	4.00
5.00	Number of days in year dialysis furnished	0	312					5.00
6.00	Number of stations	0	55	1	3			6.00
7.00	Treatment capacity per day per station	0	5					7.00
8.00	Utilization (see instructions)	0.00	79.88					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	52		11.00
12.00	Number of patients transplanted during the cost reporting period	13		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet S-5 Date/Time Prepared: 5/30/2018 1:14 pm

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/30/2018 1:14 pm

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	1	1	10.00
11.00	Hospice Routine Home Care	68,440	6,292	8,865	83,597	11.00
12.00	Hospice Inpatient Respite Care	599	40	39	678	12.00
13.00	Hospice General Inpatient Care	2,190	203	493	2,886	13.00
14.00	Total Hospice Days	71,229	6,535	9,398	87,162	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	275	15	11	301	15.00
16.00	Hospice General Inpatient Care	569	45	190	804	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-10 | Date/Time Prepared: 5/30/2018 1:14 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.218025	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	351,163,143	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 and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	2,283,319,005	6.00
7.00	Medicaid cost (line 1 times line 6)	497,820,626	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)	146,657,483	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	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	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	146,657,483	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)	130,320,572	13,523,001	143,843,573	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	28,413,143	13,523,001	41,936,144	21.00
22.00	Payments received from patients for amounts previously written off as charity care	2,318,885	0	2,318,885	22.00
23.00	Cost of charity care (line 21 minus line 22)	26,094,258	13,523,001	39,617,259	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is yes, 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)	104,161,959	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	6,475,296	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	9,961,993	27.01
28.00	Non-Medicare bad debt expense (see instructions)	94,199,966	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	24,024,645	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	63,641,904	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	210,299,387	31.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-11
Part III
Date/Time Prepared:
5/30/2018 1:14 pm

				FQHC I	Cost	
		COMPONENT CCN	Title V	Title XVIII	Title XIX	Other	
		0	1.00	2.00	3.00	4.00	
	PART I - HOSPITAL-BASED FQHC STATISTICAL DATA						
1.00	Medical Visits		0	904	0	0	1.00
2.00	Total Medical Visits		0	904	0	0	2.00
3.00	Mental Health Visits		0	187	0	0	3.00
4.00	Total Mental Health Visits		0	187	0	0	4.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2017 To 12/31/2017	Worksheet S-11 Part III Date/Time Prepared: 5/30/2018 1:14 pm
		FQHC I	Cost

		Total All Patients 5.00		
	PART I - HOSPITAL-BASED FQHC STATISTICAL DATA			
1.00	Medical Visits	904		1.00
2.00	Total Medical Visits	904		2.00
3.00	Mental Health Visits	187		3.00
4.00	Total Mental Health Visits	187		4.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	54,373,809	54,373,809	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	54,759,849	54,759,849	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	137,418	37,968	175,386	113,743,618	113,919,004	4.00
5.01	00540	NONPATIENT TELEPHONES	0	44,077	44,077	80,088	124,165	5.01
5.02	00550	DATA PROCESSING	0	21,746	21,746	-16,254	5,492	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	180,765	180,765	-90,323	90,442	5.03
5.04	00570	ADMITTING	0	74,127	74,127	-4,909	69,218	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	16,179,138	450,768,227	466,947,365	-58,759,272	408,188,093	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,691,419	22,470,838	27,162,257	-2,149,712	25,012,545	6.00
7.00	00700	OPERATION OF PLANT	4,673,601	12,010,935	16,684,536	-1,971,020	14,713,516	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,363	96,910	106,273	-95,416	10,857	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	-3	-3	3	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	410,704	269,001	679,705	-127,533	552,172	9.04
9.05	00905	HOUSEKEEPING - MORGAN	371,329	245,043	616,372	-125,749	490,623	9.05
10.00	01000	DIETARY	6,860,506	5,430,885	12,291,391	-1,794,366	10,497,025	10.00
11.00	01100	CAFETERIA	183,417	369,691	553,108	-77,230	475,878	11.00
13.00	01300	NURSING ADMINISTRATION	18,826,656	11,809,443	30,636,099	-3,650,051	26,986,048	13.00
13.01	01851	PARAMED ED ADMINISTRATION	144,499	89,261	233,760	-35,396	198,364	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,817,672	10,549,187	19,366,859	95,175,243	114,542,102	14.00
15.00	01500	PHARMACY	30,235,882	116,169,375	146,405,257	-107,890,336	38,514,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,275	1,675,938	1,768,213	-14,352	1,753,861	16.00
17.00	01700	SOCIAL SERVICE	4,529,436	3,446,478	7,975,914	-993,785	6,982,129	17.00
18.00	01850	PATIENT TRANSPORTATION	1,766,525	1,674,244	3,440,769	-582,277	2,858,492	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	33,871,772	10,480,394	44,352,166	0	44,352,166	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	104,440	5,517,885	5,622,325	2,471,557	8,093,882	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	205,048	69,172	274,220	569,072	843,292	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	301,456	141,307	442,763	181,515	624,278	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	732,940	307,209	1,040,149	-426,517	613,632	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	256,459	61,702	318,161	137,353	455,514	23.06
23.07	02307	PARAMED PHARMACY	813,987	293,442	1,107,429	577,318	1,684,747	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	149,754	46,262	196,016	101,812	297,828	23.09
23.10	02310	PARAMED PHARMACY TECH	173,548	60,062	233,610	19,732	253,342	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,773,071	96,787,910	215,560,981	-49,636,554	165,924,427	30.00
31.00	03100	INTENSIVE CARE UNIT	13,345,794	6,984,676	20,330,470	-4,635,588	15,694,882	31.00
32.00	03200	CORONARY CARE UNIT	13,416,441	7,553,540	20,969,981	-5,440,470	15,529,511	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	18,379,035	7,406,359	25,785,394	-5,815,823	19,969,571	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,780,593	926,199	2,706,792	-734,024	1,972,768	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,084,769	1,354,119	4,438,888	-1,083,631	3,355,257	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,259,430	6,339,322	14,598,752	-2,923,311	11,675,441	34.04
34.05	03404	TRANSPLANT ICU	1,871,093	1,285,474	3,156,567	-714,678	2,441,889	34.05
34.06	03407	PEDS CANCER CARE	1,528,310	893,336	2,421,646	-723,001	1,698,645	34.06
40.00	04000	SUBPROVIDER - IPF	3,639,511	1,999,315	5,638,826	-1,042,827	4,595,999	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,919,620	1,919,620	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,958,956	135,439,173	172,398,129	-120,956,698	51,441,431	50.00
50.01	05001	ENDOSCOPY	1,500,593	1,895,721	3,396,314	-1,702,704	1,693,610	50.01
51.00	05100	RECOVERY ROOM	8,146,727	3,099,010	11,245,737	-2,401,033	8,844,704	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	759,217	1,443,057	2,202,274	8,957,253	11,159,527	52.00
53.00	05300	ANESTHESIOLOGY	1,402,192	21,592,200	22,994,392	-5,243,103	17,751,289	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,009,452	1,343,323	4,352,775	-1,030,934	3,321,841	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,205,535	44,082,321	72,287,856	-33,103,006	39,184,850	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,988,558	8,229,560	13,218,118	-2,790,653	10,427,465	55.00
56.00	05600	RADIOISOTOPE	1,044,532	4,826,090	5,870,622	-4,363,619	1,507,003	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,162,697	6,467,947	7,630,644	-6,234,062	1,396,582	59.00
60.00	06000	LABORATORY	47,306,300	161,628,547	208,934,847	-54,500,940	154,433,907	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	998,859	2,081,409	3,080,268	-1,676,029	1,404,239	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,112,605	14,120,568	17,233,173	-1,894,005	15,339,168	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	18,695,931	14,288,801	32,984,732	-10,655,900	22,328,832	65.00
66.00	06600	PHYSICAL THERAPY	15,230,011	6,246,515	21,476,526	-3,806,281	17,670,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,928,480	858,289	3,786,769	-610,854	3,175,915	67.00
68.00	06800	SPEECH PATHOLOGY	4,080,718	3,251,519	7,332,237	-2,916,241	4,415,996	68.00
69.00	06900	ELECTROCARDIOLOGY	2,891,565	3,895,900	6,787,465	-962,419	5,825,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,257,040	2,609,003	6,866,043	-1,613,788	5,252,255	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,564,413	47,564,413	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	87,361,824	87,361,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	194,291,897	194,291,897	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,535,489	95,550,004	103,085,493	-1,556,101	101,529,392	73.03
74.00	07400	RENAL DIALYSIS	4,270,897	8,770,762	13,041,659	-6,073,552	6,968,107	74.00
76.00	03020	RH NBN ECMO IC	971,183	364,554	1,335,737	-292,640	1,043,097	76.00
76.01	03140	CARDIOLOGY	900,737	11,865,229	12,765,966	-9,895,861	2,870,105	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	230,870	2,059,535	2,290,405	-75,210	2,215,195	76.02
76.03	03950	CARDIAC CATH	4,399,641	11,000,813	15,400,454	-8,979,354	6,421,100	76.03
76.04	03951	DAY SURGERY	4,135,507	2,150,855	6,286,362	-1,542,700	4,743,662	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,007,708	273,519	1,281,227	-199,746	1,081,481	76.08
76.97	07697	CARDIAC REHABILITATION	612,644	496,017	1,108,661	-130,983	977,678	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	641,415	255,283	896,698	0	896,698	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,765,835	1,289,181	3,055,016	-1,012,248	2,042,768	90.01
90.02	09002	IUSCC HEM/ONC	19,381,794	83,977,302	103,359,096	-75,654,966	27,704,130	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	316,662	618,471	935,133	-551,998	383,135	90.03
90.04	09004	AMB SVC-PSYCH ADULT	910,598	280,692	1,191,290	-185,445	1,005,845	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,049,115	872,193	2,921,308	-566,027	2,355,281	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,400,771	3,308,714	8,709,485	-2,236,406	6,473,079	90.07
90.08	09008	MOTILITY LAB	144,092	158,983	303,075	-144,320	158,755	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2,041	1,181	3,222	-142	3,080	90.10
90.11	09023	SLEEP LAB	3,450,841	2,970,317	6,421,158	-852,676	5,568,482	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	206,935	6,955,479	7,162,414	-6,711,960	450,454	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	690,650	563,529	1,254,179	-287,509	966,670	90.17
90.18	09016	DERMATOLOGY CLINIC	946,090	480,164	1,426,254	-396,544	1,029,710	90.18
90.19	09017	INFUSION/HEM/ONC	436,341	554,723	991,064	-173,961	817,103	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	142,233	712,774	855,007	-598,266	256,741	90.21
90.22	09020	EATING DISORDERS CLINIC	892,986	854,618	1,747,604	-217,842	1,529,762	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	970,069	797,874	1,767,943	-318,097	1,449,846	90.23
90.24	09021	LIFE CARE CLINIC	1,336,216	643,526	1,979,742	-362,183	1,617,559	90.24
91.00	09100	EMERGENCY	21,122,552	27,017,210	48,139,762	-8,282,175	39,857,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	305,438	1,730,065	2,035,503	-1,605,224	430,279	94.00
95.00	09500	AMBULANCE SERVICES	10,788,192	21,150,169	31,938,361	-5,676,839	26,261,522	95.00
101.00	10100	HOME HEALTH AGENCY	26,201,413	42,812,021	69,013,434	-5,943,012	63,070,422	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,098,412	10,897,203	15,995,615	-4,433,096	11,562,519	105.00
106.00	10600	HEART ACQUISITION	584,218	848,047	1,432,265	-233,538	1,198,727	106.00
107.00	10700	LIVER ACQUISITION	1,153,042	10,232,668	11,385,710	-637,017	10,748,693	107.00
108.00	10800	LUNG ACQUISITION	947,500	5,846,691	6,794,191	-534,393	6,259,798	108.00
109.00	10900	PANCREAS ACQUISITION	353,616	1,949,888	2,303,504	-323,337	1,980,167	109.00
110.00	11000	INTESTINAL ACQUISITION	352,707	563,449	916,156	-232,801	683,355	110.00
112.00	08600	OTHER ORGAN ACQUISITION	300,044	1,157,707	1,457,751	-47,431	1,410,320	112.00
112.01	08601	POST TRANSPLANT EXPENSES	588	184,025	184,613	3,822,271	4,006,884	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	6,850,004	6,699,350	13,549,354	-3,522,350	10,027,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	643,104,345	1,592,255,559	2,235,359,904	7,603,623	2,242,963,527	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-13,355	-104,063	-117,418	3,267	-114,151	190.00
191.00	19100	RESEARCH	990	352,778	353,768	261,373	615,141	191.00
191.01	19101	RESEARCH-GCRC	0	102,336	102,336	669,683	772,019	191.01
191.02	19102	OSA	1,631,573	3,974,447	5,606,020	-1,128,597	4,477,423	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,017	2,790,023	2,851,040	-2,399	2,848,641	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	6,438,457	15,725,396	22,163,853	-7,609,092	14,554,761	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	5,012,928	5,012,928	-10,787	5,002,141	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	181,352	151,095	332,447	-127,817	204,630	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	5,817	5,817	357,819	363,636	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	101,104	138,806	239,910	-17,073	222,837	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	651,505,483	1,620,405,122	2,271,910,605	0	2,271,910,605	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,512,547	51,861,262		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	23,577,313	78,337,162		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-10,145,981	103,773,023		4.00
5.01	00540	NONPATIENT TELEPHONES	-81,342	42,823		5.01
5.02	00550	DATA PROCESSING	57,200,237	57,205,729		5.02
5.03	00590	PURCHASING, RECEIVING & STORES	4,461,269	4,551,711		5.03
5.04	00570	ADMITTING	18,754,803	18,824,021		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	41,374,321	41,374,321		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-264,364,900	143,823,193		5.06
6.00	00600	MAINTENANCE & REPAIRS	9,377,368	34,389,913		6.00
7.00	00700	OPERATION OF PLANT	40,927,896	55,641,412		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,857		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,393,408	3,393,408		9.01
9.02	00902	HOUSEKEEPING - RILEY	3,467,664	3,467,664		9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,115,636	5,115,636		9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	552,172		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	490,623		9.05
10.00	01000	DIETARY	-128,472	10,368,553		10.00
11.00	01100	CAFETERIA	570,657	1,046,535		11.00
13.00	01300	NURSING ADMINISTRATION	-3,554,530	23,431,518		13.00
13.01	01851	PARAMED ED ADMINISTRATION	-15,268	183,096		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,399,863	107,142,239		14.00
15.00	01500	PHARMACY	-2,449,310	36,065,611		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,569,196	16,323,057		16.00
17.00	01700	SOCIAL SERVICE	-1,704,906	5,277,223		17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,858,492		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	44,352,166		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,500,000	25,593,882		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	-119,603	723,689		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	-462,167	162,111		23.03
23.04	02304	PARAMED EMERGENCY	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	-7,717	605,915		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	-80,057	375,457		23.06
23.07	02307	PARAMED PHARMACY	3,301	1,688,048		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-47,391	250,437		23.09
23.10	02310	PARAMED PHARMACY TECH	-15,588	237,754		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-31,654,851	134,269,576		30.00
31.00	03100	INTENSIVE CARE UNIT	-450	15,694,432		31.00
32.00	03200	CORONARY CARE UNIT	-410,548	15,118,963		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-2,160	19,967,411		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	1,972,768		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	03401	UH SURG 6IC	0	3,355,257		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	-2,346,848	9,328,593		34.04
34.05	03404	TRANSPLANT ICU	0	2,441,889		34.05
34.06	03407	PEDS CANCER CARE	0	1,698,645		34.06
40.00	04000	SUBPROVIDER - IPF	-595,288	4,000,711		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	1,919,620		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-8,429,404	43,012,027		50.00
50.01	05001	ENDOSCOPY	0	1,693,610		50.01
51.00	05100	RECOVERY ROOM	0	8,844,704		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-961,238	10,198,289		52.00
53.00	05300	ANESTHESIOLOGY	-14,071,320	3,679,969		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-36,653	3,285,188		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,657,612	34,527,238		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,623,235	6,804,230		55.00
56.00	05600	RADIOISOTOPE	-279,853	1,227,150		56.00
59.00	05900	CARDIAC CATHETERIZATION	-418	1,396,164		59.00
60.00	06000	LABORATORY	-119,350,562	35,083,345		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-31,402	1,372,837		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-7,010,180	8,328,988		63.00
65.00	06500	RESPIRATORY THERAPY	0	22,328,832		65.00
66.00	06600	PHYSICAL THERAPY	-63,059	17,607,186		66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
67.00	06700	OCCUPATIONAL THERAPY	-88,195	3,087,720		67.00
68.00	06800	SPEECH PATHOLOGY	-39,773	4,376,223		68.00
69.00	06900	ELECTROCARDIOLOGY	-3,160,702	2,664,344		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-491,061	4,761,194		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	47,564,413		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	87,361,824		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	194,291,897		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-143,083	101,386,309		73.03
74.00	07400	RENAL DIALYSIS	-1,732,195	5,235,912		74.00
76.00	03020	RH NBN ECMO IC	0	1,043,097		76.00
76.01	03140	CARDIOLOGY	-182,514	2,687,591		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,947,664	267,531		76.02
76.03	03950	CARDIAC CATH	-2,156,052	4,265,048		76.03
76.04	03951	DAY SURGERY	-36,141	4,707,521		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	1,081,481		76.08
76.97	07697	CARDIAC REHABILITATION	0	977,678		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	-23,691	873,007		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	-39,910	2,002,858		90.01
90.02	09002	IUSCC HEM/ONC	-5,178,108	22,526,022		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	383,135		90.03
90.04	09004	AMB SVC-PSYCH ADULT	-2,244	1,003,601		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	-40,000	2,315,281		90.06
90.07	09007	AMB SVC-RILEY CLINICS	-5,945,870	527,209		90.07
90.08	09008	MOTILITY LAB	-31,831	126,924		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	3,080		90.10
90.11	09023	SLEEP LAB	-3,055,624	2,512,858		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	-70,274	380,180		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	-20,451	946,219		90.17
90.18	09016	DERMATOLOGY CLINIC	-12,444	1,017,266		90.18
90.19	09017	INFUSION/HEM/ONC	0	817,103		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	256,741		90.21
90.22	09020	EATING DISORDERS CLINIC	-320,610	1,209,152		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,449,846		90.23
90.24	09021	LIFE CARE CLINIC	-132,345	1,485,214		90.24
91.00	09100	EMERGENCY	-12,831,048	27,026,539		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	430,279		94.00
95.00	09500	AMBULANCE SERVICES	-3,632,116	22,629,406		95.00
101.00	10100	HOME HEALTH AGENCY	-6,773,335	56,297,087		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-552,000	11,010,519		105.00
106.00	10600	HEART ACQUISITION	0	1,198,727		106.00
107.00	10700	LIVER ACQUISITION	-1,382,706	9,365,987		107.00
108.00	10800	LUNG ACQUISITION	-1,094,205	5,165,593		108.00
109.00	10900	PANCREAS ACQUISITION	0	1,980,167		109.00
110.00	11000	INTESTINAL ACQUISITION	0	683,355		110.00
112.00	08600	OTHER ORGAN ACQUISITION	-1,088,410	321,910		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,006,884		112.01
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	9,175	10,036,179		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-298,517,081	1,944,446,446		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-114,151		190.00
191.00	19100	RESEARCH	0	615,141		191.00
191.01	19101	RESEARCH-GCRC	0	772,019		191.01
191.02	19102	OSA	0	4,477,423		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-437,111	2,411,530		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-2,387,750	12,167,011		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-1,587,832	3,414,309		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0		192.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
192.06	19206	BELTWAY SURGERY	0	0		192.06
192.07	19207	RHI	0	204,630		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	363,636		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	-33,292	189,545		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-302,963,066	1,968,947,539		200.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	110,062,806		1.00
2.00	HOUSEKEEPING - UNIVERSITY	9.01	0	3		2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,656		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
93.00		0.00	0	0		93.00
94.00		0.00	0	0		94.00
95.00		0.00	0	0		95.00
	0		0	110,065,465		
	B - ADVERTISING					
1.00	NON-ALLOWABLE ADVERTISING	192.08	0	357,819		1.00
2.00	EATING DISORDERS CLINIC	90.22	0	250		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
	0		0	358,069		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	53,782,039		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	54,759,849		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
	0		0	108,541,888		
	D - SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	47,564,413		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	81,945,234		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	98,180,345		3.00
4.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	178		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
	0		0	227,690,170	
	E - DRUGS				
1.00	PHARMACY	15.00	0	5,188,928	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	194,291,897	2.00
3.00	PURCHASING, RECEIVING & STORES	5.03	0	170	3.00
4.00	DIETARY	10.00	0	2,259	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	147,175	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
	0		0	199,630,429	

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	20,291		1.00
	0		0	20,291		
	G - NURSERY & L&D					
1.00	NURSERY	43.00	1,254,352	121,816		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	5,881,501	622,395		2.00
	0		7,135,853	744,211		
	H - SLEEP LAB					
1.00	SLEEP LAB	90.11	172,191	0		1.00
	0		172,191	0		
	I - OB SERVICES					
1.00	NURSERY	43.00	89,934	453,518		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	421,691	2,317,169		2.00
	0		511,625	2,770,687		
	J - RADIOLOGY PARAMED					
1.00	PARAMED RADIOLOGY-METHODIST	23.02	566,485	43,336		1.00
	0		566,485	43,336		
	K - PHARMACIST PARAMED					
1.00	PARAMED PHARMACY	23.07	690,437	52,819		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		690,437	52,819		
	L - PHARMACY TECH PARAMED					
1.00	PARAMED PHARMACY TECH	23.10	58,734	4,493		1.00
2.00		0.00	0	0		2.00
	0		58,734	4,493		
	M - CLINICAL LAB PARAMED					
1.00	PARAMED LAB SCIENCE PRO	23.06	163,559	12,512		1.00
2.00		0.00	0	0		2.00
	0		163,559	12,512		
	N - ORGAN					
1.00	LUNG ACQUISITION	108.00	551,269	99,716		1.00
2.00	HEART ACQUISITION	106.00	301,829	52,914		2.00
3.00	LIVER ACQUISITION	107.00	261,481	33,040		3.00
4.00	INTESTINAL ACQUISITION	110.00	38,020	5,820		4.00
	0		1,152,599	191,490		
	O - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	3,364,568	457,703		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	0		3,364,568	457,703		
	R - SURGICAL TECH PARAMED					
1.00	PARAMED SURGERY TECHNOLOGY	23.09	123,508	9,448		1.00
	0		123,508	9,448		
	S - RENAL ADMIN					
1.00	HOME PROGRAM DIALYSIS	94.00	18,133	4,168		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,500,000		2.00
	0		18,133	2,504,168		
	T - PHONE					
1.00	NONPATIENT TELEPHONES	5.01	0	81,342		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	433		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	0		0	81,775	
	U - NEGATIVE SALARY				
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	13,355	0	1.00
	TOTALS		13,355	0	
	V - RADIO PHARM RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,416,590	1.00
2.00		0.00	0	0	2.00
	0		0	5,416,590	
	W - PTO AS STD				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,683,324	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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	0		0	3,683,324	
	X - PROPERTY TAXES				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	591,770	1.00
2.00	PHARMACY	15.00	0	3,978	2.00
3.00	HOSPICE	116.00	0	15,006	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
	TOTALS		0	610,754	
	Y - PASTORAL ED RECLASSES				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	207,768	68,135	1.00
	TOTALS		207,768	68,135	
	AA - RESPIRATORY THERAPY PARAMED				
1.00	PARAMED RESPIRATORY THERAPY	23.03	222,042	16,986	1.00
2.00		0.00	0	0	2.00
	0		222,042	16,986	
	CC - GRANT REVISIONS				
1.00	RESEARCH	191.00	246,594	17,952	1.00
2.00	RESEARCH-GCRC	191.01	545,311	206,725	2.00
	TOTALS		791,905	224,677	
500.00	Grand Total: Increases		15,192,762	663,199,420	500.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,148,981	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	761,652	0		2.00
3.00	OPERATION OF PLANT	7.00	0	855,846	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,516	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	121,919	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	120,922	0		6.00
7.00	DIETARY	10.00	0	1,622,436	0		7.00
8.00	CAFETERIA	11.00	0	48,500	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,876,445	0		9.00
10.00	PARAMED ED ADMINISTRATION	13.01	0	31,114	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,363,383	0		11.00
12.00	PHARMACY	15.00	0	4,685,608	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,352	0		13.00
14.00	SOCIAL SERVICE	17.00	0	983,977	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	515,129	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	27,991	0		16.00
17.00	PARAMED RADIOLOGY-METHODIST	23.02	0	40,749	0		17.00
18.00	PARAMED RESPIRATORY THERAPY	23.03	0	38,989	0		18.00
19.00	PARAMED PASTORAL EDUCATION	23.05	0	150,314	0		19.00
20.00	PARAMED LAB SCIENCE PRO	23.06	0	31,432	0		20.00
21.00	PARAMED PHARMACY	23.07	0	165,563	0		21.00
22.00	PARAMED SURGERY TECHNOLOGY	23.09	0	30,898	0		22.00
23.00	PARAMED PHARMACY TECH	23.10	0	41,094	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	0	21,223,957	0		24.00
25.00	INTENSIVE CARE UNIT	31.00	0	2,222,729	0		25.00
26.00	CORONARY CARE UNIT	32.00	0	2,581,461	0		26.00
27.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,161,620	0		27.00
28.00	BURN INTENSIVE CARE UNIT	33.00	0	277,870	0		28.00
29.00	UH SURG 6IC	34.02	0	511,110	0		29.00
30.00	RH PED IC	34.04	0	1,464,578	0		30.00
31.00	TRANSPLANT ICU	34.05	0	259,424	0		31.00
32.00	PEDS CANCER CARE	34.06	0	305,057	0		32.00
33.00	SUBPROVIDER - IPF	40.00	0	623,161	0		33.00
34.00	OPERATING ROOM	50.00	0	6,750,971	0		34.00
35.00	ENDOSCOPY	50.01	0	259,172	0		35.00
36.00	RECOVERY ROOM	51.00	0	1,487,357	0		36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	0	106,952	0		37.00
38.00	ANESTHESIOLOGY	53.00	0	237,237	0		38.00
39.00	PULMONARY FUNCTION TESTING	53.01	0	579,771	0		39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,748,916	0		40.00
41.00	RADIOLOGY-THERAPEUTIC	55.00	0	760,933	0		41.00
42.00	RADIOISOTOPE	56.00	0	145,254	0		42.00
43.00	CARDIAC CATHETERIZATION	59.00	0	156,912	0		43.00
44.00	LABORATORY	60.00	0	10,181,619	0		44.00
45.00	TRANSPLANT IMMUNOLOGY	60.01	0	214,473	0		45.00
46.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	506,267	0		46.00
47.00	RESPIRATORY THERAPY	65.00	0	3,258,027	0		47.00
48.00	PHYSICAL THERAPY	66.00	0	2,566,063	0		48.00
49.00	OCCUPATIONAL THERAPY	67.00	0	514,008	0		49.00
50.00	SPEECH PATHOLOGY	68.00	0	747,201	0		50.00
51.00	ELECTROCARDIOLOGY	69.00	0	593,863	0		51.00
52.00	ELECTROENCEPHALOGRAPHY	70.00	0	714,321	0		52.00
53.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,219,748	0		53.00
54.00	RENAL DIALYSIS	74.00	0	794,734	0		54.00
55.00	RH NBN ECMO IC	76.00	0	55,747	0		55.00
56.00	CARDIOLOGY	76.01	0	168,266	0		56.00
57.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	24,162	0		57.00
58.00	CARDIAC CATH	76.03	0	648,223	0		58.00
59.00	DAY SURGERY	76.04	0	705,777	0		59.00
60.00	ECMO-ADULT	76.08	0	197,714	0		60.00
61.00	CARDIAC REHABILITATION	76.97	0	109,479	0		61.00
62.00	AMB SVC-OB & GYN	90.01	0	364,765	0		62.00
63.00	IUSCC HEM/ONC	90.02	0	2,490,609	0		63.00
64.00	AMB SVC-OPTHALMOLOGY	90.03	0	111,134	0		64.00
65.00	AMB SVC-PSYCH ADULT	90.04	0	181,784	0		65.00
66.00	OUTPATIENT SURGERY	90.06	0	402,701	0		66.00
67.00	AMB SVC-RILEY CLINICS	90.07	0	995,438	0		67.00
68.00	MOTILITY LAB	90.08	0	18,308	0		68.00
69.00	CLINICAL GERIATRICS	90.10	0	142	0		69.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
70.00	SLEEP LAB	90.11	0	648,028	0		70.00
71.00	ARTHRITIS CLINIC	90.14	0	22,733	0		71.00
72.00	PHYSICAL MEDICINE	90.17	0	166,575	0		72.00
73.00	DERMATOLOGY CLINIC	90.18	0	243,933	0		73.00
74.00	INFUSION/HEM/ONC	90.19	0	91,445	0		74.00
75.00	OP REHAB CLINIC	90.21	0	22,475	0		75.00
76.00	EATING DISORDERS CLINIC	90.22	0	177,322	0		76.00
77.00	GASTROENTEROLOGY CLINIC	90.23	0	258,504	0		77.00
78.00	LIFE CARE CLINIC	90.24	0	253,895	0		78.00
79.00	EMERGENCY	91.00	0	3,849,528	0		79.00
80.00	HOME PROGRAM DIALYSIS	94.00	0	59,110	0		80.00
81.00	AMBULANCE SERVICES	95.00	0	1,923,557	0		81.00
82.00	HOME HEALTH AGENCY	101.00	0	4,635,555	0		82.00
83.00	KIDNEY ACQUISITION	105.00	0	857,090	0		83.00
84.00	HEART ACQUISITION	106.00	0	88,635	0		84.00
85.00	LIVER ACQUISITION	107.00	0	221,400	0		85.00
86.00	LUNG ACQUISITION	108.00	0	152,763	0		86.00
87.00	PANCREAS ACQUISITION	109.00	0	53,336	0		87.00
88.00	INTESTINAL ACQUISITION	110.00	0	63,759	0		88.00
89.00	OTHER ORGAN ACQUISITION	112.00	0	47,431	0		89.00
90.00	HOSPICE	116.00	0	1,356,636	0		90.00
91.00	RESEARCH	191.00	0	67	0		91.00
92.00	OSA	191.02	0	285,647	0		92.00
93.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,199,822	0		93.00
94.00	RHI	192.07	0	41,553	0		94.00
95.00	CARDIO PHYSICIANS	192.10	0	16,841	0		95.00
	0		0	110,065,465			
	B - ADVERTISING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	256,024	0		1.00
2.00	DIETARY	10.00	0	857	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	18	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	21	0		4.00
5.00	PARAMED PASTORAL EDUCATION	23.05	0	27	0		5.00
6.00	PARAMED PHARMACY	23.07	0	375	0		6.00
7.00	RH PED IC	34.04	0	161	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,720	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,903	0		9.00
10.00	LABORATORY	60.00	0	31	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	44	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	300	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	382	0		13.00
14.00	OUTPATIENT RETAIL PHARMACY	73.03	0	2,567	0		14.00
15.00	IUSCC HEM/ONC	90.02	0	144	0		15.00
16.00	SLEEP LAB	90.11	0	5,407	0		16.00
17.00	EMERGENCY	91.00	0	10,860	0		17.00
18.00	AMBULANCE SERVICES	95.00	0	66,337	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	8,470	0		19.00
20.00	KIDNEY ACQUISITION	105.00	0	421	0		20.00
	0		0	358,069			
	C - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,097	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,254	9		2.00
3.00	DATA PROCESSING	5.02	0	16,254	0		3.00
4.00	PURCHASING, RECEIVING & STORES	5.03	0	81,840	0		4.00
5.00	ADMITTING	5.04	0	4,858	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	56,183,372	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	1,374,872	0		7.00
8.00	OPERATION OF PLANT	7.00	0	1,077,957	0		8.00
9.00	HOUSEKEEPING - SAXONY	9.04	0	4,759	0		9.00
10.00	DIETARY	10.00	0	89,611	0		10.00
11.00	CAFETERIA	11.00	0	14,702	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	660,170	0		12.00
13.00	PARAMED ED ADMINISTRATION	13.01	0	4,147	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	732,131	0		14.00
15.00	PHARMACY	15.00	0	1,179,498	0		15.00
16.00	PATIENT TRANSPORTATION	18.00	0	53,657	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	404	0		17.00
18.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,746	0		18.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	ADULTS & PEDIATRICS	30.00	0	3,653,851	0		19.00
20.00	INTENSIVE CARE UNIT	31.00	0	69,918	0		20.00
21.00	CORONARY CARE UNIT	32.00	0	206,346	0		21.00
22.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	945,506	0		22.00
23.00	BURN INTENSIVE CARE UNIT	33.00	0	236,009	0		23.00
24.00	UH SURG 6IC	34.02	0	17,638	0		24.00
25.00	RH PED IC	34.04	0	184,980	0		25.00
26.00	TRANSPLANT ICU	34.05	0	5,373	0		26.00
27.00	PEDS CANCER CARE	34.06	0	241,207	0		27.00
28.00	SUBPROVIDER - IPF	40.00	0	277,696	0		28.00
29.00	OPERATING ROOM	50.00	0	10,528,781	0		29.00
30.00	ENDOSCOPY	50.01	0	480,692	0		30.00
31.00	RECOVERY ROOM	51.00	0	210,194	0		31.00
32.00	DELIVERY ROOM & LABOR ROOM	52.00	0	175,078	0		32.00
33.00	ANESTHESIOLOGY	53.00	0	358,224	0		33.00
34.00	PULMONARY FUNCTION TESTING	53.01	0	185,059	0		34.00
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,621,601	0		35.00
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,612,376	0		36.00
37.00	RADIOISOTOPE	56.00	0	340,465	0		37.00
38.00	CARDIAC CATHETERIZATION	59.00	0	627,042	0		38.00
39.00	LABORATORY	60.00	0	5,506,278	0		39.00
40.00	TRANSPLANT IMMUNOLOGY	60.01	0	19,248	0		40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	66,006	0		41.00
42.00	RESPIRATORY THERAPY	65.00	0	855,778	0		42.00
43.00	PHYSICAL THERAPY	66.00	0	345,518	0		43.00
44.00	OCCUPATIONAL THERAPY	67.00	0	800	0		44.00
45.00	SPEECH PATHOLOGY	68.00	0	83,427	0		45.00
46.00	ELECTROCARDIOLOGY	69.00	0	247,723	0		46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	603,876	0		47.00
48.00	OUTPATIENT RETAIL PHARMACY	73.03	0	106,033	0		48.00
49.00	RENAL DIALYSIS	74.00	0	372,207	0		49.00
50.00	RH NBN ECMO IC	76.00	0	16,870	0		50.00
51.00	CARDIOLOGY	76.01	0	379,043	0		51.00
52.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	22,698	0		52.00
53.00	CARDIAC CATH	76.03	0	485,490	0		53.00
54.00	DAY SURGERY	76.04	0	34,461	0		54.00
55.00	CARDIAC REHABILITATION	76.97	0	1,049	0		55.00
56.00	AMB SVC-OB & GYN	90.01	0	160,048	0		56.00
57.00	IUSCC HEM/ONC	90.02	0	1,806,887	0		57.00
58.00	AMB SVC-OPTHALMOLOGY	90.03	0	213,214	0		58.00
59.00	AMB SVC-PSYCH ADULT	90.04	0	175	0		59.00
60.00	OUTPATIENT SURGERY	90.06	0	117,504	0		60.00
61.00	AMB SVC-RILEY CLINICS	90.07	0	338,488	0		61.00
62.00	MOTILITY LAB	90.08	0	47,631	0		62.00
63.00	SLEEP LAB	90.11	0	177,508	0		63.00
64.00	ARTHRITIS CLINIC	90.14	0	137,167	0		64.00
65.00	PHYSICAL MEDICINE	90.17	0	3,362	0		65.00
66.00	DERMATOLOGY CLINIC	90.18	0	45,016	0		66.00
67.00	INFUSION/HEM/ONC	90.19	0	23,851	0		67.00
68.00	OP REHAB CLINIC	90.21	0	2,817	0		68.00
69.00	EATING DISORDERS CLINIC	90.22	0	39,946	0		69.00
70.00	GASTROENTEROLOGY CLINIC	90.23	0	10,624	0		70.00
71.00	LIFE CARE CLINIC	90.24	0	359	0		71.00
72.00	EMERGENCY	91.00	0	893,935	0		72.00
73.00	HOME PROGRAM DIALYSIS	94.00	0	41,220	0		73.00
74.00	AMBULANCE SERVICES	95.00	0	3,171,652	0		74.00
75.00	HOME HEALTH AGENCY	101.00	0	107,058	0		75.00
76.00	KIDNEY ACQUISITION	105.00	0	344,579	0		76.00
77.00	HEART ACQUISITION	106.00	0	654	0		77.00
78.00	LUNG ACQUISITION	108.00	0	41	0		78.00
79.00	HOSPICE	116.00	0	697,366	0		79.00
80.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,399	0		80.00
81.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	496,164	0		81.00
82.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	8,224	0		82.00
83.00	RHI	192.07	0	31,129	0		83.00
	0		0	108,541,888			
	D - SUPPLIES & IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10	0		1.00
2.00	PURCHASING, RECEIVING & STORES	5.03	0	8,653	0		2.00
3.00	ADMITTING	5.04	0	51	0		3.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,626	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	2,207	0		5.00
6.00	OPERATION OF PLANT	7.00	0	27,069	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	93,900	0		7.00
8.00	HOUSEKEEPING - SAXONY	9.04	0	123	0		8.00
9.00	HOUSEKEEPING - MORGAN	9.05	0	4,827	0		9.00
10.00	DIETARY	10.00	0	19,981	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	16,401	0		11.00
12.00	PARAMED ED ADMINISTRATION	13.01	0	135	0		12.00
13.00	PHARMACY	15.00	0	1,892,960	0		13.00
14.00	SOCIAL SERVICE	17.00	0	72	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	3,625	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	27	0		16.00
17.00	PARAMED RESPIRATORY THERAPY	23.03	0	1,679	0		17.00
18.00	PARAMED PASTORAL EDUCATION	23.05	0	106	0		18.00
19.00	PARAMED LAB SCIENCE PRO	23.06	0	7,286	0		19.00
20.00	PARAMED SURGERY TECHNOLOGY	23.09	0	246	0		20.00
21.00	PARAMED PHARMACY TECH	23.10	0	2,115	0		21.00
22.00	ADULTS & PEDIATRICS	30.00	0	11,894,718	0		22.00
23.00	INTENSIVE CARE UNIT	31.00	0	2,103,952	0		23.00
24.00	CORONARY CARE UNIT	32.00	0	2,337,408	0		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,332,273	0		25.00
26.00	BURN INTENSIVE CARE UNIT	33.00	0	197,085	0		26.00
27.00	UH SURG 6IC	34.02	0	522,360	0		27.00
28.00	RH PED IC	34.04	0	1,063,881	0		28.00
29.00	TRANSPLANT ICU	34.05	0	420,717	0		29.00
30.00	PEDS CANCER CARE	34.06	0	124,952	0		30.00
31.00	SUBPROVIDER - IPF	40.00	0	110,936	0		31.00
32.00	OPERATING ROOM	50.00	0	102,140,317	0		32.00
33.00	ENDOSCOPY	50.01	0	932,083	0		33.00
34.00	RECOVERY ROOM	51.00	0	585,432	0		34.00
35.00	DELIVERY ROOM & LABOR ROOM	52.00	0	753	0		35.00
36.00	ANESTHESIOLOGY	53.00	0	3,155,047	0		36.00
37.00	PULMONARY FUNCTION TESTING	53.01	0	200,821	0		37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,250,376	0		38.00
39.00	RADIOLOGY-THERAPEUTIC	55.00	0	382,936	0		39.00
40.00	RADIOISOTOPE	56.00	0	21,446	0		40.00
41.00	CARDIAC CATHETERIZATION	59.00	0	5,370,536	0		41.00
42.00	LABORATORY	60.00	0	37,786,063	0		42.00
43.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,439,953	0		43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,318,110	0		44.00
45.00	RESPIRATORY THERAPY	65.00	0	6,134,315	0		45.00
46.00	PHYSICAL THERAPY	66.00	0	792,087	0		46.00
47.00	OCCUPATIONAL THERAPY	67.00	0	89,719	0		47.00
48.00	SPEECH PATHOLOGY	68.00	0	2,041,272	0		48.00
49.00	ELECTROCARDIOLOGY	69.00	0	90,410	0		49.00
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	248,874	0		50.00
51.00	OUTPATIENT RETAIL PHARMACY	73.03	0	152,507	0		51.00
52.00	RENAL DIALYSIS	74.00	0	1,583,418	0		52.00
53.00	RH NBN ECMO IC	76.00	0	200,115	0		53.00
54.00	CARDIOLOGY	76.01	0	9,334,870	0		54.00
55.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	28,230	0		55.00
56.00	CARDIAC CATH	76.03	0	7,668,678	0		56.00
57.00	DAY SURGERY	76.04	0	690,779	0		57.00
58.00	ECMO-ADULT	76.08	0	2,017	0		58.00
59.00	CARDIAC REHABILITATION	76.97	0	6,621	0		59.00
60.00	AMB SVC-OB & GYN	90.01	0	55,550	0		60.00
61.00	IUSCC HEM/ONC	90.02	0	671,631	0		61.00
62.00	AMB SVC-OPTHALMOLOGY	90.03	0	10,578	0		62.00
63.00	AMB SVC-PSYCH ADULT	90.04	0	3,456	0		63.00
64.00	OUTPATIENT SURGERY	90.06	0	34,688	0		64.00
65.00	AMB SVC-RILEY CLINICS	90.07	0	246,684	0		65.00
66.00	MOTILITY LAB	90.08	0	78,327	0		66.00
67.00	SLEEP LAB	90.11	0	171,719	0		67.00
68.00	ARTHRITIS CLINIC	90.14	0	21,962	0		68.00
69.00	PHYSICAL MEDICINE	90.17	0	10,633	0		69.00
70.00	DERMATOLOGY CLINIC	90.18	0	95,152	0		70.00
71.00	INFUSION/HEM/ONC	90.19	0	29,135	0		71.00
72.00	OP REHAB CLINIC	90.21	0	10,351	0		72.00
73.00	EATING DISORDERS CLINIC	90.22	0	824	0		73.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
74.00	GASTROENTEROLOGY CLINIC	90.23	0	9,787	0		74.00
75.00	LIFE CARE CLINIC	90.24	0	8,150	0		75.00
76.00	EMERGENCY	91.00	0	3,085,041	0		76.00
77.00	HOME PROGRAM DIALYSIS	94.00	0	1,106,849	0		77.00
78.00	AMBULANCE SERVICES	95.00	0	365,646	0		78.00
79.00	HOME HEALTH AGENCY	101.00	0	904,597	0		79.00
80.00	KIDNEY ACQUISITION	105.00	0	435,877	0		80.00
81.00	LIVER ACQUISITION	107.00	0	136	0		81.00
82.00	LUNG ACQUISITION	108.00	0	31,230	0		82.00
83.00	HOSPICE	116.00	0	212,633	0		83.00
84.00	RESEARCH-GCRC	191.01	0	48,782	0		84.00
85.00	OSA	191.02	0	16,384	0		85.00
86.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	127,610	0		86.00
87.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	2,347	0		87.00
88.00	RHI	192.07	0	43,013	0		88.00
89.00	CARDIO PHYSICIANS	192.10	0	232	0		89.00
	0		0	227,690,170			
	E - DRUGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33,421	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	170	0		2.00
3.00	OPERATION OF PLANT	7.00	0	5	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,729	0		4.00
5.00	PHARMACY	15.00	0	104,454,783	0		5.00
6.00	PARAMED RESPIRATORY THERAPY	23.03	0	99	0		6.00
7.00	PARAMED PHARMACY TECH	23.10	0	286	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	843,517	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	154,198	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	238,626	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	190,339	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	10,405	0		12.00
13.00	UH SURG 6IC	34.02	0	17,394	0		13.00
14.00	RH PED IC	34.04	0	124,688	0		14.00
15.00	TRANSPLANT ICU	34.05	0	19,768	0		15.00
16.00	PEDS CANCER CARE	34.06	0	26,441	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	5,187	0		17.00
18.00	OPERATING ROOM	50.00	0	1,083,211	0		18.00
19.00	ENDOSCOPY	50.01	0	14,804	0		19.00
20.00	RECOVERY ROOM	51.00	0	69,368	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	1,472,393	0		21.00
22.00	PULMONARY FUNCTION TESTING	53.01	0	16,963	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,992,769	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,902	0		24.00
25.00	RADIOISOTOPE	56.00	0	146,852	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	79,572	0		26.00
27.00	LABORATORY	60.00	0	540,215	0		27.00
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,349	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	22,908	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	6,824	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	8,557	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	3,825	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	11	0		33.00
34.00	RENAL DIALYSIS	74.00	0	772,578	0		34.00
35.00	RH NBN ECMO IC	76.00	0	14,436	0		35.00
36.00	CARDIOLOGY	76.01	0	12,812	0		36.00
37.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	120	0		37.00
38.00	CARDIAC CATH	76.03	0	148,823	0		38.00
39.00	DAY SURGERY	76.04	0	57,217	0		39.00
40.00	ECMO-ADULT	76.08	0	15	0		40.00
41.00	CARDIAC REHABILITATION	76.97	0	1,033	0		41.00
42.00	AMB SVC-OB & GYN	90.01	0	427,097	0		42.00
43.00	IUSCC HEM/ONC	90.02	0	70,568,511	0		43.00
44.00	AMB SVC-OPTHALMOLOGY	90.03	0	212,671	0		44.00
45.00	AMB SVC-PSYCH ADULT	90.04	0	30	0		45.00
46.00	OUTPATIENT SURGERY	90.06	0	1,958	0		46.00
47.00	AMB SVC-RILEY CLINICS	90.07	0	643,220	0		47.00
48.00	MOTILITY LAB	90.08	0	54	0		48.00
49.00	ARTHRITIS CLINIC	90.14	0	6,530,098	0		49.00
50.00	PHYSICAL MEDICINE	90.17	0	101,249	0		50.00
51.00	DERMATOLOGY CLINIC	90.18	0	9,460	0		51.00
52.00	INFUSION/HEM/ONC	90.19	0	28,147	0		52.00

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
53.00	OP REHAB CLINIC	90.21	0	561,728	0	53.00
54.00	GASTROENTEROLOGY CLINIC	90.23	0	34,095	0	54.00
55.00	LIFE CARE CLINIC	90.24	0	98,907	0	55.00
56.00	EMERGENCY	91.00	0	287,325	0	56.00
57.00	HOME PROGRAM DIALYSIS	94.00	0	412,360	0	57.00
58.00	AMBULANCE SERVICES	95.00	0	106,028	0	58.00
59.00	HOME HEALTH AGENCY	101.00	0	9,603	0	59.00
60.00	KIDNEY ACQUISITION	105.00	0	133,770	0	60.00
61.00	HEART ACQUISITION	106.00	0	11,143	0	61.00
62.00	LUNG ACQUISITION	108.00	0	135,839	0	62.00
63.00	HOSPICE	116.00	0	1,211,085	0	63.00
64.00	RESEARCH-GCRC	191.01	0	33,524	0	64.00
65.00	OSA	191.02	0	76	0	65.00
66.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	5,461,110	0	66.00
67.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	216	0	67.00
68.00	RHI	192.07	0	5,512	0	68.00
	0		0	199,630,429		
	F - BLOOD					
1.00	LABORATORY	60.00	0	20,291	0	1.00
	0		0	20,291		
	G - NURSERY & L&D					
1.00	ADULTS & PEDIATRICS	30.00	7,135,853	744,211	0	1.00
2.00		0.00	0	0	0	2.00
	0		7,135,853	744,211		
	H - SLEEP LAB					
1.00	HOME HEALTH AGENCY	101.00	172,191	0	0	1.00
	0		172,191	0		
	I - OB SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	511,625	2,770,687	0	1.00
2.00		0.00	0	0	0	2.00
	0		511,625	2,770,687		
	J - RADIOLOGY PARAMED					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	566,485	43,336	0	1.00
	0		566,485	43,336		
	K - PHARMACIST PARAMED					
1.00	PHARMACY	15.00	657,002	50,261	0	1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	4,691	359	0	2.00
3.00	IUSCC HEM/ONC	90.02	18,922	1,448	0	3.00
4.00	EMERGENCY	91.00	9,822	751	0	4.00
	0		690,437	52,819		
	L - PHARMACY TECH PARAMED					
1.00	PHARMACY	15.00	18,134	1,387	0	1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	40,600	3,106	0	2.00
	0		58,734	4,493		
	M - CLINICAL LAB PARAMED					
1.00	LABORATORY	60.00	155,175	11,871	0	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	8,384	641	0	2.00
	0		163,559	12,512		
	N - ORGAN					
1.00	KIDNEY ACQUISITION	105.00	1,086,291	158,435	0	1.00
2.00	PANCREAS ACQUISITION	109.00	66,308	33,055	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	0		1,152,599	191,490		
	O - PRE-POST TRANSPLANT					
1.00	LUNG ACQUISITION	108.00	755,899	105,470	0	1.00
2.00	KIDNEY ACQUISITION	105.00	1,207,771	173,438	0	2.00
3.00	HEART ACQUISITION	106.00	434,792	53,057	0	3.00
4.00	LIVER ACQUISITION	107.00	633,152	75,172	0	4.00
5.00	PANCREAS ACQUISITION	109.00	143,741	26,897	0	5.00
6.00	INTESTINAL ACQUISITION	110.00	189,213	23,669	0	6.00
	0		3,364,568	457,703		
	R - SURGICAL TECH PARAMED					
1.00	OPERATING ROOM	50.00	123,508	9,448	0	1.00
	0		123,508	9,448		
	S - RENAL ADMIN					
1.00	RENAL DIALYSIS	74.00	18,133	2,504,168	0	1.00
2.00		0.00	0	0	0	2.00
	0		18,133	2,504,168		

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	T - PHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,300	0		1.00
2.00	DIETARY	10.00	0	446	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,135	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	140	0		4.00
5.00	PHARMACY	15.00	0	707	0		5.00
6.00	PARAMED PASTORAL EDUCATION	23.05	0	167	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	11,694	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	93	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	466	0		9.00
10.00	OPERATING ROOM	50.00	0	5,874	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	419	0		11.00
12.00	LABORATORY	60.00	0	1,168	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	1,983	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	685	0		14.00
15.00	SPEECH PATHOLOGY	68.00	0	308	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	11,097	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	47	0		17.00
18.00	OUTPATIENT RETAIL PHARMACY	73.03	0	2,260	0		18.00
19.00	DAY SURGERY	76.04	0	86	0		19.00
20.00	AMB SVC-OB & GYN	90.01	0	488	0		20.00
21.00	IUSCC HEM/ONC	90.02	0	1,291	0		21.00
22.00	AMB SVC-RILEY CLINICS	90.07	0	887	0		22.00
23.00	SLEEP LAB	90.11	0	635	0		23.00
24.00	DERMATOLOGY CLINIC	90.18	0	25	0		24.00
25.00	LIFE CARE CLINIC	90.24	0	872	0		25.00
26.00	EMERGENCY	91.00	0	1,013	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	1,004	0		27.00
28.00	KIDNEY ACQUISITION	105.00	0	3,236	0		28.00
29.00	LIVER ACQUISITION	107.00	0	295	0		29.00
30.00	LUNG ACQUISITION	108.00	0	232	0		30.00
31.00	RESEARCH-GCRC	191.01	0	47	0		31.00
32.00	OTHER	192.01	0	18,675	0		32.00
	NONREIMBURSABLE-METHODIST						
	0		0	81,775			
	U - NEGATIVE SALARY						
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,355	0		1.00
	TOTALS		0	13,355			
	V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,719,121	0		1.00
2.00	RADIOISOTOPE	56.00	0	3,697,469	0		2.00
	0		0	5,416,590			
	W - PTO AS STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	405	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	71,318	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	10,811	0	0		3.00
4.00	OPERATION OF PLANT	7.00	10,143	0	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	732	0	0		5.00
6.00	DIETARY	10.00	63,294	0	0		6.00
7.00	CAFETERIA	11.00	358	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	94,153	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	56,623	0	0		9.00
10.00	PHARMACY	15.00	142,902	0	0		10.00
11.00	SOCIAL SERVICE	17.00	9,736	0	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	9,866	0	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	846,441	0	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	84,791	0	0		14.00
15.00	CORONARY CARE UNIT	32.00	76,536	0	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	32.01	185,619	0	0		16.00
17.00	BURN INTENSIVE CARE UNIT	33.00	12,655	0	0		17.00
18.00	UH SURG 6IC	34.02	15,129	0	0		18.00
19.00	RH PED IC	34.04	85,023	0	0		19.00
20.00	TRANSPLANT ICU	34.05	9,396	0	0		20.00
21.00	PEDS CANCER CARE	34.06	25,344	0	0		21.00
22.00	SUBPROVIDER - IPF	40.00	25,847	0	0		22.00
23.00	OPERATING ROOM	50.00	294,686	0	0		23.00
24.00	ENDOSCOPY	50.01	15,953	0	0		24.00
25.00	RECOVERY ROOM	51.00	48,682	0	0		25.00
26.00	ANESTHESIOLOGY	53.00	20,202	0	0		26.00
27.00	PULMONARY FUNCTION TESTING	53.01	20,077	0	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	157,080	0	0		28.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	RADIOLOGY-THERAPEUTIC	55.00	16,506	0	0		29.00
30.00	RADIOISOTOPE	56.00	12,133	0	0		30.00
31.00	LABORATORY	60.00	249,290	0	0		31.00
32.00	TRANSPLANT IMMUNOLOGY	60.01	2,355	0	0		32.00
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	13,539	0	0		33.00
34.00	RESPIRATORY THERAPY	65.00	172,104	0	0		34.00
35.00	PHYSICAL THERAPY	66.00	83,397	0	0		35.00
36.00	OCCUPATIONAL THERAPY	67.00	6,327	0	0		36.00
37.00	SPEECH PATHOLOGY	68.00	35,476	0	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	15,201	0	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	46,277	0	0		39.00
40.00	OUTPATIENT RETAIL PHARMACY	73.03	16,025	0	0		40.00
41.00	RENAL DIALYSIS	74.00	28,314	0	0		41.00
42.00	RH NBN ECMO IC	76.00	5,472	0	0		42.00
43.00	CARDIOLOGY	76.01	870	0	0		43.00
44.00	CARDIAC CATH	76.03	28,140	0	0		44.00
45.00	DAY SURGERY	76.04	54,380	0	0		45.00
46.00	AMB SVC-OB & GYN	90.01	4,300	0	0		46.00
47.00	IUSCC HEM/ONC	90.02	46,174	0	0		47.00
48.00	AMB SVC-OPTHALMOLOGY	90.03	4,401	0	0		48.00
49.00	OUTPATIENT SURGERY	90.06	9,176	0	0		49.00
50.00	AMB SVC-RILEY CLINICS	90.07	11,689	0	0		50.00
51.00	SLEEP LAB	90.11	11,694	0	0		51.00
52.00	PHYSICAL MEDICINE	90.17	5,690	0	0		52.00
53.00	DERMATOLOGY CLINIC	90.18	2,958	0	0		53.00
54.00	INFUSION/HEM/ONC	90.19	1,383	0	0		54.00
55.00	OP REHAB CLINIC	90.21	895	0	0		55.00
56.00	GASTROENTEROLOGY CLINIC	90.23	5,087	0	0		56.00
57.00	EMERGENCY	91.00	143,900	0	0		57.00
58.00	HOME PROGRAM DIALYSIS	94.00	7,986	0	0		58.00
59.00	AMBULANCE SERVICES	95.00	36,931	0	0		59.00
60.00	HOME HEALTH AGENCY	101.00	85,203	0	0		60.00
61.00	KIDNEY ACQUISITION	105.00	32,188	0	0		61.00
62.00	LIVER ACQUISITION	107.00	1,383	0	0		62.00
63.00	LUNG ACQUISITION	108.00	3,904	0	0		63.00
64.00	HOSPICE	116.00	59,636	0	0		64.00
65.00	OSA	191.02	543	0	0		65.00
66.00	OTHER NONREIMBURSABLE-METHODIST	192.01	22,105	0	0		66.00
67.00	RHI	192.07	6,490	0	0		67.00
	0		3,683,324	0			
	X - PROPERTY TAXES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	314,133	13		1.00
2.00	CAFETERIA	11.00	0	13,670	0		2.00
3.00	OPERATING ROOM	50.00	0	19,902	0		3.00
4.00	LABORATORY	60.00	0	48,939	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	11,663	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	8,205	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	12,801	0		7.00
8.00	IUSCC HEM/ONC	90.02	0	49,349	0		8.00
9.00	SLEEP LAB	90.11	0	9,876	0		9.00
10.00	AMBULANCE SERVICES	95.00	0	6,688	0		10.00
11.00	HOME HEALTH AGENCY	101.00	0	19,331	0		11.00
12.00	RESEARCH	191.00	0	3,106	0		12.00
13.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	92,971	0		13.00
14.00	RHI	192.07	0	120	0		14.00
	TOTALS		0	610,754			
	Y - PASTORAL ED RECLASSES						
1.00	PARAMED PASTORAL EDUCATION	23.05	207,768	68,135	0		1.00
	TOTALS		207,768	68,135			
	AA - RESPIRATORY THERAPY PARAMED						
1.00	PULMONARY FUNCTION TESTING	53.01	26,236	2,007	0		1.00
2.00	RESPIRATORY THERAPY	65.00	195,806	14,979	0		2.00
	0		222,042	16,986			
	CC - GRANT REVISIONS						
1.00	OSA	191.02	617,847	208,100	0		1.00
2.00	OTHER NONREIMBURSABLE-METHODIST	192.01	174,058	16,577	0		2.00
	TOTALS		791,905	224,677			
500.00	Grand Total: Decreases		18,862,731	659,529,451			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	136,772,365	8,912,686	0	8,912,686	411,676	1.00
2.00	Land Improvements	26,524,299	0	0	0	2,845,180	2.00
3.00	Buildings and Fixtures	1,192,824,692	0	0	0	13,704,669	3.00
4.00	Building Improvements	760,189,870	28,322,242	0	28,322,242	13,454,106	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	1,381,301,282	106,502,829	0	106,502,829	66,281,878	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,497,612,508	143,737,757	0	143,737,757	96,697,509	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,497,612,508	143,737,757	0	143,737,757	96,697,509	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	145,273,375	0	1.00
2.00	Land Improvements	23,679,119	3,365,950	2.00
3.00	Buildings and Fixtures	1,179,120,023	218,001,759	3.00
4.00	Building Improvements	775,058,006	276,027,031	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	1,421,522,233	946,650,975	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,544,652,756	1,444,045,715	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	3,544,652,756	1,444,045,715	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part II Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,123,130,524	0	2,123,130,524	0.598967	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,421,522,232	0	1,421,522,232	0.401033	0	2.00
3.00	Total (sum of lines 1-2)	3,544,652,756	0	3,544,652,756	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	51,269,492	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	78,337,162	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	129,606,654	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	591,770	0	51,861,262	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	78,337,162	2.00
3.00	Total (sum of lines 1-2)	0	0	591,770	0	130,198,424	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-108,585,010			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	184,630,853			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CATERING/FOOD REVENUE	B	-127,702	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	CATERING/FOOD REVENUE	B	-240,503	CAFETERIA	11.00	0	33.01
33.02	CATERING/FOOD REVENUE	B	84	LABORATORY	60.00	0	33.02
33.03	FRINGE BENEFIT TO HOME OFFICE	A	-110,012,771	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	PTO TO HOME OFFICE	A	-33,220	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	PTO TO HOME OFFICE	A	-57,648	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06	PTO TO HOME OFFICE	A	11	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	PTO TO HOME OFFICE	A	-8,233	AMB SVC-RILEY CLINICS	90.07	0	33.07
33.08	PTO TO HOME OFFICE	A	199	SLEEP LAB	90.11	0	33.08
33.09	PTO TO HOME OFFICE	A	-140,366	HOME HEALTH AGENCY	101.00	0	33.09
33.10	PTO TO HOME OFFICE	A	25,847	HOSPICE	116.00	0	33.10
33.11	PTO TO HOME OFFICE	A	17,648	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.11
33.13	CLASS & LECTURE REVENUE	B	-15,268	PARAMED ED ADMINISTRATION	13.01	0	33.13
33.14	CLASS & LECTURE REVENUE	B	-119,603	PARAMED RADIOLOGY-METHODIST	23.02	0	33.14
33.15	CLASS & LECTURE REVENUE	B	-462,167	PARAMED RESPIRATORY THERAPY	23.03	0	33.15
33.16	CLASS & LECTURE REVENUE	B	-80,057	PARAMED LAB SCIENCE PRO	23.06	0	33.16
33.17	CLASS & LECTURE REVENUE	B	-47,391	PARAMED SURGERY TECHNOLOGY	23.09	0	33.17
33.18	CLASS & LECTURE REVENUE	B	-15,588	PARAMED PHARMACY TECH	23.10	0	33.18
33.19	CLASS & LECTURE REVENUE	B	-1,475	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	CLASS & LECTURE REVENUE	B	-270	DELIVERY ROOM & LABOR ROOM	52.00	0	33.20
33.21	CLASS & LECTURE REVENUE	B	-154	NURSING ADMINISTRATION	13.00	0	33.21
33.22	CLASS & LECTURE REVENUE	B	-1,207	EMERGENCY	91.00	0	33.22
33.23	MISC OTHER OP REVENUE	B	1,590	OUTPATIENT RETAIL PHARMACY	73.03	0	33.23
33.24	MISC OTHER OP REVENUE	B	-225	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	MISC OTHER OP REVENUE	B	-796,892	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.25
33.26	MISC OTHER OP REVENUE	B	-125,276	OPERATION OF PLANT	7.00	0	33.26
33.27	MISC OTHER OP REVENUE	B	-670	DIETARY	10.00	0	33.27
33.28	MISC OTHER OP REVENUE	B	-3,527	NURSING ADMINISTRATION	13.00	0	33.28
33.29	MISC OTHER OP REVENUE	B	-904,538	PHARMACY	15.00	0	33.29
33.30	MISC OTHER OP REVENUE	B	-7,717	PARAMED PASTORAL EDUCATION	23.05	0	33.30
33.31	MISC OTHER OP REVENUE	B	-32,312	ADULTS & PEDIATRICS	30.00	0	33.31
33.32	MISC OTHER OP REVENUE	B	-288	SUBPROVIDER - IPF	40.00	0	33.32
33.33	MISC OTHER OP REVENUE	B	-16,653	PULMONARY FUNCTION TESTING	53.01	0	33.33
33.34	MISC OTHER OP REVENUE	B	-39,789	RADIOLOGY-DIAGNOSTIC	54.00	0	33.34
33.35	MISC OTHER OP REVENUE	B	-83,381	RADIOISOTOPE	56.00	0	33.35
33.36	MISC OTHER OP REVENUE	B	-418	CARDIAC CATHETERIZATION	59.00	0	33.36
33.37	MISC OTHER OP REVENUE	B	-3,907,319	LABORATORY	60.00	0	33.37
33.38	MISC OTHER OP REVENUE	B	-31,200	TRANSPLANT IMMUNOLOGY	60.01	0	33.38
33.39	MISC OTHER OP REVENUE	B	-28,747	PHYSICAL THERAPY	66.00	0	33.39
33.40	MISC OTHER OP REVENUE	B	-88,195	OCCUPATIONAL THERAPY	67.00	0	33.40
33.41	MISC OTHER OP REVENUE	B	-4,007	SPEECH PATHOLOGY	68.00	0	33.41
33.42	MISC OTHER OP REVENUE	B	-41,325	ELECTROCARDIOLOGY	69.00	0	33.42
33.43	MISC OTHER OP REVENUE	B	-973	ELECTROENCEPHALOGRAPHY	70.00	0	33.43
33.44	MISC OTHER OP REVENUE	B	-996	CARDIAC CATH	76.03	0	33.44
33.45	MISC OTHER OP REVENUE	B	-907,750	IUSCC HEM/ONC	90.02	0	33.45
33.46	MISC OTHER OP REVENUE	B	-2,244	AMB SVC-PSYCH ADULT	90.04	0	33.46
33.47	MISC OTHER OP REVENUE	B	-10,396	SLEEP LAB	90.11	0	33.47
33.48	MISC OTHER OP REVENUE	B	-124,150	LIFE CARE CLINIC	90.24	0	33.48
33.49	MISC OTHER OP REVENUE	B	-441,426	EMERGENCY	91.00	0	33.49
33.50	MISC OTHER OP REVENUE	B	-1,198	HOME HEALTH AGENCY	101.00	0	33.50
33.51	MISC OTHER OP REVENUE	B	-552,000	KIDNEY ACQUISITION	105.00	0	33.51
33.52	MISC OTHER OP REVENUE	B	-7,000	LIVER ACQUISITION	107.00	0	33.52
33.56	OTHER INSTITUTIONAL REVENUE	B	-1,568,162	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.56
33.57	OTHER INSTITUTIONAL REVENUE	B	-75,282	MEDICAL RECORDS & LIBRARY	16.00	0	33.57
33.58	OTHER INSTITUTIONAL REVENUE	B	-1,283,333	SOCIAL SERVICE	17.00	0	33.58
33.59	OTHER INSTITUTIONAL REVENUE	B	-2,553,760	ADULTS & PEDIATRICS	30.00	0	33.59
33.60	OTHER INSTITUTIONAL REVENUE	B	-2,160	NEONATAL INTENSIVE CARE UNIT	32.01	0	33.60
33.61	OTHER INSTITUTIONAL REVENUE	B	-337,519	DELIVERY ROOM & LABOR ROOM	52.00	0	33.61
33.62	OTHER INSTITUTIONAL REVENUE	B	-273,889	RADIOLOGY-THERAPEUTIC	55.00	0	33.62
33.63	OTHER INSTITUTIONAL REVENUE	B	-1,747	RENAL DIALYSIS	74.00	0	33.63
33.64	OTHER INSTITUTIONAL REVENUE	B	-1,000	CARDIAC CATH	76.03	0	33.64
33.66	VENDING REVENUE	B	-940	HOME HEALTH AGENCY	101.00	0	33.66
33.67	INTERCOMPANY REVENUE	B	-93,939	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.67
33.68	INTERCOMPANY REVENUE	B	-3,854,717	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.68
33.69	INTERCOMPANY REVENUE	B	-115,347	OPERATION OF PLANT	7.00	0	33.69
33.70	INTERCOMPANY REVENUE	B	-196,250	NURSING ADMINISTRATION	13.00	0	33.70

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.71	INTERCOMPANY REVENUE	B	-7,399,863	CENTRAL SERVICES & SUPPLY	14.00	0	33.71
33.72	INTERCOMPANY REVENUE	B	-745,413	PHARMACY	15.00	0	33.72
33.73	INTERCOMPANY REVENUE	B	-418,918	SOCIAL SERVICE	17.00	0	33.73
33.74	INTERCOMPANY REVENUE	B	-325,985	ADULTS & PEDIATRICS	30.00	0	33.74
33.75	INTERCOMPANY REVENUE	B	-738,821	OPERATING ROOM	50.00	0	33.75
33.76	INTERCOMPANY REVENUE	B	-20,000	PULMONARY FUNCTION TESTING	53.01	0	33.76
33.77	INTERCOMPANY REVENUE	B	-855,452	RADIOLOGY-DIAGNOSTIC	54.00	0	33.77
33.78	INTERCOMPANY REVENUE	B	-7,016	RADIOLOGY-THERAPEUTIC	55.00	0	33.78
33.79	INTERCOMPANY REVENUE	B	-16,640	RADIOISOTOPE	56.00	0	33.79
33.80	INTERCOMPANY REVENUE	B	-115,319,894	LABORATORY	60.00	0	33.80
33.81	INTERCOMPANY REVENUE	B	-202	TRANSPLANT IMMUNOLOGY	60.01	0	33.81
33.82	INTERCOMPANY REVENUE	B	-7,010,180	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.82
33.83	INTERCOMPANY REVENUE	B	-34,312	PHYSICAL THERAPY	66.00	0	33.83
33.84	INTERCOMPANY REVENUE	B	-35,766	SPEECH PATHOLOGY	68.00	0	33.84
33.85	INTERCOMPANY REVENUE	B	-558,384	ELECTROCARDIOLOGY	69.00	0	33.85
33.87	INTERCOMPANY REVENUE	B	-302,475	ELECTROENCEPHALOGRAPHY	70.00	0	33.87
33.88	INTERCOMPANY REVENUE	B	-99,688	OUTPATIENT RETAIL PHARMACY	73.03	0	33.88
33.89	INTERCOMPANY REVENUE	B	-39,910	AMB SVC-OB & GYN	90.01	0	33.89
33.90	INTERCOMPANY REVENUE	B	-48,645	IUSCC HEM/ONC	90.02	0	33.90
33.91	INTERCOMPANY REVENUE	B	-40,000	OUTPATIENT SURGERY	90.06	0	33.91
33.92	INTERCOMPANY REVENUE	B	-5,935,421	AMB SVC-RILEY CLINICS	90.07	0	33.92
33.93	INTERCOMPANY REVENUE	B	-31,831	MOTILITY LAB	90.08	0	33.93
33.94	INTERCOMPANY REVENUE	B	-2,213,385	SLEEP LAB	90.11	0	33.94
33.95	INTERCOMPANY REVENUE	B	-12,444	DERMATOLOGY CLINIC	90.18	0	33.95
33.96	INTERCOMPANY REVENUE	B	-1,036,428	AMBULANCE SERVICES	95.00	0	33.96
33.97	INTERCOMPANY REVENUE	B	-286,162	HOME HEALTH AGENCY	101.00	0	33.97
33.99	INTERCOMPANY REVENUE	B	-1,325,466	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.99
34.00	PARKING GARAGE	A	-2,505,467	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
34.01	PARKING GARAGE	A	-3,303,192	OPERATION OF PLANT	7.00	0	34.01
34.02	PARKING GARAGE	A	-3,149	LABORATORY	60.00	0	34.02
34.03	INTEREST EXPENSE	A	-298,627	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.04	INTEREST EXPENSE	A	-4	OPERATION OF PLANT	7.00	0	34.04
34.05	INTEREST EXPENSE	A	-6,000	PHARMACY	15.00	0	34.05
34.06	INTEREST EXPENSE	A	-1,385	LABORATORY	60.00	0	34.06
34.07	INTEREST EXPENSE	A	-27	IUSCC HEM/ONC	90.02	0	34.07
34.08	INTEREST EXPENSE	A	-6	EMERGENCY	91.00	0	34.08
34.09	INTEREST EXPENSE	A	-16	AMBULANCE SERVICES	95.00	0	34.09
34.10	INTEREST EXPENSE	A	-37	HOME HEALTH AGENCY	101.00	0	34.10
34.11	PARKING GARAGE DEPRECIATION	A	-1,380,958	CAP REL COSTS-BLDG & FIXT	1.00	9	34.11
34.12	DEPRECIATION TO HOME OFFICE	A	-46,144,911	CAP REL COSTS-BLDG & FIXT	1.00	9	34.12
34.13	PHARMACY RESEARCH	A	-793,359	PHARMACY	15.00	0	34.13
34.14	PHARMACY RESEARCH	A	-129,715	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.14
34.15	PHONES TO HOME OFFICE	A	-81,342	NONPATIENT TELEPHONES	5.01	0	34.15
34.16	CONTRIBUTION EXPENSE	A	-33,036	EMERGENCY	91.00	0	34.16
34.17	ACADEMIC SUPPORT	A	17,500,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.17
34.18	MEDICAID HAF FEES	A	-62,310,670	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.18
34.19	OUR HOUSE UTILITIES	A	-52,504	OPERATION OF PLANT	7.00	0	34.19
34.20	UNWONTED SITUATIONS	A	-193	OPERATION OF PLANT	7.00	0	34.20
34.21	UNWONTED SITUATIONS	A	-100	DIETARY	10.00	0	34.21
34.22	UNWONTED SITUATIONS	A	-13,209	ADULTS & PEDIATRICS	30.00	0	34.22
34.23	UNWONTED SITUATIONS	A	-450	INTENSIVE CARE UNIT	31.00	0	34.23
34.24	UNWONTED SITUATIONS	A	-27	CORONARY CARE UNIT	32.00	0	34.24
34.25	UNWONTED SITUATIONS	A	-100	RH PED IC	34.04	0	34.25
34.26	UNWONTED SITUATIONS	A	-537	OPERATING ROOM	50.00	0	34.26
34.27	UNWONTED SITUATIONS	A	-626	DAY SURGERY	76.04	0	34.27
34.28	UNWONTED SITUATIONS	A	-2,109	EMERGENCY	91.00	0	34.28
34.29	LEASE AND RENT REVENUE	B	-1,359,809	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.29
34.30	LEASE AND RENT REVENUE	B	-86,288	RADIOLOGY-DIAGNOSTIC	54.00	0	34.30
34.31	LEASE AND RENT REVENUE	B	-126,899	LABORATORY	60.00	0	34.31
34.32	LEASE AND RENT REVENUE	B	-2,216	AMB SVC-RILEY CLINICS	90.07	0	34.32
34.35	FQHC OFFSET	A	-23,691	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	34.35

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.36	HHA PHYSICIAN FEE	A	-1,110	HOME HEALTH AGENCY	101.00	0	34.36
34.37	HOSPICE PHYSICIAN FEE	A	-16,672	HOSPICE	116.00	0	34.37
34.38	NRCC PHYSICIAN FEE	A	-454,759	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.38
34.39	NRCC PHYSICIAN FEE	A	-1,062,284	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.39
34.40	NRCC PHYSICIAN FEE	A	-1,587,832	OTHER NONREIMBURSABLE - IUMC	192.02	0	34.40
34.41	NRCC PHYSICIAN FEE	A	-33,292	CARDIO PHYSICIANS	192.10	0	34.41
34.42	H.O PARAMED ED	A	3,301	PARAMED PHARMACY	23.07	0	34.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-302,963,066				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2018 1:14 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY EXPENSE	45,013,322	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	23,577,313	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	100,163,364	39,475	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	31,085	31,085	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	57,200,237	0	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	4,461,269	0	3.03
3.04	5.04	ADMITTING	INTERCOMPANY EXPENSE	18,754,803	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	41,374,321	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	134,329,861	309,527,906	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	9,377,368	0	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	45,179,612	655,200	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	3,393,408	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	3,467,664	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	5,115,636	0	3.11
3.12	10.00	DIETARY	INTERCOMPANY EXPENSE	1,309,141	1,309,141	3.12
3.13	11.00	CAFETERIA	INTERCOMPANY EXPENSE	811,160	0	3.13
3.14	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	8,959,484	6,299,746	3.14
3.15	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	39,084	39,084	3.15
3.16	15.00	PHARMACY	INTERCOMPANY EXPENSE	5,683	5,683	3.16
3.17	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	14,644,478	0	3.17
3.18	17.00	SOCIAL SERVICE	INTERCOMPANY EXPENSE	0	2,655	3.18
3.19	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	820,198	820,198	3.19
3.20	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	1,326,946	1,326,946	3.20
3.21	23.03	PARAMED RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.21
3.22	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	28,152,377	28,152,377	3.22
3.23	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	410,521	410,521	3.23
3.24	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	90,560	90,560	3.24
3.25	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	6,750	6,750	3.25
3.26	34.04	RH PED IC	INTERCOMPANY EXPENSE	2,516,223	2,516,223	3.26
3.27	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	38,542	38,542	3.27
3.28	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	847,222	847,222	3.28
3.29	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	7,880,824	7,880,824	3.29
3.30	51.00	RECOVERY ROOM	INTERCOMPANY EXPENSE	30,814	30,814	3.30
3.31	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	716,824	716,824	3.31
3.32	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	13,913,270	13,913,270	3.32
3.33	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	147,676	147,676	3.33
3.34	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	4,549,306	4,649,134	3.34
3.35	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	3,895,035	4,102,383	3.35
3.36	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	179,832	179,832	3.36
3.37	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	319,566	319,566	3.37
3.38	60.00	LABORATORY	INTERCOMPANY EXPENSE	71,724,951	71,724,951	3.38
3.39	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	246,547	246,547	3.39
3.40	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	50,155	50,155	3.40
3.41	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,588,403	2,588,403	3.41
3.42	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	400,000	407,308	3.42
3.43	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	108,074	3.43
3.44	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	53,482	1,783,930	3.44
3.45	76.01	CARDIOLOGY	INTERCOMPANY EXPENSE	206,421	206,421	3.45
3.46	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	1,947,664	1,947,664	3.46
3.47	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	2,154,056	2,154,056	3.47
3.48	76.04	DAY SURGERY	INTERCOMPANY EXPENSE	118,103	153,618	3.48
3.49	76.97	CARDIAC REHABILITATION	INTERCOMPANY EXPENSE	131,090	131,090	3.49
3.50	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	152,712	152,712	3.50
3.51	90.02	IUSCC HEM/ONC	INTERCOMPANY EXPENSE	8,108,641	11,128,230	3.51
3.52	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	40,000	40,000	3.52
3.53	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	902,741	902,741	3.53
3.54	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	3.54
3.55	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	318,393	872,997	3.55
3.56	90.14	ARTHRITIS CLINIC	INTERCOMPANY EXPENSE	70,274	70,274	3.56
3.57	90.17	PHYSICAL MEDICINE	INTERCOMPANY EXPENSE	139,669	160,120	3.57
3.58	90.18	DERMATOLOGY CLINIC	INTERCOMPANY EXPENSE	6,500	6,500	3.58
3.59	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	320,610	320,610	3.59
3.60	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	0	8,195	3.60
3.61	91.00	EMERGENCY	INTERCOMPANY EXPENSE	11,672,613	11,672,613	3.61
3.62	94.00	HOME PROGRAM DIALYSIS	INTERCOMPANY EXPENSE	26,505	26,505	3.62
3.63	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	0	2,595,672	3.63
3.64	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	89,934	6,433,456	3.64
3.65	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	78,753	78,753	3.65
3.66	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	25,000	25,000	3.66
3.67	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,425,706	1,425,706	3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/30/2018 1:14 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
3.68	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	1,113,939	1,113,939	3.68
3.69	112.00	OTHER ORGAN ACQUISITION	INTERCOMPANY EXPENSE	1,129,490	1,129,490	3.69
3.70	112.01	POST TRANSPLANT EXPENSES	INTERCOMPANY EXPENSE	183,778	183,778	3.70
4.00	116.00	HOSPICE	INTERCOMPANY EXPENSE	469,471	469,471	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			689,037,390	504,406,537	5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2018 1:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	45,013,322	9		1.00
2.00	23,577,313	9		2.00
3.00	100,123,889	0		3.00
3.01	0	0		3.01
3.02	57,200,237	0		3.02
3.03	4,461,269	0		3.03
3.04	18,754,803	0		3.04
3.05	41,374,321	0		3.05
3.06	-175,198,045	0		3.06
3.07	9,377,368	0		3.07
3.08	44,524,412	0		3.08
3.09	3,393,408	0		3.09
3.10	3,467,664	0		3.10
3.11	5,115,636	0		3.11
3.12	0	0		3.12
3.13	811,160	0		3.13
3.14	2,659,738	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	14,644,478	0		3.17
3.18	-2,655	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	0	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	-99,828	0		3.34
3.35	-207,348	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	0	0		3.41
3.42	-7,308	0		3.42
3.43	-44,985	0		3.43
3.44	-1,730,448	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	-35,515	0		3.48
3.49	0	0		3.49
3.50	0	0		3.50
3.51	-3,019,589	0		3.51
3.52	0	0		3.52
3.53	0	0		3.53
3.54	0	0		3.54
3.55	-554,604	0		3.55
3.56	0	0		3.56
3.57	-20,451	0		3.57
3.58	0	0		3.58
3.59	0	0		3.59
3.60	-8,195	0		3.60
3.61	0	0		3.61
3.62	0	0		3.62
3.63	-2,595,672	0		3.63
3.64	-6,343,522	0		3.64
3.65	0	0		3.65
3.66	0	0		3.66
3.67	0	0		3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/30/2018 1:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
3.68	0	0		3.68
3.69	0	0		3.69
3.70	0	0		3.70
4.00	0	0		4.00
5.00	184,630,853			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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2018 1:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	16,414,863	16,414,863	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	6,014,337	6,014,337	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	28,728,121	28,728,121	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	410,521	410,521	0	0	0	4.00
5.00	34.04	RH PED IC	2,346,748	2,346,748	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	595,000	595,000	0	0	0	6.00
7.00	50.00	OPERATING ROOM	7,690,046	7,690,046	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	623,449	623,449	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	16,087,805	13,838,270	2,249,535	239,400	17,520	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	3,576,255	3,576,255	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,134,982	3,134,982	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	179,832	179,832	0	0	0	12.00
13.00	60.00	LABORATORY	-8,000	-8,000	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	2,560,993	2,560,993	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	180,305	180,305	0	0	0	15.00
16.00	76.01	CARDIOLOGY	182,514	182,514	0	0	0	16.00
17.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,947,664	1,947,664	0	0	0	17.00
18.00	76.03	CARDIAC CATH	2,154,056	2,154,056	0	0	0	18.00
19.00	90.02	IUSCC HEM/ONC	1,202,097	1,202,097	0	0	0	19.00
20.00	90.11	SLEEP LAB	277,438	277,438	0	0	0	20.00
21.00	90.14	ARTHRITIS CLINIC	70,274	70,274	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	320,610	320,610	0	0	0	22.00
23.00	91.00	EMERGENCY	15,680,379	9,877,780	5,802,599	197,500	35,040	23.00
24.00	107.00	LIVER ACQUISITION	1,375,706	1,375,706	0	0	0	24.00
25.00	108.00	LUNG ACQUISITION	1,094,205	1,094,205	0	0	0	25.00
26.00	112.00	OTHER ORGAN ACQUISITION	1,088,410	1,088,410	0	0	0	26.00
200.00			113,928,610	105,876,476	8,052,134		52,560	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	4.00
5.00	34.04	RH PED IC	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	2,016,485	100,824	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	76.01	CARDIOLOGY	0	0	0	0	0	16.00
17.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	17.00
18.00	76.03	CARDIAC CATH	0	0	0	0	0	18.00
19.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	19.00
20.00	90.11	SLEEP LAB	0	0	0	0	0	20.00
21.00	90.14	ARTHRITIS CLINIC	0	0	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	22.00
23.00	91.00	EMERGENCY	3,327,115	166,356	0	0	0	23.00
24.00	107.00	LIVER ACQUISITION	0	0	0	0	0	24.00
25.00	108.00	LUNG ACQUISITION	0	0	0	0	0	25.00
26.00	112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	26.00
200.00			5,343,600	267,180	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	16,414,863		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	6,014,337		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	28,728,121		3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	410,521		4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2018 1:14 pm

	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		
5.00	34.04	RH PED IC	0	0	0	2,346,748		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	595,000		6.00
7.00	50.00	OPERATING ROOM	0	0	0	7,690,046		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	623,449		8.00
9.00	53.00	ANESTHESIOLOGY	0	2,016,485	233,050	14,071,320		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,576,255		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,134,982		11.00
12.00	56.00	RADIOISOTOPE	0	0	0	179,832		12.00
13.00	60.00	LABORATORY	0	0	0	-8,000		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,560,993		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	180,305		15.00
16.00	76.01	CARDIOLOGY	0	0	0	182,514		16.00
17.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,947,664		17.00
18.00	76.03	CARDIAC CATH	0	0	0	2,154,056		18.00
19.00	90.02	IUSCC HEM/ONC	0	0	0	1,202,097		19.00
20.00	90.11	SLEEP LAB	0	0	0	277,438		20.00
21.00	90.14	ARTHRITIS CLINIC	0	0	0	70,274		21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	320,610		22.00
23.00	91.00	EMERGENCY	0	3,327,115	2,475,484	12,353,264		23.00
24.00	107.00	LIVER ACQUISITION	0	0	0	1,375,706		24.00
25.00	108.00	LUNG ACQUISITION	0	0	0	1,094,205		25.00
26.00	112.00	OTHER ORGAN ACQUISITION	0	0	0	1,088,410		26.00
200.00			0	5,343,600	2,708,534	108,585,010		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	51,861,262	51,861,262				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	78,337,162		78,337,162			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	103,773,023	19,374	2,579	103,794,976		4.00
5.01	00540	NONPATIENT TELEPHONES	42,823	0	1,542	0	44,365	5.01
5.02	00550	DATA PROCESSING	57,205,729	23,365	19,990	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	4,551,711	25,350	38,632	0	0	5.03
5.04	00570	ADMITTING	18,824,021	15,932	5,975	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	41,374,321	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	143,823,193	2,394,895	1,804,149	2,761,772	844	5.06
6.00	00600	MAINTENANCE & REPAIRS	34,389,913	674,146	1,609,798	792,296	320	6.00
7.00	00700	OPERATION OF PLANT	55,641,412	5,108,240	430,254	789,393	395	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,857	249,127	0	1,585	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,393,408	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,467,664	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,115,636	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	552,172	18,118	5,853	69,397	60	9.04
9.05	00905	HOUSEKEEPING - MORGAN	490,623	0	0	62,856	65	9.05
10.00	01000	DIETARY	10,368,553	494,420	116,560	1,150,578	819	10.00
11.00	01100	CAFETERIA	1,046,535	86,802	18,081	30,987	25	11.00
13.00	01300	NURSING ADMINISTRATION	23,431,518	667,239	879,466	3,170,888	1,119	13.00
13.01	01851	PARAMED ED ADMINISTRATION	183,096	113,352	5,100	24,460	10	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	107,142,239	965,564	2,013,503	1,483,000	1,124	14.00
15.00	01500	PHARMACY	36,065,611	726,673	2,033,027	4,979,617	1,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,323,057	49,198	0	15,620	10	16.00
17.00	01700	SOCIAL SERVICE	5,277,223	63,033	0	765,059	395	17.00
18.00	01850	PATIENT TRANSPORTATION	2,858,492	11,537	65,990	297,353	240	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44,352,166	13,006	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	25,593,882	574,798	497	17,679	10	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	723,689	43,379	0	130,599	55	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	162,111	41,652	0	88,614	35	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	605,915	0	0	88,897	40	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	375,457	0	0	71,097	30	23.06
23.07	02307	PARAMED PHARMACY	1,688,048	0	0	254,657	110	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	250,437	25,664	0	46,256	20	23.09
23.10	02310	PARAMED PHARMACY TECH	237,754	25,092	0	39,319	15	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,269,576	8,028,394	5,639,502	18,667,043	9,147	30.00
31.00	03100	INTENSIVE CARE UNIT	15,694,432	566,232	125,144	2,244,716	954	31.00
32.00	03200	CORONARY CARE UNIT	15,118,963	582,041	357,009	2,258,072	984	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	19,967,411	798,048	1,164,534	3,079,636	1,404	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,972,768	170,768	290,254	299,262	115	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,355,257	279,489	24,758	519,604	225	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	9,328,593	548,730	1,411,953	1,383,698	600	34.04
34.05	03404	TRANSPLANT ICU	2,441,889	150,900	6,608	315,133	145	34.05
34.06	03407	PEDS CANCER CARE	1,698,645	475,752	296,647	254,410	120	34.06
40.00	04000	SUBPROVIDER - IPF	4,000,711	426,947	29,113	611,692	285	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,919,620	4,014	2,532	227,550	85	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,012,027	3,111,612	23,879,785	6,185,328	2,758	50.00
50.01	05001	ENDOSCOPY	1,693,610	75,041	659,143	251,308	100	50.01
51.00	05100	RECOVERY ROOM	8,844,704	824,362	1,270,930	1,370,772	580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,198,289	500,306	326,087	1,195,468	415	52.00
53.00	05300	ANESTHESIOLOGY	3,679,969	115,045	529,236	233,932	110	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,285,188	196,914	323,463	501,576	210	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,527,238	3,012,242	11,849,880	4,651,928	1,918	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,804,230	501,674	2,053,846	841,629	300	55.00
56.00	05600	RADIOISOTOPE	1,227,150	218,810	846,852	174,756	65	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,396,164	126,851	771,838	196,812	60	59.00
60.00	06000	LABORATORY	35,083,345	700,651	5,004,231	7,939,167	2,228	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
60.01	06001	TRANSPLANT IMMUNOLOGY	1,372,837	50,117	37,182	168,680	70	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,328,988	29,364	102,407	523,166	215	63.00
65.00	06500	RESPIRATORY THERAPY	22,328,832	257,659	1,059,220	3,102,421	1,309	65.00
66.00	06600	PHYSICAL THERAPY	17,607,186	518,985	264,625	2,563,898	1,029	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,087,720	101,792	984	494,639	195	67.00
68.00	06800	SPEECH PATHOLOGY	4,376,223	295,970	158,204	684,746	280	68.00
69.00	06900	ELECTROCARDIOLOGY	2,664,344	119,115	489,476	486,888	240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,761,194	625,161	780,562	712,764	280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,564,413	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,361,824	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,291,897	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	101,386,309	104,057	300,281	1,265,168	455	73.03
74.00	07400	RENAL DIALYSIS	5,235,912	355,124	394,674	715,081	320	74.00
76.00	03020	RH NBN ECMO IC	1,043,097	0	21,838	163,468	45	76.00
76.01	03140	CARDIOLOGY	2,687,591	128,050	474,502	152,322	65	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	267,531	10,035	27,915	39,080	15	76.02
76.03	03950	CARDIAC CATH	4,265,048	769,020	630,904	739,973	250	76.03
76.04	03951	DAY SURGERY	4,707,521	258,254	42,382	690,821	305	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,081,481	4,900	25,319	170,577	60	76.08
76.97	07697	CARDIAC REHABILITATION	977,678	94,449	6,147	103,703	40	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	873,007	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,002,858	227,813	182,284	298,179	165	90.01
90.02	09002	IUSCC HEM/ONC	22,526,022	1,520,943	1,197,580	3,269,776	964	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	383,135	3,756	295,826	52,857	35	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,003,601	265,676	215	154,139	70	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,315,281	154,499	195,515	345,305	160	90.06
90.07	09007	AMB SVC-RILEY CLINICS	527,209	488,063	53,865	912,221	425	90.07
90.08	09008	MOTILITY LAB	126,924	4,361	60,148	24,391	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3,080	0	0	345	0	90.10
90.11	09023	SLEEP LAB	2,512,858	46,395	72,975	611,298	270	90.11
90.12	09024	OP CARE ADULTS	0	17,064	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	380,180	0	4,576	35,028	15	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	946,219	156,293	4,135	115,945	80	90.17
90.18	09016	DERMATOLOGY CLINIC	1,017,266	95,402	29,119	159,646	90	90.18
90.19	09017	INFUSION/HEM/ONC	817,103	0	3,059	73,626	35	90.19
90.20	09025	IUMG - MH	0	48,289	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	256,741	23,287	3,464	23,925	15	90.21
90.22	09020	EATING DISORDERS CLINIC	1,209,152	0	15,556	151,158	65	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,449,846	183,583	13,066	163,344	105	90.23
90.24	09021	LIFE CARE CLINIC	1,485,214	97,509	442	226,184	105	90.24
91.00	09100	EMERGENCY	27,026,539	1,536,673	899,152	3,549,436	1,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	430,279	129,261	9,168	53,420	20	94.00
95.00	09500	AMBULANCE SERVICES	22,629,406	0	3,761,499	1,819,887	879	95.00
101.00	10100	HOME HEALTH AGENCY	56,297,087	11,963	116,956	4,391,596	1,903	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,010,519	91,814	136,964	469,249	170	105.00
106.00	10600	HEART ACQUISITION	1,198,727	3,913	5,962	76,385	25	106.00
107.00	10700	LIVER ACQUISITION	9,365,987	47,718	68,087	132,030	70	107.00
108.00	10800	LUNG ACQUISITION	5,165,593	19,352	27,456	125,086	45	108.00
109.00	10900	PANCREAS ACQUISITION	1,980,167	12,423	17,834	24,302	10	109.00
110.00	11000	INTESTINAL ACQUISITION	683,355	1,828	2,644	34,111	10	110.00
112.00	08600	OTHER ORGAN ACQUISITION	321,910	0	0	50,789	15	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,006,884	115,830	168,179	569,627	215	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,036,179	54,680	48,051	1,149,419	545	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,944,446,446	42,925,219	78,124,740	102,375,570	43,521	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-114,151	138,556	0	0	105	190.00
191.00	19100	RESEARCH	615,141	310,008	0	41,909	10	191.00
191.01	19101	RESEARCH-GCRC	772,019	214,068	0	92,306	0	191.01
191.02	19102	OSA	4,477,423	0	0	171,504	30	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,411,530	579,372	2,950	10,328	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	12,167,011	1,046,850	161,074	1,056,646	679	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	3,414,309	0	10,114	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	6,569,850	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	204,630	0	38,284	29,599	15	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	363,636	26,897	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	189,545	50,442	0	17,114	5	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,968,947,539	51,861,262	78,337,162	103,794,976	44,365	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	57,249,084					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	4,615,693				5.03
5.04	00570	ADMITTING	0	1	18,845,929			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	41,374,321		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,089,538	264	0	0	151,874,655	5.06
6.00	00600	MAINTENANCE & REPAIRS	412,606	43	0	0	37,879,122	6.00
7.00	00700	OPERATION OF PLANT	509,311	532	0	0	62,479,537	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,845	0	0	263,414	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,393,408	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,467,664	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,115,636	9.03
9.04	00904	HOUSEKEEPING - SAXONY	77,364	2	0	0	722,966	9.04
9.05	00905	HOUSEKEEPING - MORGAN	83,811	116	0	0	637,471	9.05
10.00	01000	DIETARY	1,057,303	406	0	0	13,188,639	10.00
11.00	01100	CAFETERIA	32,235	0	0	0	1,214,665	11.00
13.00	01300	NURSING ADMINISTRATION	1,444,121	280	0	0	29,594,631	13.00
13.01	01851	PARAMED ED ADMINISTRATION	12,894	3	0	0	338,915	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,450,568	39,035	0	0	113,095,033	14.00
15.00	01500	PHARMACY	2,088,818	37,922	0	0	45,933,287	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,894	0	0	0	16,400,779	16.00
17.00	01700	SOCIAL SERVICE	509,311	1	0	0	6,615,022	17.00
18.00	01850	PATIENT TRANSPORTATION	309,455	71	0	0	3,543,138	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	44,365,172	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,894	1	0	0	26,199,761	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	70,917	0	0	0	968,639	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	45,129	33	0	0	337,574	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	51,576	2	0	0	746,430	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	38,682	143	0	0	485,409	23.06
23.07	02307	PARAMED PHARMACY	141,833	0	0	0	2,084,648	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	25,788	5	0	0	348,170	23.09
23.10	02310	PARAMED PHARMACY TECH	19,341	42	0	0	321,563	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,810,840	208,590	2,997,025	3,908,763	185,538,880	30.00
31.00	03100	INTENSIVE CARE UNIT	1,231,371	38,313	339,731	406,246	20,647,139	31.00
32.00	03200	CORONARY CARE UNIT	1,270,053	43,798	398,150	476,104	20,505,174	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,811,598	24,489	698,685	835,480	28,381,285	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	148,280	3,843	43,137	51,583	2,980,010	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	290,114	9,798	79,679	95,279	4,654,203	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	773,636	19,310	209,680	250,733	13,926,933	34.04
34.05	03404	TRANSPLANT ICU	186,962	7,552	56,844	67,974	3,234,007	34.05
34.06	03407	PEDS CANCER CARE	154,727	2,420	51,517	61,604	2,995,842	34.06
40.00	04000	SUBPROVIDER - IPF	367,477	2,169	63,298	75,691	5,577,383	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	109,598	1,861	42,507	50,829	2,358,596	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,558,727	329,507	2,677,975	4,851,127	87,608,846	50.00
50.01	05001	ENDOSCOPY	128,939	12,224	76,873	142,466	3,039,704	50.01
51.00	05100	RECOVERY ROOM	747,848	11,365	255,307	745,864	14,071,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	535,098	13,189	212,403	290,965	13,272,220	52.00
53.00	05300	ANESTHESIOLOGY	141,833	51,356	211,552	371,608	5,334,641	53.00
53.01	05301	PULMONARY FUNCTION TESTING	270,773	3,938	19,415	199,176	4,800,653	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,475,636	67,577	986,671	2,954,873	60,527,963	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	386,818	3,202	39,862	870,408	11,501,969	55.00
56.00	05600	RADIOISOTOPE	83,811	1,359	29,189	212,288	2,794,280	56.00
59.00	05900	CARDIAC CATHETERIZATION	77,364	14,725	75,454	292,160	2,951,428	59.00
60.00	06000	LABORATORY	2,875,348	757,768	1,317,765	3,174,082	56,854,585	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	90,258	28,626	7,420	54,296	1,809,486	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	277,220	30,166	353,104	477,125	10,121,755	63.00
65.00	06500	RESPIRATORY THERAPY	1,689,106	58,103	573,093	704,232	29,773,975	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
66.00	06600	PHYSICAL THERAPY	1,328,076	11,011	229,569	406,230	22,930,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	251,432	1,653	61,849	93,421	4,093,685	67.00
68.00	06800	SPEECH PATHOLOGY	361,030	2,289	40,850	118,162	6,037,754	68.00
69.00	06900	ELECTROCARDIOLOGY	309,455	1,467	195,276	435,187	4,701,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361,030	4,788	154,399	262,503	7,662,681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	934,450	593,168	1,240,571	50,332,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,609,970	1,836,922	2,804,868	93,613,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,532,989	6,306,006	203,130,892	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	586,674	2,987	0	638,075	104,284,006	73.03
74.00	07400	RENAL DIALYSIS	412,606	28,661	82,488	201,710	7,426,576	74.00
76.00	03020	RH NBN ECMO IC	58,023	3,301	18,262	21,837	1,329,871	76.00
76.01	03140	CARDIOLOGY	83,811	12,431	66,603	276,525	3,881,900	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,341	540	4,256	25,927	394,640	76.02
76.03	03950	CARDIAC CATH	322,348	22,315	212,464	758,755	7,721,077	76.03
76.04	03951	DAY SURGERY	393,265	13,455	0	21,268	6,127,271	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	77,364	39	20,400	24,394	1,404,534	76.08
76.97	07697	CARDIAC REHABILITATION	51,576	125	62	17,447	1,251,227	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	5,168	878,175	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	212,750	1,086	301	24,214	2,949,650	90.01
90.02	09002	IUSCC HEM/ONC	1,244,265	11,753	3,925	523,179	30,298,407	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	45,129	181	7	16,127	797,053	90.03
90.04	09004	AMB SVC-PSYCH ADULT	90,258	66	1	31,422	1,545,448	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	206,303	603	45,881	124,774	3,388,321	90.06
90.07	09007	AMB SVC-RILEY CLINICS	547,992	4,500	1,920	78,531	2,614,726	90.07
90.08	09008	MOTILITY LAB	6,447	1,358	133	4,474	228,241	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	3,425	90.10
90.11	09023	SLEEP LAB	348,136	3,402	71	109,292	3,704,697	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	17,064	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	19,341	327	1	27,258	466,726	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	103,152	206	26	5,282	1,331,338	90.17
90.18	09016	DERMATOLOGY CLINIC	116,045	1,541	29	22,884	1,442,022	90.18
90.19	09017	INFUSION/HEM/ONC	45,129	534	127	55,150	994,763	90.19
90.20	09025	IUMG - MH	0	0	0	0	48,289	90.20
90.21	09019	OP REHAB CLINIC	19,341	172	28	4,382	331,355	90.21
90.22	09020	EATING DISORDERS CLINIC	83,811	16	0	31,064	1,490,822	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	135,386	189	43	13,512	1,959,074	90.23
90.24	09021	LIFE CARE CLINIC	135,386	160	0	0	1,945,000	90.24
91.00	09100	EMERGENCY	2,153,288	57,941	658,040	3,106,317	38,989,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	25,788	22,135	0	41,094	711,165	94.00
95.00	09500	AMBULANCE SERVICES	1,134,667	6,841	453	639,938	29,993,570	95.00
101.00	10100	HOME HEALTH AGENCY	2,456,295	9,363	0	755,405	64,040,568	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	219,197	3,389	113,188	135,349	12,179,839	105.00
106.00	10600	HEART ACQUISITION	32,235	12	9,524	11,388	1,338,171	106.00
107.00	10700	LIVER ACQUISITION	90,258	1,491	82,111	98,187	9,885,939	107.00
108.00	10800	LUNG ACQUISITION	58,023	293	40,887	48,892	5,485,627	108.00
109.00	10900	PANCREAS ACQUISITION	12,894	397	19,262	23,033	2,090,322	109.00
110.00	11000	INTESTINAL ACQUISITION	12,894	167	4,078	4,876	743,963	110.00
112.00	08600	OTHER ORGAN ACQUISITION	19,341	0	0	0	392,055	112.00
112.01	08601	POST TRANSPLANT EXPENSES	277,220	3,533	0	0	5,141,488	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	702,720	4,181	0	159,287	12,155,062	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	56,159,546	4,611,314	18,845,929	41,374,321	1,932,783,814	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,386	0	0	0	159,896	190.00
191.00	19100	RESEARCH	12,894	0	0	0	979,962	191.00
191.01	19101	RESEARCH-GCRC	0	951	0	0	1,079,344	191.01
191.02	19102	OSA	38,682	679	0	0	4,688,318	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,004,180	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	876,788	1,858	0	0	15,310,906	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	46	0	0	3,424,469	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,569,850	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	19,341	840	0	0	292,709	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	390,533	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	6,447	5	0	0	263,558	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	57,249,084	4,615,693	18,845,929	41,374,321	1,968,947,539	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	151,874,655					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,166,013	41,045,135				6.00
7.00	00700	OPERATION OF PLANT	5,222,165	4,304,581	72,006,283			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,017	209,933	411,439	906,803		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	283,628	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	289,834	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	427,575	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	60,427	15,268	29,923	3	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	53,281	0	0	0	0	9.05
10.00	01000	DIETARY	1,102,333	416,635	816,545	0	0	10.00
11.00	01100	CAFETERIA	101,524	73,146	143,356	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,473,578	562,265	1,101,960	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	28,327	95,519	187,203	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,452,709	813,656	1,594,650	13,265	0	14.00
15.00	01500	PHARMACY	3,839,196	612,349	1,200,117	5	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,370,810	41,458	81,251	0	0	16.00
17.00	01700	SOCIAL SERVICE	552,897	53,116	104,100	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	296,143	9,722	19,054	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,708,130	10,960	21,479	219	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,189,828	484,367	949,291	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	80,961	36,554	71,641	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	28,215	35,099	68,789	1	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	62,388	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	40,571	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	174,239	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	29,101	21,626	42,385	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	26,877	21,144	41,440	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,507,711	6,765,324	13,259,075	420,497	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,725,729	477,149	935,144	32,986	0	31.00
32.00	03200	CORONARY CARE UNIT	1,713,863	490,470	961,253	30,369	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,372,165	672,494	1,317,993	29,736	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	249,075	143,901	282,026	8,305	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	389,008	235,518	461,582	4,280	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	1,164,041	462,401	906,240	19,007	0	34.04
34.05	03404	TRANSPLANT ICU	270,305	127,160	249,215	5,322	0	34.05
34.06	03407	PEDS CANCER CARE	250,398	400,904	785,715	7,427	0	34.06
40.00	04000	SUBPROVIDER - IPF	466,169	359,777	705,112	5,403	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	197,136	3,382	6,629	4,451	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,322,523	2,622,075	5,138,895	64,247	0	50.00
50.01	05001	ENDOSCOPY	254,065	63,235	123,932	2,571	0	50.01
51.00	05100	RECOVERY ROOM	1,176,144	694,669	1,361,452	10,584	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,109,319	421,595	826,267	26,562	0	52.00
53.00	05300	ANESTHESIOLOGY	445,880	96,945	189,999	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	401,248	165,934	325,207	4,799	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,059,048	2,538,338	4,974,782	62,022	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	961,358	422,748	828,526	6,019	0	55.00
56.00	05600	RADIOISOTOPE	233,552	184,386	361,370	2,861	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	246,686	106,894	209,497	90	0	59.00
60.00	06000	LABORATORY	4,752,020	590,420	1,157,140	1,221	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	151,240	42,232	82,769	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	845,997	24,744	48,495	26	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,488,568	217,123	425,530	142	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	1,916,586	437,335	857,115	6,982	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	342,158	85,778	168,112	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	504,648	249,406	488,801	53	0	68.00
69.00	06900	ELECTROCARDIOLOGY	392,956	100,375	196,720	5,191	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640,462	526,807	1,032,467	1,982	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,206,900	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,824,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,978,152	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	8,716,266	87,686	171,853	0	0	73.03
74.00	07400	RENAL DIALYSIS	620,728	299,254	586,495	3,101	0	74.00
76.00	03020	RH NBN ECMO IC	111,153	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	324,457	107,905	211,478	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,985	8,456	16,572	1,876	0	76.02
76.03	03950	CARDIAC CATH	645,343	648,034	1,270,054	12,525	0	76.03
76.04	03951	DAY SURGERY	512,130	217,624	426,512	8,848	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	117,394	4,129	8,092	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	104,580	79,589	155,984	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	73,400	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	246,538	191,972	376,239	2,063	0	90.01
90.02	09002	IUSCC HEM/ONC	2,532,401	1,281,659	2,511,870	2,695	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	66,619	3,165	6,203	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	129,172	223,878	438,769	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	283,203	130,192	255,159	763	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	218,544	411,278	806,046	5,529	0	90.07
90.08	09008	MOTILITY LAB	19,077	3,675	7,203	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	286	0	0	0	0	90.10
90.11	09023	SLEEP LAB	309,646	39,096	76,622	0	0	90.11
90.12	09024	OP CARE ADULTS	1,426	14,380	28,182	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	39,010	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	111,276	131,704	258,121	360	0	90.17
90.18	09016	DERMATOLOGY CLINIC	120,527	80,392	157,558	826	0	90.18
90.19	09017	INFUSION/HEM/ONC	83,144	0	0	0	0	90.19
90.20	09025	IUMG - MH	4,036	40,692	79,751	0	0	90.20
90.21	09019	OP REHAB CLINIC	27,695	19,623	38,459	226	0	90.21
90.22	09020	EATING DISORDERS CLINIC	124,606	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	163,743	154,700	303,191	393	0	90.23
90.24	09021	LIFE CARE CLINIC	162,567	82,169	161,039	0	0	90.24
91.00	09100	EMERGENCY	3,258,783	1,294,914	2,537,849	88,502	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	59,441	108,925	213,478	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,506,923	0	0	54	0	95.00
101.00	10100	HOME HEALTH AGENCY	5,352,639	10,081	19,757	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,018,015	77,369	151,632	0	0	105.00
106.00	10600	HEART ACQUISITION	111,847	3,297	6,462	0	0	106.00
107.00	10700	LIVER ACQUISITION	826,287	40,210	78,807	0	0	107.00
108.00	10800	LUNG ACQUISITION	458,500	16,307	31,960	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	174,713	10,468	20,516	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	62,182	1,540	3,018	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	32,769	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	429,736	97,607	191,295	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,015,944	46,078	90,305	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	148,852,019	33,514,965	57,248,214	904,389	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,364	116,758	228,828	0	0	190.00
191.00	19100	RESEARCH	81,907	261,235	511,984	0	0	191.00
191.01	19101	RESEARCH-GCRC	90,214	180,389	353,538	1,972	0	191.01
191.02	19102	OSA	391,859	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	251,095	488,222	956,846	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,279,716	882,153	1,728,896	442	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	286,224	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	549,121	5,536,241	10,850,250	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	24,465	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	32,642	22,666	44,421	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	22,029	42,506	83,306	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	151,874,655	41,045,135	72,006,283	906,803	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,677,036					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	3,757,498				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	5,543,211			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	828,587		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	690,752	9.05
10.00	01000	DIETARY	48,187	10,318	75,442	12,546	23,325	10.00
11.00	01100	CAFETERIA	0	0	0	19,836	11,181	11.00
13.00	01300	NURSING ADMINISTRATION	19,801	59,326	138,915	0	1,789	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	37,007	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	94,120	118,994	72,338	28,578	6,829	14.00
15.00	01500	PHARMACY	79,698	46,452	90,322	19,607	5,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,722	0	0	0	18,020	16.00
17.00	01700	SOCIAL SERVICE	416	10,129	10,187	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	3,238	0	637	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,305	3,024	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,266	11,773	159,337	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	14,162	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	13,599	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	8,379	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	8,192	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	648,922	925,665	899,949	113,683	89,381	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,662	181,252	0	0	31.00
32.00	03200	CORONARY CARE UNIT	68,301	44,326	80,190	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	232,501	31,165	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	56,510	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	94,286	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	181,585	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	50,906	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	157,436	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,660	94,421	44,628	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	1,310	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	327,194	241,490	327,985	70,723	86,078	50.00
50.01	05001	ENDOSCOPY	0	0	24,500	0	0	50.01
51.00	05100	RECOVERY ROOM	32,199	103,589	52,162	80,486	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	163,341	0	0	52.00
53.00	05300	ANESTHESIOLOGY	900	31,336	5,773	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	15,946	30,954	17,212	1,068	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	279,946	216,495	398,753	44,161	78,513	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	104,044	0	63,095	0	0	55.00
56.00	05600	RADIOISOTOPE	28,874	8,036	32,362	3,083	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,863	0	59.00
60.00	06000	LABORATORY	76,082	56,236	57,392	25,435	22,880	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	16,362	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,470	0	7,196	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	14,365	24,365	39,877	1,864	6,316	65.00
66.00	06600	PHYSICAL THERAPY	13,461	4,805	119,749	17,462	19,931	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	12,622	12,444	4,458	0	6,194	67.00
68.00	06800	SPEECH PATHOLOGY	19,853	52,681	25,437	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,753	28,010	0	8,947	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,908	193,342	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	33,973	0	0	73.03
74.00	07400	RENAL DIALYSIS	71,970	15,490	31,008	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	5,046	37,425	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,276	0	0	76.02
76.03	03950	CARDIAC CATH	972	16,377	233,977	0	0	76.03
76.04	03951	DAY SURGERY	83,590	0	3,419	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	1,600	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	4,360	19,389	9,158	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	76,853	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	427,509	19,913	63,180	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,267	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	86,738	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	44,363	0	7,508	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	161,509	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,443	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	2,394	12,279	0	90.11
90.12	09024	OP CARE ADULTS	0	0	5,571	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	52,726	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	32,184	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	15,766	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	7,706	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	45,562	16,058	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1,596	0	30,290	0	0	90.24
91.00	09100	EMERGENCY	25,062	152,074	247,861	46,258	45,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	43,607	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,014	0	2,925	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	16,495	85	13,928	0	0	105.00
106.00	10600	HEART ACQUISITION	704	4	593	0	0	106.00
107.00	10700	LIVER ACQUISITION	8,571	45	7,240	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,476	19	2,936	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,232	11	1,885	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	329	0	278	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	20,807	108	17,574	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,077	0	15,843	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,027,796	3,182,481	4,278,140	556,321	439,273	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,625	36,887	0	0	2,118	190.00
191.00	19100	RESEARCH	1,740	0	99,528	0	0	191.00
191.01	19101	RESEARCH-GCRC	59,454	0	12,354	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,133	0	0	2,005	249,361	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	22,448	9,762	310,422	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	542,840	528,368	817,518	270,261	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	8,781	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	16,468	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,677,036	3,757,498	5,543,211	828,587	690,752	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	15,693,970					10.00
11.00	01100	CAFETERIA	0	1,563,708				11.00
13.00	01300	NURSING ADMINISTRATION	0	41,828	33,994,093			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	373	0	687,344		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,015	0	0	125,332,187	14.00
15.00	01500	PHARMACY	0	60,502	10,663	0	1,039,296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	373	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,752	10,663	0	39	17.00
18.00	01850	PATIENT TRANSPORTATION	0	8,963	0	0	1,952	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	373	0	0	15	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	2,054	0	121,369	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	1,307	0	89,848	904	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	1,494	0	88,292	57	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	1,120	0	65,559	3,923	23.06
23.07	02307	PARAMED PHARMACY	0	4,108	0	242,950	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	747	0	42,864	132	23.09
23.10	02310	PARAMED PHARMACY TECH	0	560	0	36,462	1,139	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,174,049	342,098	12,529,191	0	5,716,711	30.00
31.00	03100	INTENSIVE CARE UNIT	371,985	35,666	1,770,081	0	1,050,017	31.00
32.00	03200	CORONARY CARE UNIT	491,064	36,787	1,866,050	0	1,200,360	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	144,980	52,472	2,708,438	0	671,159	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	101,172	4,295	202,600	0	105,321	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	65,104	8,403	394,536	0	268,521	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	127,477	22,408	1,140,956	0	529,215	34.04
34.05	03404	TRANSPLANT ICU	32,679	5,415	266,579	0	206,961	34.05
34.06	03407	PEDS CANCER CARE	114,173	4,482	202,600	0	66,310	34.06
40.00	04000	SUBPROVIDER - IPF	537,401	10,644	245,252	0	59,453	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	3,174	181,273	0	50,991	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	103,077	2,815,069	0	9,030,620	50.00
50.01	05001	ENDOSCOPY	0	3,735	159,947	0	335,013	50.01
51.00	05100	RECOVERY ROOM	45,755	21,661	991,672	0	311,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,499	831,725	0	361,454	52.00
53.00	05300	ANESTHESIOLOGY	0	4,108	181,273	0	1,407,479	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	7,843	53,316	0	107,936	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,706	746,420	0	1,852,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,204	138,621	0	87,755	55.00
56.00	05600	RADIOISOTOPE	0	2,428	0	0	37,241	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,241	63,979	0	403,556	59.00
60.00	06000	LABORATORY	0	83,283	63,979	0	20,767,767	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	2,614	0	0	784,538	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,030	0	0	826,739	63.00
65.00	06500	RESPIRATORY THERAPY	0	48,924	0	0	1,592,397	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	38,467	10,663	0	301,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,283	0	0	45,313	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,457	63,979	0	62,727	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,963	53,316	0	40,194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,457	0	0	131,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	25,610,012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	44,121,579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	16,993	0	0	81,858	73.03
74.00	07400	RENAL DIALYSIS	0	11,951	394,536	0	785,484	74.00
76.00	03020	RH NBN ECMO IC	0	1,681	85,305	0	90,461	76.00
76.01	03140	CARDIOLOGY	0	2,428	63,979	0	340,697	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	560	31,989	0	14,800	76.02
76.03	03950	CARDIAC CATH	0	9,337	298,568	0	611,575	76.03
76.04	03951	DAY SURGERY	0	11,391	469,178	0	368,752	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	2,241	53,316	0	1,081	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,494	31,989	0	3,419	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	6,162	127,958	0	29,770	90.01
90.02	09002	IUSCC HEM/ONC	0	36,040	799,736	0	322,107	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,307	0	0	4,965	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,614	21,326	0	1,797	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	5,975	117,295	0	16,533	90.06
90.07	09007	AMB SVC-RILEY CLINICS	16,061	15,872	426,526	0	123,318	90.07
90.08	09008	MOTILITY LAB	0	187	10,663	0	37,211	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	1,973	10,084	0	0	93,227	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	560	21,326	0	8,973	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	2,988	53,316	0	5,642	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3,361	95,968	0	42,224	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,307	53,316	0	14,622	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	560	21,326	0	4,706	90.21
90.22	09020	EATING DISORDERS CLINIC	0	2,428	10,663	0	444	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	3,921	106,631	0	5,182	90.23
90.24	09021	LIFE CARE CLINIC	0	3,921	74,642	0	4,379	90.24
91.00	09100	EMERGENCY	368,444	62,369	2,228,596	0	1,587,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	747	31,989	0	606,652	94.00
95.00	09500	AMBULANCE SERVICES	0	32,865	426,526	0	187,474	95.00
101.00	10100	HOME HEALTH AGENCY	0	71,146	0	0	256,595	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,349	10,663	0	92,869	105.00
106.00	10600	HEART ACQUISITION	0	934	0	0	338	106.00
107.00	10700	LIVER ACQUISITION	0	2,614	0	0	40,874	107.00
108.00	10800	LUNG ACQUISITION	0	1,681	0	0	8,030	108.00
109.00	10900	PANCREAS ACQUISITION	0	373	0	0	10,868	109.00
110.00	11000	INTESTINAL ACQUISITION	0	373	0	0	4,583	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	560	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	8,030	0	0	96,830	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	20,354	0	0	114,590	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,592,317	1,532,151	33,770,167	687,344	125,212,206	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,921	0	0	0	190.00
191.00	19100	RESEARCH	0	373	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	101,653	0	0	0	26,064	191.01
191.02	19102	OSA	0	1,120	42,653	0	18,604	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	25,396	181,273	0	50,911	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	1,264	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	560	0	0	23,013	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	187	0	0	125	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,693,970	1,563,708	33,994,093	687,344	125,332,187	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	52,936,693					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,916,413				16.00
17.00	01700	SOCIAL SERVICE	0	0	7,371,321			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	3,882,847		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	48,110,289	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	26	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	76	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	221,510	1,692,136	5,192,478	367,065	14,456,208	30.00
31.00	03100	INTENSIVE CARE UNIT	40,807	175,867	409,529	38,150	2,289,559	31.00
32.00	03200	CORONARY CARE UNIT	63,106	206,109	356,721	44,710	86,923	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	50,420	361,686	700,507	78,458	834,463	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,757	22,331	50,852	4,844	31,292	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	4,622	41,247	95,303	8,947	183,408	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	33,040	108,544	198,697	23,546	632,801	34.04
34.05	03404	TRANSPLANT ICU	5,177	29,427	48,296	6,383	97,354	34.05
34.06	03407	PEDS CANCER CARE	7,006	26,669	63,632	5,785	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,374	32,767	123,108	7,108	226,870	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	22,004	132,198	4,773	55,631	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	101,776	2,100,093	0	455,560	5,239,734	50.00
50.01	05001	ENDOSCOPY	3,126	61,675	0	13,379	62,585	50.01
51.00	05100	RECOVERY ROOM	18,381	322,891	0	70,043	148,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	125,961	0	27,324	154,723	52.00
53.00	05300	ANESTHESIOLOGY	149,422	160,872	0	34,897	4,473,940	53.00
53.01	05301	PULMONARY FUNCTION TESTING	489	86,225	0	18,704	88,662	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,036	1,279,189	0	277,487	3,936,755	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,707	376,807	0	81,738	138,208	55.00
56.00	05600	RADIOISOTOPE	2,156	91,901	0	19,936	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	859	126,479	0	27,436	84,316	59.00
60.00	06000	LABORATORY	27,009	1,374,087	0	298,072	1,870,589	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,505	0	5,099	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	357	206,551	0	44,806	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,069	304,868	0	66,133	0	65.00
66.00	06600	PHYSICAL THERAPY	1,689	175,860	0	38,148	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40,443	0	8,773	0	67.00
68.00	06800	SPEECH PATHOLOGY	82	51,153	0	11,096	45,200	68.00
69.00	06900	ELECTROCARDIOLOGY	981	188,396	0	40,868	584,994	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	113,640	0	24,651	1,595,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	537,054	0	116,500	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,214,250	0	263,400	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,483,322	2,735,047	0	589,651	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	276,228	0	59,920	0	73.03
74.00	07400	RENAL DIALYSIS	24,114	87,322	0	18,942	10,431	74.00
76.00	03020	RH NBN ECMO IC	3,825	9,453	0	2,051	0	76.00
76.01	03140	CARDIOLOGY	2,778	119,710	0	25,968	747,540	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32	11,224	0	2,435	0	76.02
76.03	03950	CARDIAC CATH	10,132	328,471	0	71,253	0	76.03
76.04	03951	DAY SURGERY	15,157	9,207	0	1,997	107,785	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	4	10,561	0	2,291	0	76.08
76.97	07697	CARDIAC REHABILITATION	36	7,553	0	1,638	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,237	0	485	116,477	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	18	10,483	0	2,274	326,831	90.01
90.02	09002	IUSCC HEM/ONC	160,005	226,488	0	49,131	67,800	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	96	6,982	0	1,514	272,070	90.03
90.04	09004	AMB SVC-PSYCH ADULT	8	13,603	0	2,951	171,239	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	206	54,016	0	11,717	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	15,745	33,997	0	7,375	838,810	90.07
90.08	09008	MOTILITY LAB	12	1,937	0	420	1,174,333	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	5,215	90.10
90.11	09023	SLEEP LAB	0	47,313	0	10,263	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	59,108	90.13
90.14	09012	ARTHRITIS CLINIC	2,364	11,800	0	2,560	212,962	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	30	2,286	0	496	0	90.17
90.18	09016	DERMATOLOGY CLINIC	67	9,907	0	2,149	208,616	90.18
90.19	09017	INFUSION/HEM/ONC	7,458	23,875	0	5,179	220,785	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	94	1,897	0	411	142,554	90.21
90.22	09020	EATING DISORDERS CLINIC	0	13,448	0	2,917	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	5	5,849	0	1,269	110,393	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	75,614	1,344,751	0	291,708	3,734,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,788	17,790	0	3,859	0	94.00
95.00	09500	AMBULANCE SERVICES	3,930	277,035	0	60,095	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,054	327,021	0	70,939	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	23	58,594	0	12,710	0	105.00
106.00	10600	HEART ACQUISITION	0	4,930	0	1,069	0	106.00
107.00	10700	LIVER ACQUISITION	0	42,506	0	9,221	0	107.00
108.00	10800	LUNG ACQUISITION	0	21,166	0	4,591	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	9,971	0	2,163	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	2,111	0	458	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	233,308	68,957	0	14,958		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,919,285	17,916,413	7,371,321	3,882,847	45,845,068	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	1,765,412	191.00
191.01	19101	RESEARCH-GCRC	1,311	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.02	19102	OSA	20	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	499,809	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	15,940	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	137	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	52,936,693	17,916,413	7,371,321	3,882,847	48,110,289	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	30,012,011					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				1,295,380		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					575,362	23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,018,029	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,428,265	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	54,224	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	520,552	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	19,521	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	114,413	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	394,752	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	60,731	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	141,525	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	34,703	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,268,635	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	39,041	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	92,723	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	96,519	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,790,920	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	55,309	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,455,814	0	0	1,295,380	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	86,216	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	52,597	0	0	0	0	59.00
60.00	06000	LABORATORY	1,166,905	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	575,362	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	28,197	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	364,929	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	995,014	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	6,507	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	466,328	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	67,238	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	72,660	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	203,883	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	42,295	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	169,722	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	106,822	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	523,264	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	732,569	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3,253	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	36,872	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	132,849	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	130,138	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	137,729	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	88,928	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	68,865	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	2,329,472	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,598,928	0	0	1,295,380	575,362	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,101,294	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	311,789	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,012,011	0	0	1,295,380	575,362	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		898,661				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			596,582			23.06
23.07	02307	PARAMED PHARMACY				2,505,945		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	633,030	0	10,486	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	49,927	0	1,932	0	31.00
32.00	03200	CORONARY CARE UNIT	0	43,489	0	2,987	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	85,401	0	2,387	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,200	0	131	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	11,619	0	219	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	24,224	0	1,564	0	34.04
34.05	03404	TRANSPLANT ICU	0	5,888	0	245	0	34.05
34.06	03407	PEDS CANCER CARE	0	7,758	0	332	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	15,008	0	65	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	16,117	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	4,818	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	148	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	870	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,074	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	23	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,919	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	128	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	102	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41	0	59.00
60.00	06000	LABORATORY	0	0	596,582	1,279	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	17	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	287	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY	0	0	0	80	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	46	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,437,146	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	1,142	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	181	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	131	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	480	0	76.03
76.04	03951	DAY SURGERY	0	0	0	718	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	1	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	7,575	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	5	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	10	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	745	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	1	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	112	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	3	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	353	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	4	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	3,580	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	132	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	186	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	381	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	1	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	11,045	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	898,661	596,582	2,505,121	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	62	0	191.01
191.02	19102	OSA	0	0	0	1	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	755	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	6	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	898,661	596,582	2,505,945	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	493,404					23.09
23.10	02310	PARAMED PHARMACY TECH		457,453				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	287,522,078	-23,474,237	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31,664,846	-3,717,824	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	28,346,476	-141,147	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	39,248,262	-1,355,015	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,271,143	-50,813	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	7,035,219	-297,821	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	19,897,431	-1,027,553	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	4,702,050	-158,085	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	5,096,469	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	8,655,128	-368,395	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	3,072,368	-90,334	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	493,404	0	0	127,422,842	-8,508,369	50.00
50.01	05001	ENDOSCOPY	0	0	0	4,186,656	-101,626	50.01
51.00	05100	RECOVERY ROOM	0	0	0	19,607,126	-241,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	17,432,509	-251,242	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,315,459	-7,264,860	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	6,181,528	-143,971	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	86,225,781	-6,392,569	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,811,143	-224,424	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,802,568	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,315,962	-136,913	59.00
60.00	06000	LABORATORY	0	0	0	89,842,963	-3,037,494	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	2,917,845	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,137,183	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,586,165	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	26,890,704	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,827,263	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,651,528	-73,397	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,721,087	-949,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,938,685	-2,590,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	80,803,068	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,037,224	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	457,453	0	277,811,663	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	113,728,783	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	10,395,051	-16,938	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	1,633,981	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	6,337,770	-1,213,868	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	518,847	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	11,878,175	0	76.03
76.04	03951	DAY SURGERY	0	0	0	8,430,817	-175,023	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	1,605,243	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,670,418	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	1,143,434	-189,137	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	4,550,695	-530,714	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	38,848,811	-110,095	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	1,330,968	-441,792	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	2,744,365	-278,061	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4,315,261	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	6,219,345	-1,362,074	90.07
90.08	09008	MOTILITY LAB	0	0	0	2,216,972	-1,906,902	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	12,179	-8,468	90.10
90.11	09023	SLEEP LAB	0	0	0	4,307,594	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	66,623	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	95,980	-95,980	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	899,242	-345,811	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,950,284	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	2,325,942	-338,754	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	1,542,531	-358,514	90.19
90.20	09025	IUMG - MH	0	0	0	188,534	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	685,544	-231,482	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	1,645,328	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,944,836	-179,258	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	2,465,603	0	90.24
91.00	09100	EMERGENCY	0	0	0	58,712,605	-6,063,695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,800,573	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	33,488,658	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	70,161,120	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	13,638,572	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,468,349	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	10,942,314	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	6,034,293	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,323,522	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	818,835	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	425,384	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	6,003,475	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	13,788,521	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	493,404	457,453	0	1,900,283,799	-74,443,996	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	569,397	0	190.00
191.00	19100	RESEARCH	0	0	0	4,803,435	-2,866,706	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	1,906,355	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA	0	0	0	5,142,575	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,778,440	-811,598	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	19,819,020	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	3,711,957	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	25,664,449	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	340,890	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	499,043	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	428,179	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	493,404	457,453	0	1,968,947,539	-78,122,300	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING & STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY			9.01
9.02	00902	HOUSEKEEPING - RILEY			9.02
9.03	00903	HOUSEKEEPING - METHODIST			9.03
9.04	00904	HOUSEKEEPING - SAXONY			9.04
9.05	00905	HOUSEKEEPING - MORGAN			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01851	PARAMED ED ADMINISTRATION			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY			23.03
23.04	02304	PARAMED EMERGENCY			23.04
23.05	02312	PARAMED PASTORAL EDUCATION			23.05
23.06	02306	PARAMED LAB SCIENCE PRO			23.06
23.07	02307	PARAMED PHARMACY			23.07
23.08	02308	PARAMED MEDICAL ASSIST			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY			23.09
23.10	02310	PARAMED PHARMACY TECH			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	264,047,841		30.00
31.00	03100	INTENSIVE CARE UNIT	27,947,022		31.00
32.00	03200	CORONARY CARE UNIT	28,205,329		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	37,893,247		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,220,330		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	6,737,398		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	18,869,878		34.04
34.05	03404	TRANSPLANT ICU	4,543,965		34.05
34.06	03407	PEDS CANCER CARE	5,096,469		34.06
40.00	04000	SUBPROVIDER - IPF	8,286,733		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	2,982,034		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	118,914,473		50.00
50.01	05001	ENDOSCOPY	4,085,030		50.01
51.00	05100	RECOVERY ROOM	19,365,764		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,181,267		52.00
53.00	05300	ANESTHESIOLOGY	8,050,599		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,037,557		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,833,212		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,586,719		55.00
56.00	05600	RADIOISOTOPE	3,802,568		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,179,049		59.00
60.00	06000	LABORATORY	86,805,469		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,917,845		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,137,183		63.00
65.00	06500	RESPIRATORY THERAPY	35,586,165		65.00
66.00	06600	PHYSICAL THERAPY	26,890,704		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,827,263		67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	7,578,131		68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,164		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,348,629		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,803,068		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,037,224		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,811,663		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	113,728,783		73.03
74.00	07400	RENAL DIALYSIS	10,378,113		74.00
76.00	03020	RH NBN ECMO IC	1,633,981		76.00
76.01	03140	CARDIOLOGY	5,123,902		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	518,847		76.02
76.03	03950	CARDIAC CATH	11,878,175		76.03
76.04	03951	DAY SURGERY	8,255,794		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	1,605,243		76.08
76.97	07697	CARDIAC REHABILITATION	1,670,418		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	954,297		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	4,019,981		90.01
90.02	09002	IUSCC HEM/ONC	38,738,716		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	889,176		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,466,304		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	4,315,261		90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,857,271		90.07
90.08	09008	MOTILITY LAB	310,070		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	3,711		90.10
90.11	09023	SLEEP LAB	4,307,594		90.11
90.12	09024	OP CARE ADULTS	66,623		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	ARTHRITIS CLINIC	553,431		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	1,950,284		90.17
90.18	09016	DERMATOLOGY CLINIC	1,987,188		90.18
90.19	09017	INFUSION/HEM/ONC	1,184,017		90.19
90.20	09025	IUMG - MH	188,534		90.20
90.21	09019	OP REHAB CLINIC	454,062		90.21
90.22	09020	EATING DISORDERS CLINIC	1,645,328		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,765,578		90.23
90.24	09021	LIFE CARE CLINIC	2,465,603		90.24
91.00	09100	EMERGENCY	52,648,910		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	1,800,573		94.00
95.00	09500	AMBULANCE SERVICES	33,488,658		95.00
101.00	10100	HOME HEALTH AGENCY	70,161,120		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	13,638,572		105.00
106.00	10600	HEART ACQUISITION	1,468,349		106.00
107.00	10700	LIVER ACQUISITION	10,942,314		107.00
108.00	10800	LUNG ACQUISITION	6,034,293		108.00
109.00	10900	PANCREAS ACQUISITION	2,323,522		109.00
110.00	11000	INTESTINAL ACQUISITION	818,835		110.00
112.00	08600	OTHER ORGAN ACQUISITION	425,384		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,003,475		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	13,788,521		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,825,839,803		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	569,397		190.00
191.00	19100	RESEARCH	1,936,729		191.00
191.01	19101	RESEARCH-GCRC	1,906,355		191.01
191.02	19102	OSA	5,142,575		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,966,842		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	19,819,020		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	3,711,957		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	25,664,449		192.03
192.04	19204	MHH RADIOLOGY	0		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	340,890		192.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total		
			26.00		
192.08	19208	NON-ALLOWABLE ADVERTISING	499,043		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0		192.09
192.10	19212	CARDIO PHYSICIANS	428,179		192.10
192.11	19211	UNUSED SPACE	0		192.11
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,890,825,239		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,374	2,579	21,953	21,953	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	1,542	1,542	0	5.01
5.02	00550	DATA PROCESSING	0	23,365	19,990	43,355	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	25,350	38,632	63,982	0	5.03
5.04	00570	ADMITTING	0	15,932	5,975	21,907	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,394,895	1,804,149	4,199,044	587	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	674,146	1,609,798	2,283,944	169	6.00
7.00	00700	OPERATION OF PLANT	0	5,108,240	430,254	5,538,494	168	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	249,127	0	249,127	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	18,118	5,853	23,971	15	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	13	9.05
10.00	01000	DIETARY	0	494,420	116,560	610,980	245	10.00
11.00	01100	CAFETERIA	0	86,802	18,081	104,883	7	11.00
13.00	01300	NURSING ADMINISTRATION	0	667,239	879,466	1,546,705	674	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	113,352	5,100	118,452	5	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	965,564	2,013,503	2,979,067	315	14.00
15.00	01500	PHARMACY	0	726,673	2,033,027	2,759,700	1,059	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,198	0	49,198	3	16.00
17.00	01700	SOCIAL SERVICE	0	63,033	0	63,033	163	17.00
18.00	01850	PATIENT TRANSPORTATION	0	11,537	65,990	77,527	63	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	13,006	0	13,006	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	574,798	497	575,295	4	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	43,379	0	43,379	28	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	41,652	0	41,652	19	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	19	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	15	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	54	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	25,664	0	25,664	10	23.09
23.10	02310	PARAMED PHARMACY TECH	0	25,092	0	25,092	8	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	8,028,394	5,639,502	13,667,896	3,853	30.00
31.00	03100	INTENSIVE CARE UNIT	0	566,232	125,144	691,376	477	31.00
32.00	03200	CORONARY CARE UNIT	0	582,041	357,009	939,050	480	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	798,048	1,164,534	1,962,582	655	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	170,768	290,254	461,022	64	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	279,489	24,758	304,247	111	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	548,730	1,411,953	1,960,683	294	34.04
34.05	03404	TRANSPLANT ICU	0	150,900	6,608	157,508	67	34.05
34.06	03407	PEDS CANCER CARE	0	475,752	296,647	772,399	54	34.06
40.00	04000	SUBPROVIDER - IPF	0	426,947	29,113	456,060	130	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	4,014	2,532	6,546	48	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,111,612	23,879,785	26,991,397	1,315	50.00
50.01	05001	ENDOSCOPY	0	75,041	659,143	734,184	53	50.01
51.00	05100	RECOVERY ROOM	0	824,362	1,270,930	2,095,292	292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	500,306	326,087	826,393	254	52.00
53.00	05300	ANESTHESIOLOGY	0	115,045	529,236	644,281	50	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	196,914	323,463	520,377	107	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,012,242	11,849,880	14,862,122	989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	501,674	2,053,846	2,555,520	179	55.00
56.00	05600	RADIOISOTOPE	0	218,810	846,852	1,065,662	37	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	126,851	771,838	898,689	42	59.00
60.00	06000	LABORATORY	0	700,651	5,004,231	5,704,882	1,688	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	50,117	37,182	87,299	36	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	29,364	102,407	131,771	111	63.00
65.00	06500	RESPIRATORY THERAPY	0	257,659	1,059,220	1,316,879	660	65.00
66.00	06600	PHYSICAL THERAPY	0	518,985	264,625	783,610	545	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	101,792	984	102,776	105	67.00
68.00	06800	SPEECH PATHOLOGY	0	295,970	158,204	454,174	146	68.00
69.00	06900	ELECTROCARDIOLOGY	0	119,115	489,476	608,591	104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	625,161	780,562	1,405,723	152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	104,057	300,281	404,338	269	73.03
74.00	07400	RENAL DIALYSIS	0	355,124	394,674	749,798	152	74.00
76.00	03020	RH NBN ECMO IC	0	0	21,838	21,838	35	76.00
76.01	03140	CARDIOLOGY	0	128,050	474,502	602,552	32	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	10,035	27,915	37,950	8	76.02
76.03	03950	CARDIAC CATH	0	769,020	630,904	1,399,924	157	76.03
76.04	03951	DAY SURGERY	0	258,254	42,382	300,636	147	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	4,900	25,319	30,219	36	76.08
76.97	07697	CARDIAC REHABILITATION	0	94,449	6,147	100,596	22	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	227,813	182,284	410,097	63	90.01
90.02	09002	IUSCC HEM/ONC	0	1,520,943	1,197,580	2,718,523	695	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,756	295,826	299,582	11	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	265,676	215	265,891	33	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	154,499	195,515	350,014	73	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	488,063	53,865	541,928	194	90.07
90.08	09008	MOTILITY LAB	0	4,361	60,148	64,509	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	46,395	72,975	119,370	130	90.11
90.12	09024	OP CARE ADULTS	0	17,064	0	17,064	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	4,576	4,576	7	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	156,293	4,135	160,428	25	90.17
90.18	09016	DERMATOLOGY CLINIC	0	95,402	29,119	124,521	34	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	3,059	3,059	16	90.19
90.20	09025	IUMG - MH	0	48,289	0	48,289	0	90.20
90.21	09019	OP REHAB CLINIC	0	23,287	3,464	26,751	5	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	15,556	15,556	32	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	183,583	13,066	196,649	35	90.23
90.24	09021	LIFE CARE CLINIC	0	97,509	442	97,951	48	90.24
91.00	09100	EMERGENCY	0	1,536,673	899,152	2,435,825	755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	129,261	9,168	138,429	11	94.00
95.00	09500	AMBULANCE SERVICES	0	0	3,761,499	3,761,499	387	95.00
101.00	10100	HOME HEALTH AGENCY	0	11,963	116,956	128,919	934	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	91,814	136,964	228,778	100	105.00
106.00	10600	HEART ACQUISITION	0	3,913	5,962	9,875	16	106.00
107.00	10700	LIVER ACQUISITION	0	47,718	68,087	115,805	28	107.00
108.00	10800	LUNG ACQUISITION	0	19,352	27,456	46,808	27	108.00
109.00	10900	PANCREAS ACQUISITION	0	12,423	17,834	30,257	5	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,828	2,644	4,472	7	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	11	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	115,830	168,179	284,009	121	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	54,680	48,051	102,731	244	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	42,925,219	78,124,740	121,049,959	21,651	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	138,556	0	138,556	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	310,008	0	310,008	9	191.00
191.01	19101	RESEARCH-GCRC	0	214,068	0	214,068	20	191.01
191.02	19102	OSA	0	0	0	0	36	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	579,372	2,950	582,322	2	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,046,850	161,074	1,207,924	225	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	10,114	10,114	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	6,569,850	0	6,569,850	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	38,284	38,284	6	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	26,897	0	26,897	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	50,442	0	50,442	4	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	51,861,262	78,337,162	130,198,424	21,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,542					5.01
5.02	00550	DATA PROCESSING	0	43,355				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	63,982			5.03
5.04	00570	ADMITTING	0	0	0	21,907		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	29	825	4	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	11	312	1	0	0	6.00
7.00	00700	OPERATION OF PLANT	14	386	7	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	26	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2	59	0	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	2	63	2	0	0	9.05
10.00	01000	DIETARY	28	801	6	0	0	10.00
11.00	01100	CAFETERIA	1	24	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	39	1,094	4	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	10	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	39	1,099	540	0	0	14.00
15.00	01500	PHARMACY	56	1,582	525	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	14	386	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	8	234	1	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	2	54	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	1	34	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	1	39	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1	29	2	0	0	23.06
23.07	02307	PARAMED PHARMACY	4	107	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	1	20	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	1	15	1	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	319	8,943	2,888	2,731	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33	933	530	411	0	31.00
32.00	03200	CORONARY CARE UNIT	34	962	606	482	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	49	1,372	339	845	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4	112	53	52	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	8	220	136	96	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	21	586	267	254	0	34.04
34.05	03404	TRANSPLANT ICU	5	142	105	69	0	34.05
34.06	03407	PEDS CANCER CARE	4	117	33	62	0	34.06
40.00	04000	SUBPROVIDER - IPF	10	278	30	77	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	3	83	26	51	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	96	2,695	4,562	3,241	0	50.00
50.01	05001	ENDOSCOPY	3	98	169	93	0	50.01
51.00	05100	RECOVERY ROOM	20	566	157	309	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14	405	183	257	0	52.00
53.00	05300	ANESTHESIOLOGY	4	107	711	256	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	7	205	55	23	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	67	1,875	936	1,194	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10	293	44	48	0	55.00
56.00	05600	RADIOISOTOPE	2	63	19	35	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2	59	204	91	0	59.00
60.00	06000	LABORATORY	77	2,178	10,491	1,595	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2	68	396	9	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7	210	418	427	0	63.00
65.00	06500	RESPIRATORY THERAPY	45	1,279	804	693	0	65.00

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	36	1,006	152	278	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7	190	23	75	0	67.00
68.00	06800	SPEECH PATHOLOGY	10	273	32	49	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8	234	20	236	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	273	66	187	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,938	718	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	22,368	2,223	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,065	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	16	444	41	0	0	73.03
74.00	07400	RENAL DIALYSIS	11	312	397	100	0	74.00
76.00	03020	RH NBN ECMO IC	2	44	46	22	0	76.00
76.01	03140	CARDIOLOGY	2	63	172	81	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	15	7	5	0	76.02
76.03	03950	CARDIAC CATH	9	244	309	257	0	76.03
76.04	03951	DAY SURGERY	11	298	186	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2	59	1	25	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	39	2	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	6	161	15	0	0	90.01
90.02	09002	IUSCC HEM/ONC	34	942	163	5	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1	34	3	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2	68	1	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	6	156	8	56	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	15	415	62	2	0	90.07
90.08	09008	MOTILITY LAB	0	5	19	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	9	264	47	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1	15	5	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3	78	3	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3	88	21	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1	34	7	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	15	2	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2	63	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4	103	3	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4	103	2	0	0	90.24
91.00	09100	EMERGENCY	58	1,631	802	796	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1	20	306	0	0	94.00
95.00	09500	AMBULANCE SERVICES	31	859	95	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	66	1,860	130	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6	166	47	137	0	105.00
106.00	10600	HEART ACQUISITION	1	24	0	12	0	106.00
107.00	10700	LIVER ACQUISITION	2	68	21	99	0	107.00
108.00	10800	LUNG ACQUISITION	2	44	4	49	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	10	5	23	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	10	2	5	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	1	15	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	7	210	49	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19	532	58	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,512	42,529	63,921	21,907	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	103	0	0	0	190.00
191.00	19100	RESEARCH	0	10	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	13	0	0	191.01
191.02	19102	OSA	1	29	9	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	24	664	26	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	1	0	0	192.02

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	1	15	12	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	5	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,542	43,355	63,982	21,907	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,200,489					5.06
6.00	00600	MAINTENANCE & REPAIRS	87,577	2,372,014				6.00
7.00	00700	OPERATION OF PLANT	144,453	248,763	5,932,285			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	609	12,132	33,897	295,791		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	7,846	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	8,017	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	11,827	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,671	882	2,465	1	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,474	0	0	0	0	9.05
10.00	01000	DIETARY	30,492	24,077	67,272	0	0	10.00
11.00	01100	CAFETERIA	2,808	4,227	11,810	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	68,423	32,493	90,786	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	784	5,520	15,423	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	261,476	47,021	131,376	4,327	0	14.00
15.00	01500	PHARMACY	106,198	35,388	98,872	2	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,919	2,396	6,694	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,294	3,070	8,576	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	8,192	562	1,570	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	102,572	633	1,770	71	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	60,574	27,992	78,208	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	2,239	2,112	5,902	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	780	2,028	5,667	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	1,726	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1,122	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	4,820	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	805	1,250	3,492	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	743	1,222	3,414	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	428,966	390,974	1,092,357	137,164	0	30.00
31.00	03100	INTENSIVE CARE UNIT	47,736	27,575	77,042	10,760	0	31.00
32.00	03200	CORONARY CARE UNIT	47,408	28,344	79,193	9,906	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	65,618	38,864	108,584	9,700	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,890	8,316	23,235	2,709	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	10,761	13,611	38,028	1,396	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	32,199	26,722	74,661	6,200	0	34.04
34.05	03404	TRANSPLANT ICU	7,477	7,349	20,532	1,736	0	34.05
34.06	03407	PEDS CANCER CARE	6,926	23,168	64,732	2,423	0	34.06
40.00	04000	SUBPROVIDER - IPF	12,895	20,792	58,091	1,763	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,453	195	546	1,452	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	202,552	151,531	423,371	20,957	0	50.00
50.01	05001	ENDOSCOPY	7,028	3,654	10,210	839	0	50.01
51.00	05100	RECOVERY ROOM	32,534	40,145	112,164	3,452	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,685	24,364	68,073	8,664	0	52.00
53.00	05300	ANESTHESIOLOGY	12,334	5,602	15,653	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	11,099	9,589	26,792	1,565	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,941	146,691	409,851	20,231	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,593	24,431	68,259	1,963	0	55.00
56.00	05600	RADIOISOTOPE	6,460	10,656	29,772	933	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,824	6,177	17,260	29	0	59.00
60.00	06000	LABORATORY	131,448	34,121	95,332	398	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,184	2,441	6,819	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,401	1,430	3,995	8	0	63.00
65.00	06500	RESPIRATORY THERAPY	68,837	12,548	35,058	46	0	65.00

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		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	53,016	25,274	70,614	2,278	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,465	4,957	13,850	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,959	14,413	40,270	17	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,870	5,801	16,207	1,693	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,716	30,444	85,061	647	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,369	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	216,435	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	469,052	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	241,105	5,067	14,158	0	0	73.03
74.00	07400	RENAL DIALYSIS	17,170	17,294	48,319	1,011	0	74.00
76.00	03020	RH NBN ECMO IC	3,075	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	8,975	6,236	17,423	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	912	489	1,365	612	0	76.02
76.03	03950	CARDIAC CATH	17,851	37,450	104,634	4,086	0	76.03
76.04	03951	DAY SURGERY	14,166	12,577	35,138	2,886	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	3,247	239	667	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,893	4,599	12,851	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,030	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	6,820	11,094	30,997	673	0	90.01
90.02	09002	IUSCC HEM/ONC	70,050	74,067	206,942	879	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,843	183	511	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,573	12,938	36,148	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	7,834	7,524	21,021	249	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,045	23,768	66,407	1,803	0	90.07
90.08	09008	MOTILITY LAB	528	212	593	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	8	0	0	0	0	90.10
90.11	09023	SLEEP LAB	8,565	2,259	6,313	0	0	90.11
90.12	09024	OP CARE ADULTS	39	831	2,322	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,079	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,078	7,611	21,266	117	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3,334	4,646	12,981	269	0	90.18
90.19	09017	INFUSION/HEM/ONC	2,300	0	0	0	0	90.19
90.20	09025	IUMG - MH	112	2,352	6,570	0	0	90.20
90.21	09019	OP REHAB CLINIC	766	1,134	3,168	74	0	90.21
90.22	09020	EATING DISORDERS CLINIC	3,447	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,529	8,940	24,979	128	0	90.23
90.24	09021	LIFE CARE CLINIC	4,497	4,749	13,267	0	0	90.24
91.00	09100	EMERGENCY	90,143	74,834	209,082	28,869	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,644	6,295	17,588	0	0	94.00
95.00	09500	AMBULANCE SERVICES	69,345	0	0	18	0	95.00
101.00	10100	HOME HEALTH AGENCY	148,062	583	1,628	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	28,160	4,471	12,492	0	0	105.00
106.00	10600	HEART ACQUISITION	3,094	191	532	0	0	106.00
107.00	10700	LIVER ACQUISITION	22,856	2,324	6,493	0	0	107.00
108.00	10800	LUNG ACQUISITION	12,683	942	2,633	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,833	605	1,690	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,720	89	249	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	906	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	11,887	5,641	15,760	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	28,103	2,663	7,440	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,116,879	1,936,844	4,716,433	295,004	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	370	6,747	18,852	0	0	190.00
191.00	19100	RESEARCH	2,266	15,097	42,180	0	0	191.00
191.01	19101	RESEARCH-GCRC	2,495	10,425	29,126	643	0	191.01
191.02	19102	OSA	10,839	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,946	28,214	78,830	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	35,399	50,980	142,436	144	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	7,917	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	15,189	319,941	893,905	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	677	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	903	1,310	3,660	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	609	2,456	6,863	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,200,489	2,372,014	5,932,285	295,791	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	7,846					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	8,017				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	11,827			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	29,066		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	1,554	9.05
10.00	01000	DIETARY	103	22	161	440	52	10.00
11.00	01100	CAFETERIA	0	0	0	696	25	11.00
13.00	01300	NURSING ADMINISTRATION	42	127	296	0	4	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	79	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	201	254	154	1,002	15	14.00
15.00	01500	PHARMACY	170	99	193	688	12	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	0	0	0	41	16.00
17.00	01700	SOCIAL SERVICE	1	22	22	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	7	0	1	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3	6	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37	25	340	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	30	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	29	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	18	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	17	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,384	1,977	1,924	3,988	201	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8	387	0	0	31.00
32.00	03200	CORONARY CARE UNIT	146	95	171	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	496	66	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	121	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	201	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	387	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	109	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	336	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	4	201	95	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	3	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	698	515	700	2,481	194	50.00
50.01	05001	ENDOSCOPY	0	0	52	0	0	50.01
51.00	05100	RECOVERY ROOM	69	221	111	2,823	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	349	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	67	12	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	34	66	37	37	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	597	462	851	1,549	177	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	222	0	135	0	0	55.00
56.00	05600	RADIOISOTOPE	62	17	69	108	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,398	0	59.00
60.00	06000	LABORATORY	162	120	122	892	51	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	35	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5	0	15	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	31	52	85	65	14	65.00
66.00	06600	PHYSICAL THERAPY	29	10	255	613	45	66.00

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	27	27	10	0	14	67.00
68.00	06800	SPEECH PATHOLOGY	42	112	54	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10	60	0	20	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23	413	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	72	0	0	73.03
74.00	07400	RENAL DIALYSIS	154	33	66	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	11	80	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	7	0	0	76.02
76.03	03950	CARDIAC CATH	2	35	499	0	0	76.03
76.04	03951	DAY SURGERY	178	0	7	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	3	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	9	680	21	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	164	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	912	42	135	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	3	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	185	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	95	0	16	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	345	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	3	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	5	431	0	90.11
90.12	09024	OP CARE ADULTS	0	0	12	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	113	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	69	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	34	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	16	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	97	34	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	3	0	65	0	0	90.24
91.00	09100	EMERGENCY	53	324	529	1,623	102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	93	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2	0	6	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	35	0	30	0	0	105.00
106.00	10600	HEART ACQUISITION	2	0	1	0	0	106.00
107.00	10700	LIVER ACQUISITION	18	0	15	0	0	107.00
108.00	10800	LUNG ACQUISITION	7	0	6	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	5	0	4	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	1	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	44	0	37	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4	0	34	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,461	6,790	9,129	19,514	988	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16	79	0	0	5	190.00
191.00	19100	RESEARCH	4	0	212	0	0	191.00
191.01	19101	RESEARCH-GCRC	127	0	26	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32	0	0	70	561	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	48	21	662	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,158	1,127	1,744	9,482	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	19	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	35	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,846	8,017	11,827	29,066	1,554	202.00

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		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	734,679					10.00
11.00	01100	CAFETERIA	0	124,481				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,330	1,744,017			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	30	0	140,303		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,345	0	0	3,430,231	14.00
15.00	01500	PHARMACY	0	4,816	547	0	28,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,174	547	0	1	17.00
18.00	01850	PATIENT TRANSPORTATION	0	714	0	0	53	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	30	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	164	0	24,774	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	104	0	18,340	25	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	119	0	18,022	2	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	89	0	13,382	107	23.06
23.07	02307	PARAMED PHARMACY	0	327	0	49,592	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	59	0	8,750	4	23.09
23.10	02310	PARAMED PHARMACY TECH	0	45	0	7,443	31	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	616,713	27,231	642,798	0	156,458	30.00
31.00	03100	INTENSIVE CARE UNIT	17,414	2,839	90,811	0	28,737	31.00
32.00	03200	CORONARY CARE UNIT	22,988	2,928	95,735	0	32,852	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,787	4,177	138,952	0	18,369	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,736	342	10,394	0	2,882	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,048	669	20,241	0	7,349	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	5,968	1,784	58,535	0	14,484	34.04
34.05	03404	TRANSPLANT ICU	1,530	431	13,676	0	5,664	34.05
34.06	03407	PEDS CANCER CARE	5,345	357	10,394	0	1,815	34.06
40.00	04000	SUBPROVIDER - IPF	25,157	847	12,582	0	1,627	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	253	9,300	0	1,396	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,206	144,423	0	247,155	50.00
50.01	05001	ENDOSCOPY	0	297	8,206	0	9,169	50.01
51.00	05100	RECOVERY ROOM	2,142	1,724	50,876	0	8,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,234	42,670	0	9,892	52.00
53.00	05300	ANESTHESIOLOGY	0	327	9,300	0	38,521	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	624	2,735	0	2,954	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,708	38,294	0	50,688	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	892	7,112	0	2,402	55.00
56.00	05600	RADIOISOTOPE	0	193	0	0	1,019	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	178	3,282	0	11,045	59.00
60.00	06000	LABORATORY	0	6,630	3,282	0	568,384	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	208	0	0	21,472	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	639	0	0	22,627	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,895	0	0	43,582	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	3,062	547	0	8,259	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	580	0	0	1,240	67.00
68.00	06800	SPEECH PATHOLOGY	0	832	3,282	0	1,717	68.00
69.00	06900	ELECTROCARDIOLOGY	0	714	2,735	0	1,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	832	0	0	3,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	700,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,207,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,353	0	0	2,240	73.03
74.00	07400	RENAL DIALYSIS	0	951	20,241	0	21,498	74.00
76.00	03020	RH NBN ECMO IC	0	134	4,376	0	2,476	76.00
76.01	03140	CARDIOLOGY	0	193	3,282	0	9,324	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	45	1,641	0	405	76.02
76.03	03950	CARDIAC CATH	0	743	15,318	0	16,738	76.03
76.04	03951	DAY SURGERY	0	907	24,070	0	10,092	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	178	2,735	0	30	76.08
76.97	07697	CARDIAC REHABILITATION	0	119	1,641	0	94	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	491	6,565	0	815	90.01
90.02	09002	IUSCC HEM/ONC	0	2,869	41,029	0	8,816	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	104	0	0	136	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	208	1,094	0	49	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	476	6,018	0	452	90.06
90.07	09007	AMB SVC-RILEY CLINICS	752	1,264	21,882	0	3,375	90.07
90.08	09008	MOTILITY LAB	0	15	547	0	1,018	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	92	803	0	0	2,551	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	45	1,094	0	246	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	238	2,735	0	154	90.17
90.18	09016	DERMATOLOGY CLINIC	0	268	4,924	0	1,156	90.18
90.19	09017	INFUSION/HEM/ONC	0	104	2,735	0	400	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	45	1,094	0	129	90.21
90.22	09020	EATING DISORDERS CLINIC	0	193	547	0	12	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	312	5,471	0	142	90.23
90.24	09021	LIFE CARE CLINIC	0	312	3,829	0	120	90.24
91.00	09100	EMERGENCY	17,248	4,965	114,335	0	43,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	59	1,641	0	16,603	94.00
95.00	09500	AMBULANCE SERVICES	0	2,616	21,882	0	5,131	95.00
101.00	10100	HOME HEALTH AGENCY	0	5,664	0	0	7,023	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	505	547	0	2,542	105.00
106.00	10600	HEART ACQUISITION	0	74	0	0	9	106.00
107.00	10700	LIVER ACQUISITION	0	208	0	0	1,119	107.00
108.00	10800	LUNG ACQUISITION	0	134	0	0	220	108.00
109.00	10900	PANCREAS ACQUISITION	0	30	0	0	297	109.00
110.00	11000	INTESTINAL ACQUISITION	0	30	0	0	125	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	45	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	639	0	0	2,650	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,620	0	0	3,136	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	729,920	121,968	1,732,529	140,303	3,426,948	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	312	0	0	0	190.00
191.00	19100	RESEARCH	0	30	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	4,759	0	0	0	713	191.01
191.02	19102	OSA	0	89	2,188	0	509	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	2,022	9,300	0	1,393	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	35	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	45	0	0	630	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	15	0	0	3	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	734,679	124,481	1,744,017	140,303	3,430,231	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,038,351					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,299				16.00
17.00	01700	SOCIAL SERVICE	0	0	92,303			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	88,932		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	118,061	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	4	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,714	8,702	65,019	8,702		30.00
31.00	03100	INTENSIVE CARE UNIT	2,342	904	5,128	904		31.00
32.00	03200	CORONARY CARE UNIT	3,622	1,060	4,467	1,060		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,894	1,860	8,772	1,860		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	158	115	637	115		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02	03401	UH SURG 6IC	265	212	1,193	212		34.02
34.03	03402	UH NS 3IC	0	0	0	0		34.03
34.04	03403	RH PED IC	1,896	558	2,488	558		34.04
34.05	03404	TRANSPLANT ICU	297	151	605	151		34.05
34.06	03407	PEDS CANCER CARE	402	137	797	137		34.06
40.00	04000	SUBPROVIDER - IPF	79	169	1,542	169		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	113	1,655	113		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,842	10,800	0	10,800		50.00
50.01	05001	ENDOSCOPY	179	317	0	317		50.01
51.00	05100	RECOVERY ROOM	1,055	1,660	0	1,660		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	648	0	648		52.00
53.00	05300	ANESTHESIOLOGY	8,576	827	0	827		53.00
53.01	05301	PULMONARY FUNCTION TESTING	28	443	0	443		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,177	6,578	0	6,578		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	155	1,938	0	1,938		55.00
56.00	05600	RADIOISOTOPE	124	473	0	473		56.00
59.00	05900	CARDIAC CATHETERIZATION	49	650	0	650		59.00
60.00	06000	LABORATORY	1,550	7,066	0	7,066		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	121	0	121		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21	1,062	0	1,062		63.00
65.00	06500	RESPIRATORY THERAPY	348	1,568	0	1,568		65.00
66.00	06600	PHYSICAL THERAPY	97	904	0	904		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	208	0	208		67.00
68.00	06800	SPEECH PATHOLOGY	5	263	0	263		68.00
69.00	06900	ELECTROCARDIOLOGY	56	969	0	969		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	584	0	584		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,762	0	2,762		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,244	0	6,244		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,954,933	18,227	0	10,860		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,421	0	1,421		73.03
74.00	07400	RENAL DIALYSIS	1,384	449	0	449		74.00
76.00	03020	RH NBN ECMO IC	220	49	0	49		76.00
76.01	03140	CARDIOLOGY	159	616	0	616		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	58	0	58		76.02
76.03	03950	CARDIAC CATH	582	1,689	0	1,689		76.03
76.04	03951	DAY SURGERY	870	47	0	47		76.04
76.05	03480	ONCOLOGY	0	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	54	0	54		76.08
76.97	07697	CARDIAC REHABILITATION	2	39	0	39		76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	12	0	12		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	1	54	0	54		90.01
90.02	09002	IUSCC HEM/ONC	9,184	1,165	0	1,165		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	6	36	0	36		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	70	0	70		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	12	278	0	278		90.06
90.07	09007	AMB SVC-RILEY CLINICS	904	175	0	175		90.07
90.08	09008	MOTILITY LAB	1	10	0	10		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		90.10
90.11	09023	SLEEP LAB	0	243	0	243		90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	136	61	0	61		90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	2	12	0	12		90.17
90.18	09016	DERMATOLOGY CLINIC	4	51	0	51		90.18
90.19	09017	INFUSION/HEM/ONC	428	123	0	123		90.19
90.20	09025	IUMG - MH	0	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	5	10	0	10		90.21
90.22	09020	EATING DISORDERS CLINIC	0	69	0	69		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	30	0	30		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0		90.24
91.00	09100	EMERGENCY	4,340	6,916	0	6,916		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	160	91	0	91		94.00
95.00	09500	AMBULANCE SERVICES	226	1,425	0	1,425		95.00
101.00	10100	HOME HEALTH AGENCY	462	1,682	0	1,682		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1	301	0	301		105.00
106.00	10600	HEART ACQUISITION	0	25	0	25		106.00
107.00	10700	LIVER ACQUISITION	0	219	0	219		107.00
108.00	10800	LUNG ACQUISITION	0	109	0	109		108.00
109.00	10900	PANCREAS ACQUISITION	0	51	0	51		109.00
110.00	11000	INTESTINAL ACQUISITION	0	11	0	11		110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0		112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,391	355	0	355		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,037,352	96,299	92,303	88,932	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	RESEARCH-GCRC	75	0	0	0		191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.02	19102	OSA	1	0	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	915	0	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0		192.06
192.07	19207	RHI	8	0	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0		192.10
192.11	19211	UNUSED SPACE	0	0	0	0		192.11
200.00		Cross Foot Adjustments					118,061	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,038,351	96,299	92,303	88,932	118,061	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	742,515					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				78,684		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					68,681	23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01

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		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	742,515	0	0	78,684	68,681	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	742,515	0	0	78,684	68,681	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		19,928				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			14,747			23.06
23.07	02307	PARAMED PHARMACY				54,904		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

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		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02

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		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	0	19,928	14,747	54,904	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	19,928	14,747	54,904	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	40,073					23.09
23.10	02310	PARAMED PHARMACY TECH		38,036				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				17,283,902	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,006,347	0	31.00
32.00	03200	CORONARY CARE UNIT				1,271,589	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT				2,372,841	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				521,957	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
34.02	03401	UH SURG 6IC				402,004	0	34.02
34.03	03402	UH NS 3IC				0	0	34.03
34.04	03403	RH PED IC				2,188,545	0	34.04
34.05	03404	TRANSPLANT ICU				217,604	0	34.05
34.06	03407	PEDS CANCER CARE				889,638	0	34.06
40.00	04000	SUBPROVIDER - IPF				592,598	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
43.00	04300	NURSERY				27,236	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				28,233,531	0	50.00
50.01	05001	ENDOSCOPY				774,868	0	50.01
51.00	05100	RECOVERY ROOM				2,355,797	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,014,733	0	52.00
53.00	05300	ANESTHESIOLOGY				737,457	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING				577,220	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				15,702,556	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				2,692,134	0	55.00
56.00	05600	RADIOISOTOPE				1,116,177	0	56.00
59.00	05900	CARDIAC CATHETERIZATION				946,629	0	59.00
60.00	06000	LABORATORY				6,577,535	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY				123,211	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB				0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				187,209	0	63.00
65.00	06500	RESPIRATORY THERAPY				1,488,057	0	65.00
66.00	06600	PHYSICAL THERAPY				951,534	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				133,762	0	67.00
68.00	06800	SPEECH PATHOLOGY				529,913	0	68.00
69.00	06900	ELECTROCARDIOLOGY				650,397	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,546,307	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				836,458	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,461,127	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				3,456,137	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				671,945	0	73.03
74.00	07400	RENAL DIALYSIS				879,789	0	74.00
76.00	03020	RH NBN ECMO IC				32,366	0	76.00
76.01	03140	CARDIOLOGY				649,817	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				43,580	0	76.02
76.03	03950	CARDIAC CATH				1,602,216	0	76.03
76.04	03951	DAY SURGERY				402,263	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				37,549	0	76.08
76.97	07697	CARDIAC REHABILITATION				123,647	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				2,054	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				468,070	0	90.01
90.02	09002	IUSCC HEM/ONC				3,137,617	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY				302,489	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				320,330	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				394,566	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				669,511	0	90.07
90.08	09008	MOTILITY LAB				67,475	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				8	0	90.10
90.11	09023	SLEEP LAB				141,325	0	90.11
90.12	09024	OP CARE ADULTS				20,268	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	ARTHRITIS CLINIC				7,326	0	90.14
90.15	09013	NEUROLOGY UH				0	0	90.15
90.16	09014	ORTHOPEDICS UH				0	0	90.16
90.17	09015	PHYSICAL MEDICINE				195,875	0	90.17
90.18	09016	DERMATOLOGY CLINIC				152,420	0	90.18
90.19	09017	INFUSION/HEM/ONC				9,330	0	90.19
90.20	09025	IUMG - MH				57,357	0	90.20
90.21	09019	OP REHAB CLINIC				33,225	0	90.21
90.22	09020	EATING DISORDERS CLINIC				19,990	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				241,486	0	90.23
90.24	09021	LIFE CARE CLINIC				124,950	0	90.24
91.00	09100	EMERGENCY				3,043,606	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				183,032	0	94.00
95.00	09500	AMBULANCE SERVICES				3,864,940	0	95.00
101.00	10100	HOME HEALTH AGENCY				298,703	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				278,619	0	105.00
106.00	10600	HEART ACQUISITION				13,881	0	106.00
107.00	10700	LIVER ACQUISITION				149,494	0	107.00
108.00	10800	LUNG ACQUISITION				63,777	0	108.00
109.00	10900	PANCREAS ACQUISITION				37,866	0	109.00
110.00	11000	INTESTINAL ACQUISITION				6,733	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION				978	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				321,054	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				160,685	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	118,099,222	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				165,044	0	190.00
191.00	19100	RESEARCH				369,816	0	191.00
191.01	19101	RESEARCH-GCRC				262,490	0	191.01

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		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA				13,701	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES				696,977	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				1,452,183	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC				18,067	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES				7,812,396	0	192.03
192.04	19204	MHH RADIOLOGY				0	0	192.04
192.06	19206	BELTWAY SURGERY				0	0	192.06
192.07	19207	RHI				39,678	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING				32,789	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR				0	0	192.09
192.10	19212	CARDIO PHYSICIANS				60,432	0	192.10
192.11	19211	UNUSED SPACE				0	0	192.11
200.00		Cross Foot Adjustments	40,073	38,036	0	1,175,629	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	40,073	38,036	0	130,198,424	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING & STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY			9.01
9.02	00902	HOUSEKEEPING - RILEY			9.02
9.03	00903	HOUSEKEEPING - METHODIST			9.03
9.04	00904	HOUSEKEEPING - SAXONY			9.04
9.05	00905	HOUSEKEEPING - MORGAN			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01851	PARAMED ED ADMINISTRATION			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY			23.03
23.04	02304	PARAMED EMERGENCY			23.04
23.05	02312	PARAMED PASTORAL EDUCATION			23.05
23.06	02306	PARAMED LAB SCIENCE PRO			23.06
23.07	02307	PARAMED PHARMACY			23.07
23.08	02308	PARAMED MEDICAL ASSIST			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY			23.09
23.10	02310	PARAMED PHARMACY TECH			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	17,283,902		30.00
31.00	03100	INTENSIVE CARE UNIT	1,006,347		31.00
32.00	03200	CORONARY CARE UNIT	1,271,589		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,372,841		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	521,957		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	402,004		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	2,188,545		34.04
34.05	03404	TRANSPLANT ICU	217,604		34.05
34.06	03407	PEDS CANCER CARE	889,638		34.06
40.00	04000	SUBPROVIDER - IPF	592,598		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	27,236		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	28,233,531		50.00
50.01	05001	ENDOSCOPY	774,868		50.01
51.00	05100	RECOVERY ROOM	2,355,797		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,014,733		52.00
53.00	05300	ANESTHESIOLOGY	737,457		53.00
53.01	05301	PULMONARY FUNCTION TESTING	577,220		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,702,556		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,692,134		55.00
56.00	05600	RADIOISOTOPE	1,116,177		56.00
59.00	05900	CARDIAC CATHETERIZATION	946,629		59.00
60.00	06000	LABORATORY	6,577,535		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	123,211		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,209		63.00
65.00	06500	RESPIRATORY THERAPY	1,488,057		65.00
66.00	06600	PHYSICAL THERAPY	951,534		66.00
67.00	06700	OCCUPATIONAL THERAPY	133,762		67.00

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		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	529,913		68.00
69.00	06900	ELECTROCARDIOLOGY	650,397		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,307		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	836,458		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,461,127		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,456,137		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	671,945		73.03
74.00	07400	RENAL DIALYSIS	879,789		74.00
76.00	03020	RH NBN ECMO IC	32,366		76.00
76.01	03140	CARDIOLOGY	649,817		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,580		76.02
76.03	03950	CARDIAC CATH	1,602,216		76.03
76.04	03951	DAY SURGERY	402,263		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	37,549		76.08
76.97	07697	CARDIAC REHABILITATION	123,647		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,054		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	468,070		90.01
90.02	09002	IUSCC HEM/ONC	3,137,617		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	302,489		90.03
90.04	09004	AMB SVC-PSYCH ADULT	320,330		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	394,566		90.06
90.07	09007	AMB SVC-RILEY CLINICS	669,511		90.07
90.08	09008	MOTILITY LAB	67,475		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	8		90.10
90.11	09023	SLEEP LAB	141,325		90.11
90.12	09024	OP CARE ADULTS	20,268		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	ARTHRITIS CLINIC	7,326		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	195,875		90.17
90.18	09016	DERMATOLOGY CLINIC	152,420		90.18
90.19	09017	INFUSION/HEM/ONC	9,330		90.19
90.20	09025	IUMG - MH	57,357		90.20
90.21	09019	OP REHAB CLINIC	33,225		90.21
90.22	09020	EATING DISORDERS CLINIC	19,990		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	241,486		90.23
90.24	09021	LIFE CARE CLINIC	124,950		90.24
91.00	09100	EMERGENCY	3,043,606		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	183,032		94.00
95.00	09500	AMBULANCE SERVICES	3,864,940		95.00
101.00	10100	HOME HEALTH AGENCY	298,703		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	278,619		105.00
106.00	10600	HEART ACQUISITION	13,881		106.00
107.00	10700	LIVER ACQUISITION	149,494		107.00
108.00	10800	LUNG ACQUISITION	63,777		108.00
109.00	10900	PANCREAS ACQUISITION	37,866		109.00
110.00	11000	INTESTINAL ACQUISITION	6,733		110.00
112.00	08600	OTHER ORGAN ACQUISITION	978		112.00
112.01	08601	POST TRANSPLANT EXPENSES	321,054		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	160,685		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,099,222		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	165,044		190.00
191.00	19100	RESEARCH	369,816		191.00
191.01	19101	RESEARCH-GCRC	262,490		191.01
191.02	19102	OSA	13,701		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	696,977		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,452,183		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	18,067		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	7,812,396		192.03
192.04	19204	MHH RADIOLOGY	0		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	39,678		192.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total		
			26.00		
192.08	19208	NON-ALLOWABLE ADVERTISING	32,789		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0		192.09
192.10	19212	CARDIO PHYSICIANS	60,432		192.10
192.11	19211	UNUSED SPACE	0		192.11
200.00		Cross Foot Adjustments	1,175,629		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	130,198,424		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,625,578					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		63,696,751				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,728	2,097	613,185,314			4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,254	0	8,880		5.01
5.02	00550	DATA PROCESSING	2,084	16,254	0	0	8,880	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	2,261	31,412	0	0	0	5.03
5.04	00570	ADMITTING	1,421	4,858	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	213,604	1,466,973	16,315,588	169	169	5.06
6.00	00600	MAINTENANCE & REPAIRS	60,128	1,308,944	4,680,608	64	64	6.00
7.00	00700	OPERATION OF PLANT	455,611	349,844	4,663,458	79	79	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,220	0	9,363	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,616	4,759	409,972	12	12	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	371,329	13	13	9.05
10.00	01000	DIETARY	44,098	94,776	6,797,212	164	164	10.00
11.00	01100	CAFETERIA	7,742	14,702	183,059	5	5	11.00
13.00	01300	NURSING ADMINISTRATION	59,512	715,103	18,732,503	224	224	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	4,147	144,499	2	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	86,120	1,637,201	8,761,049	225	225	14.00
15.00	01500	PHARMACY	64,813	1,653,076	29,417,844	324	324	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,388	0	92,275	2	2	16.00
17.00	01700	SOCIAL SERVICE	5,622	0	4,519,700	79	79	17.00
18.00	01850	PATIENT TRANSPORTATION	1,029	53,657	1,756,659	48	48	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,160	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	51,267	404	104,440	2	2	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	3,869	0	771,533	11	11	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,715	0	523,498	7	7	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	525,172	8	8	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	420,018	6	6	23.06
23.07	02307	PARAMED PHARMACY	0	0	1,504,424	22	22	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	0	273,262	4	4	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	0	232,282	3	3	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	716,064	4,585,539	110,279,152	1,832	1,832	30.00
31.00	03100	INTENSIVE CARE UNIT	50,503	101,756	13,261,003	191	191	31.00
32.00	03200	CORONARY CARE UNIT	51,913	290,288	13,339,905	197	197	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	71,179	946,895	18,193,416	281	281	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,231	236,009	1,767,938	23	23	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	24,928	20,131	3,069,640	45	45	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	48,942	1,148,074	8,174,407	120	120	34.04
34.05	03404	TRANSPLANT ICU	13,459	5,373	1,861,697	29	29	34.05
34.06	03407	PEDS CANCER CARE	42,433	241,207	1,502,966	24	24	34.06
40.00	04000	SUBPROVIDER - IPF	38,080	23,672	3,613,664	57	57	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	358	2,059	1,344,286	17	17	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	277,529	19,416,879	36,540,762	552	552	50.00
50.01	05001	ENDOSCOPY	6,693	535,956	1,484,640	20	20	50.01
51.00	05100	RECOVERY ROOM	73,526	1,033,407	8,098,045	116	116	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,623	265,145	7,062,409	83	83	52.00
53.00	05300	ANESTHESIOLOGY	10,261	430,327	1,381,990	22	22	53.00
53.01	05301	PULMONARY FUNCTION TESTING	17,563	263,011	2,963,139	42	42	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	268,666	9,635,263	27,481,970	384	384	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,745	1,670,004	4,972,052	60	60	55.00
56.00	05600	RADIOISOTOPE	19,516	688,584	1,032,399	13	13	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,314	627,590	1,162,697	12	12	59.00
60.00	06000	LABORATORY	62,492	4,068,993	46,901,835	446	446	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	30,233	996,504	14	14	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,619	83,268	3,090,682	43	43	63.00
65.00	06500	RESPIRATORY THERAPY	22,981	861,263	18,328,021	262	262	65.00
66.00	06600	PHYSICAL THERAPY	46,289	215,169	15,146,614	206	206	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,079	800	2,922,153	39	39	67.00
68.00	06800	SPEECH PATHOLOGY	26,398	128,637	4,045,242	56	56	68.00
69.00	06900	ELECTROCARDIOLOGY	10,624	397,998	2,876,364	48	48	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,759	634,683	4,210,763	56	56	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	9,281	244,162	7,474,173	91	91	73.03
74.00	07400	RENAL DIALYSIS	31,674	320,914	4,224,450	64	64	74.00
76.00	03020	RH NBN ECMO IC	0	17,757	965,711	9	9	76.00
76.01	03140	CARDIOLOGY	11,421	385,823	899,867	13	13	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	895	22,698	230,870	3	3	76.02
76.03	03950	CARDIAC CATH	68,590	512,995	4,371,501	50	50	76.03
76.04	03951	DAY SURGERY	23,034	34,461	4,081,127	61	61	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	20,587	1,007,708	12	12	76.08
76.97	07697	CARDIAC REHABILITATION	8,424	4,998	612,644	8	8	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,319	148,217	1,761,535	33	33	90.01
90.02	09002	IUSCC HEM/ONC	135,655	973,765	19,316,698	193	193	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335	240,539	312,261	7	7	90.03
90.04	09004	AMB SVC-PSYCH ADULT	23,696	175	910,598	14	14	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,780	158,975	2,039,939	32	32	90.06
90.07	09007	AMB SVC-RILEY CLINICS	43,531	43,798	5,389,082	85	85	90.07
90.08	09008	MOTILITY LAB	389	48,907	144,092	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	2,041	0	0	90.10
90.11	09023	SLEEP LAB	4,138	59,337	3,611,338	54	54	90.11
90.12	09024	OP CARE ADULTS	1,522	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3,721	206,935	3	3	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,940	3,362	684,960	16	16	90.17
90.18	09016	DERMATOLOGY CLINIC	8,509	23,677	943,132	18	18	90.18
90.19	09017	INFUSION/HEM/ONC	0	2,487	434,958	7	7	90.19
90.20	09025	IUMG - MH	4,307	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,077	2,817	141,338	3	3	90.21
90.22	09020	EATING DISORDERS CLINIC	0	12,649	892,986	13	13	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,374	10,624	964,982	21	21	90.23
90.24	09021	LIFE CARE CLINIC	8,697	359	1,336,216	21	21	90.24
91.00	09100	EMERGENCY	137,058	731,110	20,968,830	334	334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	11,529	7,455	315,585	4	4	94.00
95.00	09500	AMBULANCE SERVICES	0	3,058,515	10,751,261	176	176	95.00
101.00	10100	HOME HEALTH AGENCY	1,067	95,098	25,944,019	381	381	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,189	111,367	2,772,162	34	34	105.00
106.00	10600	HEART ACQUISITION	349	4,848	451,255	5	5	106.00
107.00	10700	LIVER ACQUISITION	4,256	55,362	779,988	14	14	107.00
108.00	10800	LUNG ACQUISITION	1,726	22,325	738,966	9	9	108.00
109.00	10900	PANCREAS ACQUISITION	1,108	14,501	143,567	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	163	2,150	201,514	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	300,044	3	3	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,331	136,748	3,365,156	43	43	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,877	39,071	6,790,368	109	109	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,828,560	63,524,028	604,799,959	8,711	8,711	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,358	0	0	21	21	190.00
191.00	19100	RESEARCH	27,650	0	247,584	2	2	191.00
191.01	19101	RESEARCH-GCRC	19,093	0	545,311	0	0	191.01
191.02	19102	OSA	0	0	1,013,183	6	6	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,675	2,399	61,017	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	93,370	130,971	6,242,294	136	136	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	8,224	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	585,974	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	31,129	174,862	3	3	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	2,399	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	4,499	0	101,104	1	1	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	51,861,262	78,337,162	103,794,976	44,365	57,249,084	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.211845	1.229845	0.169272	4.996059	6,446.968919	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,953	1,542	43,355	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000036	0.173649	4.882320	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	234,938,921					5.03
5.04	00570	ADMITTING	51	4,560,998,338				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	8,374,436,442			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	13,422	0	0	-151,874,655	1,817,072,884	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,164	0	0	0	37,879,122	6.00
7.00	00700	OPERATION OF PLANT	27,069	0	0	0	62,479,537	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93,900	0	0	0	263,414	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,393,408	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,467,664	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,115,636	9.03
9.04	00904	HOUSEKEEPING - SAXONY	123	0	0	0	722,966	9.04
9.05	00905	HOUSEKEEPING - MORGAN	5,896	0	0	0	637,471	9.05
10.00	01000	DIETARY	20,659	0	0	0	13,188,639	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,214,665	11.00
13.00	01300	NURSING ADMINISTRATION	14,243	0	0	0	29,594,631	13.00
13.01	01851	PARAMED ED ADMINISTRATION	135	0	0	0	338,915	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,986,936	0	0	0	113,095,033	14.00
15.00	01500	PHARMACY	1,930,241	0	0	0	45,933,287	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16,400,779	16.00
17.00	01700	SOCIAL SERVICE	72	0	0	0	6,615,022	17.00
18.00	01850	PATIENT TRANSPORTATION	3,625	0	0	0	3,543,138	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	44,365,172	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27	0	0	0	26,199,761	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	968,639	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	1,679	0	0	0	337,574	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	106	0	0	0	746,430	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	7,286	0	0	0	485,409	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	2,084,648	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	246	0	0	0	348,170	23.09
23.10	02310	PARAMED PHARMACY TECH	2,115	0	0	0	321,563	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,617,410	725,350,618	791,087,427	0	185,538,880	30.00
31.00	03100	INTENSIVE CARE UNIT	1,950,153	82,219,441	82,219,441	0	20,647,139	31.00
32.00	03200	CORONARY CARE UNIT	2,229,379	96,357,734	96,357,734	0	20,505,174	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,246,515	169,091,238	169,091,238	0	28,381,285	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	195,608	10,439,790	10,439,790	0	2,980,010	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	498,713	19,283,280	19,283,280	0	4,654,203	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	982,889	50,745,440	50,745,440	0	13,926,933	34.04
34.05	03404	TRANSPLANT ICU	384,381	13,757,132	13,757,132	0	3,234,007	34.05
34.06	03407	PEDS CANCER CARE	123,155	12,467,821	12,467,821	0	2,995,842	34.06
40.00	04000	SUBPROVIDER - IPF	110,419	15,319,030	15,319,030	0	5,577,383	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	94,704	10,287,238	10,287,238	0	2,358,596	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,772,196	648,106,230	981,810,828	0	87,608,846	50.00
50.01	05001	ENDOSCOPY	622,205	18,604,207	28,833,453	0	3,039,704	50.01
51.00	05100	RECOVERY ROOM	578,487	61,787,659	150,954,000	0	14,071,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	671,313	51,404,305	58,887,794	0	13,272,220	52.00
53.00	05300	ANESTHESIOLOGY	2,614,053	51,198,379	75,209,018	0	5,334,641	53.00
53.01	05301	PULMONARY FUNCTION TESTING	200,465	4,698,632	40,310,946	0	4,800,653	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,439,744	238,787,767	598,031,325	0	60,527,963	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	162,984	9,647,101	176,160,309	0	11,501,969	55.00
56.00	05600	RADIOISOTOPE	69,167	7,064,116	42,964,490	0	2,794,280	56.00
59.00	05900	CARDIAC CATHETERIZATION	749,507	18,261,004	59,129,792	0	2,951,428	59.00
60.00	06000	LABORATORY	38,571,112	318,917,039	642,396,716	0	56,854,585	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,457,090	1,795,694	10,988,872	0	1,809,486	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,535,468	85,455,871	96,564,430	0	10,121,755	63.00
65.00	06500	RESPIRATORY THERAPY	2,957,492	138,696,298	142,528,187	0	29,773,975	65.00
66.00	06600	PHYSICAL THERAPY	560,450	55,558,768	82,216,106	0	22,930,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	84,158	14,968,360	18,907,396	0	4,093,685	67.00
68.00	06800	SPEECH PATHOLOGY	116,501	9,886,225	23,914,544	0	6,037,754	68.00
69.00	06900	ELECTROCARDIOLOGY	74,651	47,259,423	88,076,608	0	4,701,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243,732	37,366,569	53,127,582	0	7,662,681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,564,413	143,554,636	251,076,944	0	50,332,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	81,945,234	444,559,903	567,672,033	0	93,613,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	613,017,572	1,277,023,910	0	203,130,892	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	152,032	0	129,138,779	0	104,284,006	73.03
74.00	07400	RENAL DIALYSIS	1,458,847	19,963,266	40,823,699	0	7,426,576	74.00
76.00	03020	RH NBN ECMO IC	168,009	4,419,535	4,419,535	0	1,329,871	76.00
76.01	03140	CARDIOLOGY	632,763	16,118,747	55,965,311	0	3,881,900	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,488	1,030,042	5,247,239	0	394,640	76.02
76.03	03950	CARDIAC CATH	1,135,852	51,419,053	153,562,995	0	7,721,077	76.03
76.04	03951	DAY SURGERY	684,867	0	4,304,404	0	6,127,271	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2,007	4,937,156	4,937,156	0	1,404,534	76.08
76.97	07697	CARDIAC REHABILITATION	6,350	14,964	3,531,127	0	1,251,227	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	1,046,008	0	878,175	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	55,290	72,752	4,900,659	0	2,949,650	90.01
90.02	09002	IUSCC HEM/ONC	598,236	949,889	105,885,173	0	30,298,407	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	9,221	1,745	3,263,989	0	797,053	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,338	170	6,359,389	0	1,545,448	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	30,706	11,103,751	25,252,826	0	3,388,321	90.06
90.07	09007	AMB SVC-RILEY CLINICS	229,034	464,602	15,893,838	0	2,614,726	90.07
90.08	09008	MOTILITY LAB	69,111	32,132	905,446	0	228,241	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	3,425	90.10
90.11	09023	SLEEP LAB	173,147	17,131	22,119,328	0	3,704,697	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	17,064	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	16,666	141	5,516,618	0	466,726	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	10,478	6,245	1,068,919	0	1,331,338	90.17
90.18	09016	DERMATOLOGY CLINIC	78,421	6,972	4,631,443	0	1,442,022	90.18
90.19	09017	INFUSION/HEM/ONC	27,157	30,662	11,161,786	0	994,763	90.19
90.20	09025	IUMG - MH	0	0	0	0	48,289	90.20
90.21	09019	OP REHAB CLINIC	8,740	6,800	886,825	0	331,355	90.21
90.22	09020	EATING DISORDERS CLINIC	825	0	6,287,060	0	1,490,822	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	9,624	10,351	2,734,632	0	1,959,074	90.23
90.24	09021	LIFE CARE CLINIC	8,133	0	0	0	1,945,000	90.24
91.00	09100	EMERGENCY	2,949,248	159,254,536	628,681,944	0	38,989,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,126,709	0	8,317,019	0	711,165	94.00
95.00	09500	AMBULANCE SERVICES	348,188	109,628	129,515,959	0	29,993,570	95.00
101.00	10100	HOME HEALTH AGENCY	476,564	0	152,885,069	0	64,040,568	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	172,481	27,393,032	27,393,032	0	12,179,839	105.00
106.00	10600	HEART ACQUISITION	628	2,304,884	2,304,884	0	1,338,171	106.00
107.00	10700	LIVER ACQUISITION	75,913	19,871,963	19,871,963	0	9,885,939	107.00
108.00	10800	LUNG ACQUISITION	14,914	9,895,113	9,895,113	0	5,485,627	108.00
109.00	10900	PANCREAS ACQUISITION	20,184	4,661,634	4,661,634	0	2,090,322	109.00
110.00	11000	INTESTINAL ACQUISITION	8,512	986,922	986,922	0	743,963	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	392,055	112.00
112.01	08601	POST TRANSPLANT EXPENSES	179,839	0	0	0	5,141,488	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	212,823	0	32,237,865	0	12,155,062	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,716,088	4,560,998,338	8,374,436,442	-151,874,655	1,780,909,159	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	159,896	190.00
191.00	19100	RESEARCH	0	0	0	0	979,962	191.00
191.01	19101	RESEARCH-GCRC	48,407	0	0	0	1,079,344	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
191.02	19102	OSA	34,552	0	0	0	4,688,318	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,004,180	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	94,554	0	0	0	15,310,906	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	2,347	0	0	0	3,424,469	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,569,850	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	42,741	0	0	0	292,709	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	390,533	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	232	0	0	0	263,558	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,615,693	18,845,929	41,374,321		151,874,655	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.019646	0.004132	0.004941		0.083582	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	63,982	21,907	0		4,200,489	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000272	0.000005	0.000000		0.002312	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,344,352					6.00
7.00	00700	OPERATION OF PLANT	455,611	3,888,741				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,220	22,220	7,009,799			8.00
9.00	00900	HOUSEKEEPING	0	0	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	972,161	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,616	1,616	27	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	0	9.05
10.00	01000	DIETARY	44,098	44,098	0	0	12,740	10.00
11.00	01100	CAFETERIA	7,742	7,742	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	59,512	59,512	0	0	5,235	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	10,110	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	86,120	86,120	102,543	0	24,884	14.00
15.00	01500	PHARMACY	64,813	64,813	41	0	21,071	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,388	4,388	0	0	984	16.00
17.00	01700	SOCIAL SERVICE	5,622	5,622	0	0	110	17.00
18.00	01850	PATIENT TRANSPORTATION	1,029	1,029	0	0	856	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,160	1,160	1,690	0	345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	51,267	51,267	0	0	4,565	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	3,869	3,869	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,715	3,715	11	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	2,289	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	2,238	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	716,064	716,064	3,250,513	0	171,567	30.00
31.00	03100	INTENSIVE CARE UNIT	50,503	50,503	254,990	0	0	31.00
32.00	03200	CORONARY CARE UNIT	51,913	51,913	234,757	0	18,058	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	71,179	71,179	229,869	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,231	15,231	64,200	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	24,928	24,928	33,082	0	24,928	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	48,942	48,942	146,929	0	0	34.04
34.05	03404	TRANSPLANT ICU	13,459	13,459	41,144	0	13,459	34.05
34.06	03407	PEDS CANCER CARE	42,433	42,433	57,411	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	38,080	38,080	41,769	0	439	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	358	358	34,409	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	277,529	277,529	496,645	0	86,506	50.00
50.01	05001	ENDOSCOPY	6,693	6,693	19,872	0	0	50.01
51.00	05100	RECOVERY ROOM	73,526	73,526	81,817	0	8,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,623	44,623	205,331	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,261	10,261	0	0	238	53.00
53.01	05301	PULMONARY FUNCTION TESTING	17,563	17,563	37,099	0	4,216	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	268,666	268,666	479,447	0	74,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,745	44,745	46,530	0	27,508	55.00
56.00	05600	RADIOISOTOPE	19,516	19,516	22,120	0	7,634	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,314	11,314	698	0	0	59.00
60.00	06000	LABORATORY	62,492	62,492	9,440	0	20,115	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	4,470	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,619	2,619	201	0	653	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
65.00	06500	RESPIRATORY THERAPY	22,981	22,981	1,096	0	3,798	65.00
66.00	06600	PHYSICAL THERAPY	46,289	46,289	53,975	0	3,559	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,079	9,079	0	0	3,337	67.00
68.00	06800	SPEECH PATHOLOGY	26,398	26,398	412	0	5,249	68.00
69.00	06900	ELECTROCARDIOLOGY	10,624	10,624	40,128	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,759	55,759	15,321	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	9,281	9,281	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	31,674	31,674	23,970	0	19,028	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	11,421	11,421	0	0	1,334	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	895	895	14,501	0	0	76.02
76.03	03950	CARDIAC CATH	68,590	68,590	96,821	0	257	76.03
76.04	03951	DAY SURGERY	23,034	23,034	68,395	0	22,100	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	437	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	8,424	8,424	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,319	20,319	15,945	0	20,319	90.01
90.02	09002	IUSCC HEM/ONC	135,655	135,655	20,832	0	113,028	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335	335	0	0	335	90.03
90.04	09004	AMB SVC-PSYCH ADULT	23,696	23,696	3	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,780	13,780	5,900	0	11,729	90.06
90.07	09007	AMB SVC-RILEY CLINICS	43,531	43,531	42,738	0	0	90.07
90.08	09008	MOTILITY LAB	389	389	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,138	4,138	0	0	0	90.11
90.12	09024	OP CARE ADULTS	1,522	1,522	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,940	13,940	2,783	0	13,940	90.17
90.18	09016	DERMATOLOGY CLINIC	8,509	8,509	6,386	0	8,509	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	4,307	4,307	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,077	2,077	1,749	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,374	16,374	3,041	0	12,046	90.23
90.24	09021	LIFE CARE CLINIC	8,697	8,697	0	0	422	90.24
91.00	09100	EMERGENCY	137,058	137,058	684,141	0	6,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	11,529	11,529	0	0	11,529	94.00
95.00	09500	AMBULANCE SERVICES	0	0	420	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,067	1,067	0	0	268	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,189	8,189	0	0	4,361	105.00
106.00	10600	HEART ACQUISITION	349	349	0	0	186	106.00
107.00	10700	LIVER ACQUISITION	4,256	4,256	0	0	2,266	107.00
108.00	10800	LUNG ACQUISITION	1,726	1,726	0	0	919	108.00
109.00	10900	PANCREAS ACQUISITION	1,108	1,108	0	0	590	109.00
110.00	11000	INTESTINAL ACQUISITION	163	163	0	0	87	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,331	10,331	0	0	5,501	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,877	4,877	0	0	549	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,547,334	3,091,723	6,991,142	0	800,510	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,358	12,358	0	0	2,016	190.00
191.00	19100	RESEARCH	27,650	27,650	0	0	460	191.00
191.01	19101	RESEARCH-GCRC	19,093	19,093	15,244	0	15,719	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,675	51,675	0	0	4,001	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	93,370	93,370	3,413	0	5,935	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	585,974	585,974	0	0	143,520	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	2,399	2,399	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	4,499	4,499	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	41,045,135	72,006,283	906,803	0	3,677,036	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.447930	18.516606	0.129362	0.000000	3.782332	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,372,014	5,932,285	295,791	0	7,846	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.545999	1.525503	0.042197	0.000000	0.008071	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY	1,012,744					9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	1,514,345				9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	235,173			9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	130,482		9.05
10.00	01000	DIETARY	2,781	20,610	3,561	4,406	620,486	10.00
11.00	01100	CAFETERIA	0	0	5,630	2,112	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,990	37,950	0	338	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	10,110	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	32,072	19,762	8,111	1,290	0	14.00
15.00	01500	PHARMACY	12,520	24,675	5,565	982	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,404	0	16.00
17.00	01700	SOCIAL SERVICE	2,730	2,783	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	174	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	815	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,173	43,529	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	3,869	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	3,715	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	2,289	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	2,238	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	249,491	245,856	32,266	16,884	520,857	30.00
31.00	03100	INTENSIVE CARE UNIT	987	49,516	0	0	14,707	31.00
32.00	03200	CORONARY CARE UNIT	11,947	21,907	0	0	19,415	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	62,665	8,514	0	0	5,732	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,231	0	0	0	4,000	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	0	2,574	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	48,942	0	0	0	5,040	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	1,292	34.05
34.06	03407	PEDS CANCER CARE	42,433	0	0	0	4,514	34.06
40.00	04000	SUBPROVIDER - IPF	25,449	12,192	0	0	21,247	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	358	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,088	89,602	20,073	16,260	0	50.00
50.01	05001	ENDOSCOPY	0	6,693	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,920	14,250	22,844	0	1,809	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	44,623	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,446	1,577	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8,343	4,702	303	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,351	108,935	12,534	14,831	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,237	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,166	8,841	875	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,314	0	0	59.00
60.00	06000	LABORATORY	15,157	15,679	7,219	4,322	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,470	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,966	0	0	0	63.00

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		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
65.00	06500	RESPIRATORY THERAPY	6,567	10,894	529	1,193	0	65.00
66.00	06600	PHYSICAL THERAPY	1,295	32,714	4,956	3,765	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,354	1,218	0	1,170	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,199	6,949	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,281	7,652	0	1,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,940	52,819	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	9,281	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	4,175	8,471	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	10,087	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	895	0	0	0	76.02
76.03	03950	CARDIAC CATH	4,414	63,920	0	0	0	76.03
76.04	03951	DAY SURGERY	0	934	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	437	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,191	5,503	1,730	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	5,367	17,260	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	23,696	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	2,051	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	43,531	0	0	0	635	90.07
90.08	09008	MOTILITY LAB	389	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	654	3,485	0	78	90.11
90.12	09024	OP CARE ADULTS	0	1,522	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	4,307	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,077	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,328	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	8,275	0	0	0	90.24
91.00	09100	EMERGENCY	40,988	67,713	13,129	8,601	14,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	799	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	23	3,805	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1	162	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	12	1,978	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	5	802	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3	515	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	76	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	29	4,801	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,328	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	857,762	1,168,741	157,897	82,978	616,467	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,942	0	0	400	0	190.00
191.00	19100	RESEARCH	0	27,190	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	3,375	0	0	4,019	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	569	47,104	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,631	84,804	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	142,409	223,337	76,707	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	2,399	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	4,499	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,757,498	5,543,211	828,587	690,752	15,693,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.710215	3.660468	3.523308	5.293849	25.293028	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,017	11,827	29,066	1,554	734,679	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007916	0.007810	0.123594	0.011910	1.184038	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,374					11.00
13.00	01300	NURSING ADMINISTRATION	224	3,188				13.00
13.01	01851	PARAMED ED ADMINISTRATION	2	0	4,775,767			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	225	0	0	232,774,323		14.00
15.00	01500	PHARMACY	324	1	0	1,930,241	199,776,749	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	79	1	0	72	0	17.00
18.00	01850	PATIENT TRANSPORTATION	48	0	0	3,625	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2	0	0	27	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	11	0	843,292	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	7	0	624,278	1,679	99	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	8	0	613,465	106	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	6	0	455,514	7,286	0	23.06
23.07	02307	PARAMED PHARMACY	22	0	1,688,048	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	4	0	297,828	246	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	0	253,342	2,115	286	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,832	1,175	0	10,617,410	835,954	30.00
31.00	03100	INTENSIVE CARE UNIT	191	166	0	1,950,153	154,000	31.00
32.00	03200	CORONARY CARE UNIT	197	175	0	2,229,379	238,154	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	281	254	0	1,246,515	190,278	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	23	19	0	195,608	10,405	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	45	37	0	498,713	17,442	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	120	107	0	982,889	124,688	34.04
34.05	03404	TRANSPLANT ICU	29	25	0	384,381	19,537	34.05
34.06	03407	PEDS CANCER CARE	24	19	0	123,155	26,441	34.06
40.00	04000	SUBPROVIDER - IPF	57	23	0	110,419	5,187	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	17	17	0	94,704	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	552	264	0	16,772,196	384,092	50.00
50.01	05001	ENDOSCOPY	20	15	0	622,205	11,799	50.01
51.00	05100	RECOVERY ROOM	116	93	0	578,487	69,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83	78	0	671,313	0	52.00
53.00	05300	ANESTHESIOLOGY	22	17	0	2,614,053	563,901	53.00
53.01	05301	PULMONARY FUNCTION TESTING	42	5	0	200,465	1,847	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	384	70	0	3,439,744	471,871	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	60	13	0	162,984	10,216	55.00
56.00	05600	RADIOISOTOPE	13	0	0	69,167	8,135	56.00
59.00	05900	CARDIAC CATHETERIZATION	12	6	0	749,507	3,241	59.00
60.00	06000	LABORATORY	446	6	0	38,571,112	101,928	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	14	0	0	1,457,090	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43	0	0	1,535,468	1,349	63.00
65.00	06500	RESPIRATORY THERAPY	262	0	0	2,957,492	22,904	65.00
66.00	06600	PHYSICAL THERAPY	206	1	0	560,450	6,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	0	0	84,158	0	67.00
68.00	06800	SPEECH PATHOLOGY	56	6	0	116,501	308	68.00
69.00	06900	ELECTROCARDIOLOGY	48	5	0	74,651	3,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56	0	0	243,732	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,564,413	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	81,945,234	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	194,291,897	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	91	0	0	152,032	0	73.03
74.00	07400	RENAL DIALYSIS	64	37	0	1,458,847	91,004	74.00
76.00	03020	RH NBN ECMO IC	9	8	0	168,009	14,436	76.00
76.01	03140	CARDIOLOGY	13	6	0	632,763	10,482	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	3	0	27,488	120	76.02
76.03	03950	CARDIAC CATH	50	28	0	1,135,852	38,237	76.03
76.04	03951	DAY SURGERY	61	44	0	684,867	57,201	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	12	5	0	2,007	15	76.08
76.97	07697	CARDIAC REHABILITATION	8	3	0	6,350	136	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	33	12	0	55,290	67	90.01
90.02	09002	IUSCC HEM/ONC	193	75	0	598,236	603,839	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	7	0	0	9,221	364	90.03
90.04	09004	AMB SVC-PSYCH ADULT	14	2	0	3,338	30	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	32	11	0	30,706	778	90.06
90.07	09007	AMB SVC-RILEY CLINICS	85	40	0	229,034	59,421	90.07
90.08	09008	MOTILITY LAB	1	1	0	69,111	45	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	54	0	0	173,147	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	3	2	0	16,666	8,920	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	16	5	0	10,478	113	90.17
90.18	09016	DERMATOLOGY CLINIC	18	9	0	78,421	253	90.18
90.19	09017	INFUSION/HEM/ONC	7	5	0	27,157	28,147	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3	2	0	8,740	354	90.21
90.22	09020	EATING DISORDERS CLINIC	13	1	0	825	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	21	10	0	9,624	18	90.23
90.24	09021	LIFE CARE CLINIC	21	7	0	8,133	0	90.24
91.00	09100	EMERGENCY	334	209	0	2,949,248	285,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	4	3	0	1,126,709	10,520	94.00
95.00	09500	AMBULANCE SERVICES	176	40	0	348,188	14,830	95.00
101.00	10100	HOME HEALTH AGENCY	381	0	0	476,564	30,394	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	34	1	0	172,481	86	105.00
106.00	10600	HEART ACQUISITION	5	0	0	628	0	106.00
107.00	10700	LIVER ACQUISITION	14	0	0	75,913	0	107.00
108.00	10800	LUNG ACQUISITION	9	0	0	14,914	1	108.00
109.00	10900	PANCREAS ACQUISITION	2	0	0	20,184	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	0	8,512	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	3	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	43	0	0	179,839	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	109	0	0	212,823	880,479	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,205	3,167	4,775,767	232,551,490	199,711,052	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21	0	0	0	0	190.00
191.00	19100	RESEARCH	2	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	48,407	4,947	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
191.02	19102	OSA	6	4	0	34,552	76	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	136	17	0	94,554	60,156	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	2,347	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	3	0	0	42,741	518	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1	0	0	232	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,563,708	33,994,093	687,344	125,332,187	52,936,693	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	186.733700	10,663.140841	0.143923	0.538428	0.264979	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	124,481	1,744,017	140,303	3,430,231	3,038,351	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.865178	547.056775	0.029378	0.014736	0.015209	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,374,436,442					16.00
17.00	01700	SOCIAL SERVICE	0	331,659				17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	8,374,436,442			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	55,348		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		55,348	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0			23.03
23.04	02304	PARAMED EMERGENCY	0	0	0			23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0			23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0			23.06
23.07	02307	PARAMED PHARMACY	0	0	0			23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	791,087,427	233,626	791,087,427	16,631	16,631	30.00
31.00	03100	INTENSIVE CARE UNIT	82,219,441	18,426	82,219,441	2,634	2,634	31.00
32.00	03200	CORONARY CARE UNIT	96,357,734	16,050	96,357,734	100	100	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	169,091,238	31,518	169,091,238	960	960	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,439,790	2,288	10,439,790	36	36	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	19,283,280	4,288	19,283,280	211	211	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	50,745,440	8,940	50,745,440	728	728	34.04
34.05	03404	TRANSPLANT ICU	13,757,132	2,173	13,757,132	112	112	34.05
34.06	03407	PEDS CANCER CARE	12,467,821	2,863	12,467,821	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	15,319,030	5,539	15,319,030	261	261	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	10,287,238	5,948	10,287,238	64	64	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	981,810,828	0	981,810,828	6,028	6,028	50.00
50.01	05001	ENDOSCOPY	28,833,453	0	28,833,453	72	72	50.01
51.00	05100	RECOVERY ROOM	150,954,000	0	150,954,000	171	171	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,887,794	0	58,887,794	178	178	52.00
53.00	05300	ANESTHESIOLOGY	75,209,018	0	75,209,018	5,147	5,147	53.00
53.01	05301	PULMONARY FUNCTION TESTING	40,310,946	0	40,310,946	102	102	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	598,031,325	0	598,031,325	4,529	4,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	176,160,309	0	176,160,309	159	159	55.00
56.00	05600	RADIOISOTOPE	42,964,490	0	42,964,490	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	59,129,792	0	59,129,792	97	97	59.00
60.00	06000	LABORATORY	642,396,716	0	642,396,716	2,152	2,152	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	10,988,872	0	10,988,872	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	96,564,430	0	96,564,430	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	142,528,187	0	142,528,187	0	0	65.00
66.00	06600	PHYSICAL THERAPY	82,216,106	0	82,216,106	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,907,396	0	18,907,396	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,914,544	0	23,914,544	52	52	68.00
69.00	06900	ELECTROCARDIOLOGY	88,076,608	0	88,076,608	673	673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,127,582	0	53,127,582	1,835	1,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	251,076,944	0	251,076,944	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	567,672,033	0	567,672,033	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,277,023,910	0	1,277,023,910	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	129,138,779	0	129,138,779	0	0	73.03
74.00	07400	RENAL DIALYSIS	40,823,699	0	40,823,699	12	12	74.00
76.00	03020	RH NBN ECMO IC	4,419,535	0	4,419,535	0	0	76.00
76.01	03140	CARDIOLOGY	55,965,311	0	55,965,311	860	860	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,247,239	0	5,247,239	0	0	76.02
76.03	03950	CARDIAC CATH	153,562,995	0	153,562,995	0	0	76.03
76.04	03951	DAY SURGERY	4,304,404	0	4,304,404	124	124	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	4,937,156	0	4,937,156	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,531,127	0	3,531,127	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1,046,008	0	1,046,008	134	134	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,900,659	0	4,900,659	376	376	90.01
90.02	09002	IUSCC HEM/ONC	105,885,173	0	105,885,173	78	78	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	3,263,989	0	3,263,989	313	313	90.03
90.04	09004	AMB SVC-PSYCH ADULT	6,359,389	0	6,359,389	197	197	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	25,252,826	0	25,252,826	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	15,893,838	0	15,893,838	965	965	90.07
90.08	09008	MOTILITY LAB	905,446	0	905,446	1,351	1,351	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	6	6	90.10
90.11	09023	SLEEP LAB	22,119,328	0	22,119,328	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	68	68	90.13
90.14	09012	ARTHRITIS CLINIC	5,516,618	0	5,516,618	245	245	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,068,919	0	1,068,919	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	4,631,443	0	4,631,443	240	240	90.18
90.19	09017	INFUSION/HEM/ONC	11,161,786	0	11,161,786	254	254	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	886,825	0	886,825	164	164	90.21
90.22	09020	EATING DISORDERS CLINIC	6,287,060	0	6,287,060	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,734,632	0	2,734,632	127	127	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	628,681,944	0	628,681,944	4,296	4,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	8,317,019	0	8,317,019	0	0	94.00
95.00	09500	AMBULANCE SERVICES	129,515,959	0	129,515,959	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	152,885,069	0	152,885,069	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	27,393,032	0	27,393,032	0	0	105.00
106.00	10600	HEART ACQUISITION	2,304,884	0	2,304,884	0	0	106.00
107.00	10700	LIVER ACQUISITION	19,871,963	0	19,871,963	0	0	107.00
108.00	10800	LUNG ACQUISITION	9,895,113	0	9,895,113	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,661,634	0	4,661,634	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	986,922	0	986,922	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	32,237,865	0	32,237,865			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,374,436,442	331,659	8,374,436,442	52,742	52,742	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	2,031	2,031	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	575	575	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,916,413	7,371,321	3,882,847	48,110,289	30,012,011	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002139	22.225602	0.000464	869.232655	542.242014	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	96,299	92,303	88,932	118,061	742,515	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000011	0.278307	0.000011	2.133067	13.415390	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMED ED HEALTH SCIENCES		0				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			100			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				100		23.03
23.04	02304	PARAMED EMERGENCY					0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

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		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM CO ST)	PARAMED RADIOLOGY-METH ODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	100	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	1,295,380	575,362	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	12,953.800000	5,753.620000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	78,684	68,681	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	786.840000	686.810000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION	331,659					23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100				23.06
23.07	02307	PARAMED PHARMACY			199,776,364			23.07
23.08	02308	PARAMED MEDICAL ASSIST				0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					100	23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	233,626	0	835,954	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,426	0	154,000	0	0	31.00
32.00	03200	CORONARY CARE UNIT	16,050	0	238,154	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	31,518	0	190,278	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,288	0	10,405	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	4,288	0	17,442	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,940	0	124,688	0	0	34.04
34.05	03404	TRANSPLANT ICU	2,173	0	19,537	0	0	34.05
34.06	03407	PEDS CANCER CARE	2,863	0	26,441	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	5,539	0	5,187	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,948	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	384,092	0	100	50.00
50.01	05001	ENDOSCOPY	0	0	11,799	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	69,366	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	563,901	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,847	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	471,871	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,216	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	8,135	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,241	0	0	59.00
60.00	06000	LABORATORY	0	100	101,928	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,349	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	22,904	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,374	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	308	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,704	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	194,291,897	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	91,004	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	14,436	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	10,482	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	120	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	38,237	0	0	76.03
76.04	03951	DAY SURGERY	0	0	57,201	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	15	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	136	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	67	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	603,839	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	364	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	30	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	778	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	59,421	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	45	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	8,920	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	113	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	253	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	28,147	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	354	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	18	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	285,359	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	10,520	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	14,830	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	30,394	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	86	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	1	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	880,479	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	331,659	100	199,710,667	0	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	4,947	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
191.02	19102	OSA	0	0	76	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	60,156	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	518	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	898,661	596,582	2,505,945	0	493,404	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.709593	5,965.820000	0.012544	0.000000	4,934.040000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,928	14,747	54,904	0	40,073	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.060086	147.470000	0.000275	0.000000	400.730000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
			23.10	23.11		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
9.04	00904	HOUSEKEEPING - SAXONY				9.04
9.05	00905	HOUSEKEEPING - MORGAN				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01851	PARAMED ED ADMINISTRATION				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				23.03
23.04	02304	PARAMED EMERGENCY				23.04
23.05	02312	PARAMED PASTORAL EDUCATION				23.05
23.06	02306	PARAMED LAB SCIENCE PRO				23.06
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				23.09
23.10	02310	PARAMED PHARMACY TECH	100			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	03401	UH SURG 6IC	0	0		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	0	0		34.04
34.05	03404	TRANSPLANT ICU	0	0		34.05
34.06	03407	PEDS CANCER CARE	0	0		34.06
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
			23.10	23.11		
191.02	19102	OSA	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0		192.06
192.07	19207	RHI	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	0		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	457,453	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,574.530000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,036	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	380.360000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	264,047,841		264,047,841	0	264,047,841	30.00
31.00	03100	INTENSIVE CARE UNIT	27,947,022		27,947,022	0	27,947,022	31.00
32.00	03200	CORONARY CARE UNIT	28,205,329		28,205,329	0	28,205,329	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	37,893,247		37,893,247	0	37,893,247	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,220,330		4,220,330	0	4,220,330	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	6,737,398		6,737,398	0	6,737,398	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	18,869,878		18,869,878	0	18,869,878	34.04
34.05	03404	TRANSPLANT ICU	4,543,965		4,543,965	0	4,543,965	34.05
34.06	03407	PEDS CANCER CARE	5,096,469		5,096,469	0	5,096,469	34.06
40.00	04000	SUBPROVIDER - IPF	8,286,733		8,286,733	0	8,286,733	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,982,034		2,982,034	0	2,982,034	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	118,914,473		118,914,473	0	118,914,473	50.00
50.01	05001	ENDOSCOPY	4,085,030		4,085,030	0	4,085,030	50.01
51.00	05100	RECOVERY ROOM	19,365,764		19,365,764	0	19,365,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,181,267		17,181,267	0	17,181,267	52.00
53.00	05300	ANESTHESIOLOGY	8,050,599		8,050,599	233,050	8,283,649	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,037,557		6,037,557	0	6,037,557	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,833,212		79,833,212	0	79,833,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,586,719		14,586,719	0	14,586,719	55.00
56.00	05600	RADIOISOTOPE	3,802,568		3,802,568	0	3,802,568	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,179,049		4,179,049	0	4,179,049	59.00
60.00	06000	LABORATORY	86,805,469		86,805,469	0	86,805,469	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,917,845		2,917,845	0	2,917,845	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,137,183		12,137,183	0	12,137,183	63.00
65.00	06500	RESPIRATORY THERAPY	35,586,165	0	35,586,165	0	35,586,165	65.00
66.00	06600	PHYSICAL THERAPY	26,890,704	0	26,890,704	0	26,890,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,827,263	0	4,827,263	0	4,827,263	67.00
68.00	06800	SPEECH PATHOLOGY	7,578,131	0	7,578,131	0	7,578,131	68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,164		5,771,164	0	5,771,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,348,629		10,348,629	0	10,348,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,803,068		80,803,068	0	80,803,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,037,224		147,037,224	0	147,037,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,811,663		277,811,663	0	277,811,663	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	113,728,783		113,728,783	0	113,728,783	73.03
74.00	07400	RENAL DIALYSIS	10,378,113		10,378,113	0	10,378,113	74.00
76.00	03020	RH NBN ECMO IC	1,633,981		1,633,981	0	1,633,981	76.00
76.01	03140	CARDIOLOGY	5,123,902		5,123,902	0	5,123,902	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	518,847		518,847	0	518,847	76.02
76.03	03950	CARDIAC CATH	11,878,175		11,878,175	0	11,878,175	76.03
76.04	03951	DAY SURGERY	8,255,794		8,255,794	0	8,255,794	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	1,605,243		1,605,243	0	1,605,243	76.08
76.97	07697	CARDIAC REHABILITATION	1,670,418		1,670,418	0	1,670,418	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	954,297		954,297	0	954,297	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,019,981		4,019,981	0	4,019,981	90.01
90.02	09002	IUSCC HEM/ONC	38,738,716		38,738,716	0	38,738,716	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	889,176		889,176	0	889,176	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,466,304		2,466,304	0	2,466,304	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,315,261		4,315,261	0	4,315,261	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,857,271		4,857,271	0	4,857,271	90.07
90.08	09008	MOTILITY LAB	310,070		310,070	0	310,070	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3,711		3,711	0	3,711	90.10
90.11	09023	SLEEP LAB	4,307,594		4,307,594	0	4,307,594	90.11
90.12	09024	OP CARE ADULTS	66,623		66,623	0	66,623	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	553,431		553,431	0	553,431	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.17	09015	PHYSICAL MEDICINE	1,950,284		1,950,284	0	1,950,284	90.17
90.18	09016	DERMATOLOGY CLINIC	1,987,188		1,987,188	0	1,987,188	90.18
90.19	09017	INFUSION/HEM/ONC	1,184,017		1,184,017	0	1,184,017	90.19
90.20	09025	IUMG - MH	188,534		188,534	0	188,534	90.20
90.21	09019	OP REHAB CLINIC	454,062		454,062	0	454,062	90.21
90.22	09020	EATING DISORDERS CLINIC	1,645,328		1,645,328	0	1,645,328	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,765,578		2,765,578	0	2,765,578	90.23
90.24	09021	LIFE CARE CLINIC	2,465,603		2,465,603	0	2,465,603	90.24
91.00	09100	EMERGENCY	52,648,910		52,648,910	2,475,484	55,124,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,652,422		21,652,422		21,652,422	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,800,573		1,800,573	0	1,800,573	94.00
95.00	09500	AMBULANCE SERVICES	33,488,658		33,488,658	0	33,488,658	95.00
101.00	10100	HOME HEALTH AGENCY	70,161,120		70,161,120		70,161,120	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,638,572		13,638,572		13,638,572	105.00
106.00	10600	HEART ACQUISITION	1,468,349		1,468,349		1,468,349	106.00
107.00	10700	LIVER ACQUISITION	10,942,314		10,942,314		10,942,314	107.00
108.00	10800	LUNG ACQUISITION	6,034,293		6,034,293		6,034,293	108.00
109.00	10900	PANCREAS ACQUISITION	2,323,522		2,323,522		2,323,522	109.00
110.00	11000	INTESTINAL ACQUISITION	818,835		818,835		818,835	110.00
112.00	08600	OTHER ORGAN ACQUISITION	425,384		425,384		425,384	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,003,475		6,003,475		6,003,475	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,788,521		13,788,521		13,788,521	116.00
200.00		Subtotal (see instructions)	1,847,492,225	0	1,847,492,225	2,708,534	1,850,200,759	200.00
201.00		Less Observation Beds	21,652,422		21,652,422		21,652,422	201.00
202.00		Total (see instructions)	1,825,839,803	0	1,825,839,803	2,708,534	1,828,548,337	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	722,024,602		722,024,602			30.00
31.00	03100	INTENSIVE CARE UNIT	82,219,441		82,219,441			31.00
32.00	03200	CORONARY CARE UNIT	96,357,734		96,357,734			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	169,091,238		169,091,238			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,439,790		10,439,790			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	19,283,280		19,283,280			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	50,745,440		50,745,440			34.04
34.05	03404	TRANSPLANT ICU	13,757,132		13,757,132			34.05
34.06	03407	PEDS CANCER CARE	12,467,821		12,467,821			34.06
40.00	04000	SUBPROVIDER - IPF	15,319,030		15,319,030			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	10,287,238		10,287,238			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	648,106,230	333,704,598	981,810,828	0.121118	0.000000	50.00
50.01	05001	ENDOSCOPY	18,604,207	10,229,246	28,833,453	0.141677	0.000000	50.01
51.00	05100	RECOVERY ROOM	61,787,659	89,166,341	150,954,000	0.128289	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,404,305	7,483,489	58,887,794	0.291763	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	51,198,379	24,010,639	75,209,018	0.107043	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,698,632	35,612,314	40,310,946	0.149775	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,787,767	359,243,558	598,031,325	0.133493	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,647,101	166,513,208	176,160,309	0.082804	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,064,116	35,900,374	42,964,490	0.088505	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	18,261,004	40,868,788	59,129,792	0.070676	0.000000	59.00
60.00	06000	LABORATORY	318,917,039	323,479,677	642,396,716	0.135128	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,795,694	9,193,178	10,988,872	0.265527	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85,455,871	11,108,559	96,564,430	0.125690	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	138,696,298	3,831,889	142,528,187	0.249678	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	55,558,768	26,657,338	82,216,106	0.327073	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,968,360	3,939,036	18,907,396	0.255311	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	9,886,225	14,028,319	23,914,544	0.316884	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	47,259,423	40,817,185	88,076,608	0.065524	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,366,569	15,761,013	53,127,582	0.194788	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	143,554,636	107,522,308	251,076,944	0.321826	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	444,559,903	123,112,130	567,672,033	0.259018	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	613,017,572	664,006,338	1,277,023,910	0.217546	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	129,138,779	129,138,779	0.880671	0.000000	73.03
74.00	07400	RENAL DIALYSIS	19,963,266	20,860,433	40,823,699	0.254218	0.000000	74.00
76.00	03020	RH NBN ECMO IC	4,419,535	0	4,419,535	0.369718	0.000000	76.00
76.01	03140	CARDIOLOGY	16,118,747	39,846,564	55,965,311	0.091555	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,030,042	4,217,197	5,247,239	0.098880	0.000000	76.02
76.03	03950	CARDIAC CATH	51,419,053	102,143,942	153,562,995	0.077351	0.000000	76.03
76.04	03951	DAY SURGERY	0	4,304,404	4,304,404	1.917988	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	4,937,156	0	4,937,156	0.325135	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	14,964	3,516,163	3,531,127	0.473055	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	1,046,008	1,046,008			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	72,752	4,827,907	4,900,659	0.820294	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	949,889	104,935,284	105,885,173	0.365856	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,745	3,262,244	3,263,989	0.272420	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	170	6,359,219	6,359,389	0.387821	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	11,103,751	14,149,075	25,252,826	0.170882	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	464,602	15,429,236	15,893,838	0.305607	0.000000	90.07
90.08	09008	MOTILITY LAB	32,132	873,314	905,446	0.342450	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	17,131	22,102,197	22,119,328	0.194743	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	141	5,516,477	5,516,618	0.100321	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	6,245	1,062,674	1,068,919	1.824539	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.18	09016	DERMATOLOGY CLINIC	6,972	4,624,471	4,631,443	0.429065	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	30,662	11,131,124	11,161,786	0.106078	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	6,800	880,025	886,825	0.512009	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	6,287,060	6,287,060	0.261701	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	10,351	2,724,281	2,734,632	1.011316	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	159,254,536	469,427,408	628,681,944	0.083745	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,326,016	65,736,809	69,062,825	0.313518	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	8,317,019	8,317,019	0.216493	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	109,628	129,406,331	129,515,959	0.258568	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	152,885,069	152,885,069			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	27,393,032	0	27,393,032			105.00
106.00	10600	HEART ACQUISITION	2,304,884	0	2,304,884			106.00
107.00	10700	LIVER ACQUISITION	19,871,963	0	19,871,963			107.00
108.00	10800	LUNG ACQUISITION	9,895,113	0	9,895,113			108.00
109.00	10900	PANCREAS ACQUISITION	4,661,634	0	4,661,634			109.00
110.00	11000	INTESTINAL ACQUISITION	986,922	0	986,922			110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	32,237,865	32,237,865			116.00
200.00		Subtotal (see instructions)	4,560,998,338	3,813,438,104	8,374,436,442			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,560,998,338	3,813,438,104	8,374,436,442			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.121118		50.00
50.01	05001	ENDOSCOPY	0.141677		50.01
51.00	05100	RECOVERY ROOM	0.128289		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763		52.00
53.00	05300	ANESTHESIOLOGY	0.110142		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804		55.00
56.00	05600	RADIOISOTOPE	0.088505		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676		59.00
60.00	06000	LABORATORY	0.135128		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690		63.00
65.00	06500	RESPIRATORY THERAPY	0.249678		65.00
66.00	06600	PHYSICAL THERAPY	0.327073		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311		67.00
68.00	06800	SPEECH PATHOLOGY	0.316884		68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671		73.03
74.00	07400	RENAL DIALYSIS	0.254218		74.00
76.00	03020	RH NBN ECMO IC	0.369718		76.00
76.01	03140	CARDIOLOGY	0.091555		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880		76.02
76.03	03950	CARDIAC CATH	0.077351		76.03
76.04	03951	DAY SURGERY	1.917988		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.325135		76.08
76.97	07697	CARDIAC REHABILITATION	0.473055		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.820294		90.01
90.02	09002	IUSCC HEM/ONC	0.365856		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.170882		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607		90.07
90.08	09008	MOTILITY LAB	0.342450		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.194743		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.100321		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.824539		90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065		90.18
90.19	09017	INFUSION/HEM/ONC	0.106078		90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.512009		90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.087682		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.216493		94.00
95.00	09500	AMBULANCE SERVICES	0.258568		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	264,047,841		264,047,841	0	264,047,841	30.00
31.00	03100	INTENSIVE CARE UNIT	27,947,022		27,947,022	0	27,947,022	31.00
32.00	03200	CORONARY CARE UNIT	28,205,329		28,205,329	0	28,205,329	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	37,893,247		37,893,247	0	37,893,247	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,220,330		4,220,330	0	4,220,330	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	6,737,398		6,737,398	0	6,737,398	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	18,869,878		18,869,878	0	18,869,878	34.04
34.05	03404	TRANSPLANT ICU	4,543,965		4,543,965	0	4,543,965	34.05
34.06	03407	PEDS CANCER CARE	5,096,469		5,096,469	0	5,096,469	34.06
40.00	04000	SUBPROVIDER - IPF	8,286,733		8,286,733	0	8,286,733	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,982,034		2,982,034	0	2,982,034	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	118,914,473		118,914,473	0	118,914,473	50.00
50.01	05001	ENDOSCOPY	4,085,030		4,085,030	0	4,085,030	50.01
51.00	05100	RECOVERY ROOM	19,365,764		19,365,764	0	19,365,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,181,267		17,181,267	0	17,181,267	52.00
53.00	05300	ANESTHESIOLOGY	8,050,599		8,050,599	233,050	8,283,649	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,037,557		6,037,557	0	6,037,557	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,833,212		79,833,212	0	79,833,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,586,719		14,586,719	0	14,586,719	55.00
56.00	05600	RADIOISOTOPE	3,802,568		3,802,568	0	3,802,568	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,179,049		4,179,049	0	4,179,049	59.00
60.00	06000	LABORATORY	86,805,469		86,805,469	0	86,805,469	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,917,845		2,917,845	0	2,917,845	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,137,183		12,137,183	0	12,137,183	63.00
65.00	06500	RESPIRATORY THERAPY	35,586,165	0	35,586,165	0	35,586,165	65.00
66.00	06600	PHYSICAL THERAPY	26,890,704	0	26,890,704	0	26,890,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,827,263	0	4,827,263	0	4,827,263	67.00
68.00	06800	SPEECH PATHOLOGY	7,578,131	0	7,578,131	0	7,578,131	68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,164		5,771,164	0	5,771,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,348,629		10,348,629	0	10,348,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,803,068		80,803,068	0	80,803,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,037,224		147,037,224	0	147,037,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,811,663		277,811,663	0	277,811,663	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	113,728,783		113,728,783	0	113,728,783	73.03
74.00	07400	RENAL DIALYSIS	10,378,113		10,378,113	0	10,378,113	74.00
76.00	03020	RH NBN ECMO IC	1,633,981		1,633,981	0	1,633,981	76.00
76.01	03140	CARDIOLOGY	5,123,902		5,123,902	0	5,123,902	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	518,847		518,847	0	518,847	76.02
76.03	03950	CARDIAC CATH	11,878,175		11,878,175	0	11,878,175	76.03
76.04	03951	DAY SURGERY	8,255,794		8,255,794	0	8,255,794	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	1,605,243		1,605,243	0	1,605,243	76.08
76.97	07697	CARDIAC REHABILITATION	1,670,418		1,670,418	0	1,670,418	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	954,297		954,297	0	954,297	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,019,981		4,019,981	0	4,019,981	90.01
90.02	09002	IUSCC HEM/ONC	38,738,716		38,738,716	0	38,738,716	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	889,176		889,176	0	889,176	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,466,304		2,466,304	0	2,466,304	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,315,261		4,315,261	0	4,315,261	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,857,271		4,857,271	0	4,857,271	90.07
90.08	09008	MOTILITY LAB	310,070		310,070	0	310,070	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3,711		3,711	0	3,711	90.10
90.11	09023	SLEEP LAB	4,307,594		4,307,594	0	4,307,594	90.11
90.12	09024	OP CARE ADULTS	66,623		66,623	0	66,623	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	553,431		553,431	0	553,431	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.17	09015	PHYSICAL MEDICINE	1,950,284		1,950,284	0	1,950,284	90.17
90.18	09016	DERMATOLOGY CLINIC	1,987,188		1,987,188	0	1,987,188	90.18
90.19	09017	INFUSION/HEM/ONC	1,184,017		1,184,017	0	1,184,017	90.19
90.20	09025	IUMG - MH	188,534		188,534	0	188,534	90.20
90.21	09019	OP REHAB CLINIC	454,062		454,062	0	454,062	90.21
90.22	09020	EATING DISORDERS CLINIC	1,645,328		1,645,328	0	1,645,328	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,765,578		2,765,578	0	2,765,578	90.23
90.24	09021	LIFE CARE CLINIC	2,465,603		2,465,603	0	2,465,603	90.24
91.00	09100	EMERGENCY	52,648,910		52,648,910	2,475,484	55,124,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,652,422		21,652,422		21,652,422	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,800,573		1,800,573	0	1,800,573	94.00
95.00	09500	AMBULANCE SERVICES	33,488,658		33,488,658	0	33,488,658	95.00
101.00	10100	HOME HEALTH AGENCY	70,161,120		70,161,120		70,161,120	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,638,572		13,638,572		13,638,572	105.00
106.00	10600	HEART ACQUISITION	1,468,349		1,468,349		1,468,349	106.00
107.00	10700	LIVER ACQUISITION	10,942,314		10,942,314		10,942,314	107.00
108.00	10800	LUNG ACQUISITION	6,034,293		6,034,293		6,034,293	108.00
109.00	10900	PANCREAS ACQUISITION	2,323,522		2,323,522		2,323,522	109.00
110.00	11000	INTESTINAL ACQUISITION	818,835		818,835		818,835	110.00
112.00	08600	OTHER ORGAN ACQUISITION	425,384		425,384		425,384	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,003,475		6,003,475		6,003,475	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,788,521		13,788,521		13,788,521	116.00
200.00		Subtotal (see instructions)	1,847,492,225	0	1,847,492,225	2,708,534	1,850,200,759	200.00
201.00		Less Observation Beds	21,652,422		21,652,422		21,652,422	201.00
202.00		Total (see instructions)	1,825,839,803	0	1,825,839,803	2,708,534	1,828,548,337	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	722,024,602		722,024,602			30.00
31.00	03100	INTENSIVE CARE UNIT	82,219,441		82,219,441			31.00
32.00	03200	CORONARY CARE UNIT	96,357,734		96,357,734			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	169,091,238		169,091,238			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,439,790		10,439,790			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	19,283,280		19,283,280			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	50,745,440		50,745,440			34.04
34.05	03404	TRANSPLANT ICU	13,757,132		13,757,132			34.05
34.06	03407	PEDS CANCER CARE	12,467,821		12,467,821			34.06
40.00	04000	SUBPROVIDER - IPF	15,319,030		15,319,030			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	10,287,238		10,287,238			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	648,106,230	333,704,598	981,810,828	0.121118	0.000000	50.00
50.01	05001	ENDOSCOPY	18,604,207	10,229,246	28,833,453	0.141677	0.000000	50.01
51.00	05100	RECOVERY ROOM	61,787,659	89,166,341	150,954,000	0.128289	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,404,305	7,483,489	58,887,794	0.291763	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	51,198,379	24,010,639	75,209,018	0.107043	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,698,632	35,612,314	40,310,946	0.149775	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,787,767	359,243,558	598,031,325	0.133493	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,647,101	166,513,208	176,160,309	0.082804	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,064,116	35,900,374	42,964,490	0.088505	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	18,261,004	40,868,788	59,129,792	0.070676	0.000000	59.00
60.00	06000	LABORATORY	318,917,039	323,479,677	642,396,716	0.135128	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,795,694	9,193,178	10,988,872	0.265527	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85,455,871	11,108,559	96,564,430	0.125690	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	138,696,298	3,831,889	142,528,187	0.249678	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	55,558,768	26,657,338	82,216,106	0.327073	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,968,360	3,939,036	18,907,396	0.255311	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	9,886,225	14,028,319	23,914,544	0.316884	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	47,259,423	40,817,185	88,076,608	0.065524	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,366,569	15,761,013	53,127,582	0.194788	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	143,554,636	107,522,308	251,076,944	0.321826	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	444,559,903	123,112,130	567,672,033	0.259018	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	613,017,572	664,006,338	1,277,023,910	0.217546	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	129,138,779	129,138,779	0.880671	0.000000	73.03
74.00	07400	RENAL DIALYSIS	19,963,266	20,860,433	40,823,699	0.254218	0.000000	74.00
76.00	03020	RH NBN ECMO IC	4,419,535	0	4,419,535	0.369718	0.000000	76.00
76.01	03140	CARDIOLOGY	16,118,747	39,846,564	55,965,311	0.091555	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,030,042	4,217,197	5,247,239	0.098880	0.000000	76.02
76.03	03950	CARDIAC CATH	51,419,053	102,143,942	153,562,995	0.077351	0.000000	76.03
76.04	03951	DAY SURGERY	0	4,304,404	4,304,404	1.917988	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	4,937,156	0	4,937,156	0.325135	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	14,964	3,516,163	3,531,127	0.473055	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	1,046,008	1,046,008	0.912323	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	72,752	4,827,907	4,900,659	0.820294	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	949,889	104,935,284	105,885,173	0.365856	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,745	3,262,244	3,263,989	0.272420	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	170	6,359,219	6,359,389	0.387821	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	11,103,751	14,149,075	25,252,826	0.170882	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	464,602	15,429,236	15,893,838	0.305607	0.000000	90.07
90.08	09008	MOTILITY LAB	32,132	873,314	905,446	0.342450	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	17,131	22,102,197	22,119,328	0.194743	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	141	5,516,477	5,516,618	0.100321	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	6,245	1,062,674	1,068,919	1.824539	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.18	09016	DERMATOLOGY CLINIC	6,972	4,624,471	4,631,443	0.429065	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	30,662	11,131,124	11,161,786	0.106078	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	6,800	880,025	886,825	0.512009	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	6,287,060	6,287,060	0.261701	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	10,351	2,724,281	2,734,632	1.011316	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	159,254,536	469,427,408	628,681,944	0.083745	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,326,016	65,736,809	69,062,825	0.313518	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	8,317,019	8,317,019	0.216493	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	109,628	129,406,331	129,515,959	0.258568	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	152,885,069	152,885,069			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	27,393,032	0	27,393,032			105.00
106.00	10600	HEART ACQUISITION	2,304,884	0	2,304,884			106.00
107.00	10700	LIVER ACQUISITION	19,871,963	0	19,871,963			107.00
108.00	10800	LUNG ACQUISITION	9,895,113	0	9,895,113			108.00
109.00	10900	PANCREAS ACQUISITION	4,661,634	0	4,661,634			109.00
110.00	11000	INTESTINAL ACQUISITION	986,922	0	986,922			110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	32,237,865	32,237,865			116.00
200.00		Subtotal (see instructions)	4,560,998,338	3,813,438,104	8,374,436,442			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,560,998,338	3,813,438,104	8,374,436,442			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.121118		50.00
50.01	05001	ENDOSCOPY	0.141677		50.01
51.00	05100	RECOVERY ROOM	0.128289		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763		52.00
53.00	05300	ANESTHESIOLOGY	0.110142		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804		55.00
56.00	05600	RADIOISOTOPE	0.088505		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676		59.00
60.00	06000	LABORATORY	0.135128		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690		63.00
65.00	06500	RESPIRATORY THERAPY	0.249678		65.00
66.00	06600	PHYSICAL THERAPY	0.327073		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311		67.00
68.00	06800	SPEECH PATHOLOGY	0.316884		68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671		73.03
74.00	07400	RENAL DIALYSIS	0.254218		74.00
76.00	03020	RH NBN ECMO IC	0.369718		76.00
76.01	03140	CARDIOLOGY	0.091555		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880		76.02
76.03	03950	CARDIAC CATH	0.077351		76.03
76.04	03951	DAY SURGERY	1.917988		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.325135		76.08
76.97	07697	CARDIAC REHABILITATION	0.473055		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.912323		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.820294		90.01
90.02	09002	IUSCC HEM/ONC	0.365856		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.170882		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607		90.07
90.08	09008	MOTILITY LAB	0.342450		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.194743		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.100321		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.824539		90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065		90.18
90.19	09017	INFUSION/HEM/ONC	0.106078		90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.512009		90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.087682		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.216493		94.00
95.00	09500	AMBULANCE SERVICES	0.258568		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	118,914,473	28,233,531	90,680,942	0	0	50.00
50.01	05001	ENDOSCOPY	4,085,030	774,868	3,310,162	0	0	50.01
51.00	05100	RECOVERY ROOM	19,365,764	2,355,797	17,009,967	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,181,267	1,014,733	16,166,534	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,050,599	737,457	7,313,142	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,037,557	577,220	5,460,337	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,833,212	15,702,556	64,130,656	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,586,719	2,692,134	11,894,585	0	0	55.00
56.00	05600	RADIOISOTOPE	3,802,568	1,116,177	2,686,391	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,179,049	946,629	3,232,420	0	0	59.00
60.00	06000	LABORATORY	86,805,469	6,577,535	80,227,934	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,917,845	123,211	2,794,634	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,137,183	187,209	11,949,974	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	35,586,165	1,488,057	34,098,108	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,890,704	951,534	25,939,170	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,827,263	133,762	4,693,501	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,578,131	529,913	7,048,218	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,164	650,397	5,120,767	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,348,629	1,546,307	8,802,322	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,803,068	836,458	79,966,610	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,037,224	1,461,127	145,576,097	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,811,663	3,456,137	274,355,526	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	113,728,783	671,945	113,056,838	0	0	73.03
74.00	07400	RENAL DIALYSIS	10,378,113	879,789	9,498,324	0	0	74.00
76.00	03020	RH NBN ECMO IC	1,633,981	32,366	1,601,615	0	0	76.00
76.01	03140	CARDIOLOGY	5,123,902	649,817	4,474,085	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	518,847	43,580	475,267	0	0	76.02
76.03	03950	CARDIAC CATH	11,878,175	1,602,216	10,275,959	0	0	76.03
76.04	03951	DAY SURGERY	8,255,794	402,263	7,853,531	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,605,243	37,549	1,567,694	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,670,418	123,647	1,546,771	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	954,297	2,054	952,243	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,019,981	468,070	3,551,911	0	0	90.01
90.02	09002	IUSCC HEM/ONC	38,738,716	3,137,617	35,601,099	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	889,176	302,489	586,687	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,466,304	320,330	2,145,974	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,315,261	394,566	3,920,695	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,857,271	669,511	4,187,760	0	0	90.07
90.08	09008	MOTILITY LAB	310,070	67,475	242,595	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3,711	8	3,703	0	0	90.10
90.11	09023	SLEEP LAB	4,307,594	141,325	4,166,269	0	0	90.11
90.12	09024	OP CARE ADULTS	66,623	20,268	46,355	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	553,431	7,326	546,105	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,950,284	195,875	1,754,409	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,987,188	152,420	1,834,768	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,184,017	9,330	1,174,687	0	0	90.19
90.20	09025	IUMG - MH	188,534	57,357	131,177	0	0	90.20
90.21	09019	OP REHAB CLINIC	454,062	33,225	420,837	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1,645,328	19,990	1,625,338	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,765,578	241,486	2,524,092	0	0	90.23
90.24	09021	LIFE CARE CLINIC	2,465,603	124,950	2,340,653	0	0	90.24
91.00	09100	EMERGENCY	52,648,910	3,043,606	49,605,304	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,652,422	1,417,303	20,235,119	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,800,573	183,032	1,617,541	0	0	94.00
95.00	09500	AMBULANCE SERVICES	33,488,658	3,864,940	29,623,718	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	70,161,120	298,703	69,862,417	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,638,572	278,619	13,359,953	0	0	105.00

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

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet C Part II Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	1,468,349	13,881	1,454,468	0	0	106.00
107.00	10700	LIVER ACQUISITION	10,942,314	149,494	10,792,820	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,034,293	63,777	5,970,516	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,323,522	37,866	2,285,656	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	818,835	6,733	812,102	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	425,384	978	424,406	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,003,475	321,054	5,682,421	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,788,521	160,685	13,627,836	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,438,661,979	92,742,264	1,345,919,715	0	0	200.00
201.00		Less Observation Beds	21,652,422	1,417,303	20,235,119	0	0	201.00
202.00		Total (line 200 minus line 201)	1,417,009,557	91,324,961	1,325,684,596	0	0	202.00

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

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	118,914,473	981,810,828	0.121118		50.00
50.01	05001	ENDOSCOPY	4,085,030	28,833,453	0.141677		50.01
51.00	05100	RECOVERY ROOM	19,365,764	150,954,000	0.128289		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,181,267	58,887,794	0.291763		52.00
53.00	05300	ANESTHESIOLOGY	8,050,599	75,209,018	0.107043		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,037,557	40,310,946	0.149775		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,833,212	598,031,325	0.133493		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,586,719	176,160,309	0.082804		55.00
56.00	05600	RADIOISOTOPE	3,802,568	42,964,490	0.088505		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,179,049	59,129,792	0.070676		59.00
60.00	06000	LABORATORY	86,805,469	642,396,716	0.135128		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,917,845	10,988,872	0.265527		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,137,183	96,564,430	0.125690		63.00
65.00	06500	RESPIRATORY THERAPY	35,586,165	142,528,187	0.249678		65.00
66.00	06600	PHYSICAL THERAPY	26,890,704	82,216,106	0.327073		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,827,263	18,907,396	0.255311		67.00
68.00	06800	SPEECH PATHOLOGY	7,578,131	23,914,544	0.316884		68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,164	88,076,608	0.065524		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,348,629	53,127,582	0.194788		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,803,068	251,076,944	0.321826		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,037,224	567,672,033	0.259018		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,811,663	1,277,023,910	0.217546		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	113,728,783	129,138,779	0.880671		73.03
74.00	07400	RENAL DIALYSIS	10,378,113	40,823,699	0.254218		74.00
76.00	03020	RH NBN ECMO IC	1,633,981	4,419,535	0.369718		76.00
76.01	03140	CARDIOLOGY	5,123,902	55,965,311	0.091555		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	518,847	5,247,239	0.098880		76.02
76.03	03950	CARDIAC CATH	11,878,175	153,562,995	0.077351		76.03
76.04	03951	DAY SURGERY	8,255,794	4,304,404	1.917988		76.04
76.05	03480	ONCOLOGY	0	0	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03954	ECMO-ADULT	1,605,243	4,937,156	0.325135		76.08
76.97	07697	CARDIAC REHABILITATION	1,670,418	3,531,127	0.473055		76.97
		OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	954,297	1,046,008	0.912323		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	4,019,981	4,900,659	0.820294		90.01
90.02	09002	IUSCC HEM/ONC	38,738,716	105,885,173	0.365856		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	889,176	3,263,989	0.272420		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,466,304	6,359,389	0.387821		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	4,315,261	25,252,826	0.170882		90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,857,271	15,893,838	0.305607		90.07
90.08	09008	MOTILITY LAB	310,070	905,446	0.342450		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	3,711	0	0.000000		90.10
90.11	09023	SLEEP LAB	4,307,594	22,119,328	0.194743		90.11
90.12	09024	OP CARE ADULTS	66,623	0	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	553,431	5,516,618	0.100321		90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1,950,284	1,068,919	1.824539		90.17
90.18	09016	DERMATOLOGY CLINIC	1,987,188	4,631,443	0.429065		90.18
90.19	09017	INFUSION/HEM/ONC	1,184,017	11,161,786	0.106078		90.19
90.20	09025	IUMG - MH	188,534	0	0.000000		90.20
90.21	09019	OP REHAB CLINIC	454,062	886,825	0.512009		90.21
90.22	09020	EATING DISORDERS CLINIC	1,645,328	6,287,060	0.261701		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,765,578	2,734,632	1.011316		90.23
90.24	09021	LIFE CARE CLINIC	2,465,603	0	0.000000		90.24
91.00	09100	EMERGENCY	52,648,910	628,681,944	0.083745		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,652,422	69,062,825	0.313518		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	1,800,573	8,317,019	0.216493		94.00
95.00	09500	AMBULANCE SERVICES	33,488,658	129,515,959	0.258568		95.00
101.00	10100	HOME HEALTH AGENCY	70,161,120	152,885,069	0.458914		101.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	13,638,572	27,393,032	0.497885		105.00

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

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet C Part II Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
106.00	10600	HEART ACQUISITION	1,468,349	2,304,884	0.637060			106.00
107.00	10700	LIVER ACQUISITION	10,942,314	19,871,963	0.550641			107.00
108.00	10800	LUNG ACQUISITION	6,034,293	9,895,113	0.609826			108.00
109.00	10900	PANCREAS ACQUISITION	2,323,522	4,661,634	0.498435			109.00
110.00	11000	INTESTINAL ACQUISITION	818,835	986,922	0.829686			110.00
112.00	08600	OTHER ORGAN ACQUISITION	425,384	0	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,003,475	0	0.000000			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,788,521	32,237,865	0.427712			116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,438,661,979	7,172,443,696				200.00
201.00		Less Observation Beds	21,652,422	0				201.00
202.00		Total (line 200 minus line 201)	1,417,009,557	7,172,443,696				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	17,283,902	0	17,283,902	254,495	67.91	30.00
31.00	INTENSIVE CARE UNIT	1,006,347		1,006,347	18,426	54.62	31.00
32.00	CORONARY CARE UNIT	1,271,589		1,271,589	16,050	79.23	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,372,841		2,372,841	31,518	75.29	32.01
33.00	BURN INTENSIVE CARE UNIT	521,957		521,957	2,288	228.13	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	402,004		402,004	4,288	93.75	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	2,188,545		2,188,545	8,940	244.80	34.04
34.05	TRANSPLANT ICU	217,604		217,604	2,173	100.14	34.05
34.06	PEDS CANCER CARE	889,638		889,638	2,863	310.74	34.06
40.00	SUBPROVIDER - IPF	592,598	0	592,598	5,539	106.99	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	27,236		27,236	5,948	4.58	43.00
200.00	Total (lines 30 through 199)	26,774,261		26,774,261	352,528		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	68,956	4,682,802		30.00
31.00	INTENSIVE CARE UNIT	6,574	359,072		31.00
32.00	CORONARY CARE UNIT	4,362	345,601		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	UH SURG 6IC	1,595	149,531		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	50	12,240		34.04
34.05	TRANSPLANT ICU	804	80,513		34.05
34.06	PEDS CANCER CARE	62	19,266		34.06
40.00	SUBPROVIDER - IPF	1,787	191,191		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30 through 199)	84,190	5,840,216		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,233,531	981,810,828	0.028757	176,869,895	5,086,248	50.00
50.01	05001	ENDOSCOPY	774,868	28,833,453	0.026874	6,313,350	169,665	50.01
51.00	05100	RECOVERY ROOM	2,355,797	150,954,000	0.015606	18,022,002	281,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,014,733	58,887,794	0.017232	627,017	10,805	52.00
53.00	05300	ANESTHESIOLOGY	737,457	75,209,018	0.009805	12,850,598	126,000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	577,220	40,310,946	0.014319	382,158	5,472	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,702,556	598,031,325	0.026257	70,133,267	1,841,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,692,134	176,160,309	0.015282	3,109,452	47,519	55.00
56.00	05600	RADIOISOTOPE	1,116,177	42,964,490	0.025979	2,887,598	75,017	56.00
59.00	05900	CARDIAC CATHETERIZATION	946,629	59,129,792	0.016009	8,587,331	137,475	59.00
60.00	06000	LABORATORY	6,577,535	642,396,716	0.010239	76,464,805	782,923	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	123,211	10,988,872	0.011212	634,372	7,113	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,209	96,564,430	0.001939	32,531,301	63,078	63.00
65.00	06500	RESPIRATORY THERAPY	1,488,057	142,528,187	0.010440	28,097,871	293,342	65.00
66.00	06600	PHYSICAL THERAPY	951,534	82,216,106	0.011574	17,962,346	207,896	66.00
67.00	06700	OCCUPATIONAL THERAPY	133,762	18,907,396	0.007075	3,503,032	24,784	67.00
68.00	06800	SPEECH PATHOLOGY	529,913	23,914,544	0.022159	2,333,052	51,698	68.00
69.00	06900	ELECTROCARDIOLOGY	650,397	88,076,608	0.007384	13,743,240	101,480	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,307	53,127,582	0.029106	8,613,306	250,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	836,458	251,076,944	0.003331	43,660,565	145,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,461,127	567,672,033	0.002574	146,830,878	377,943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,456,137	1,277,023,910	0.002706	164,204,476	444,337	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	671,945	129,138,779	0.005203	0	0	73.03
74.00	07400	RENAL DIALYSIS	879,789	40,823,699	0.021551	9,031,557	194,639	74.00
76.00	03020	RH NBN ECMO IC	32,366	4,419,535	0.007323	0	0	76.00
76.01	03140	CARDIOLOGY	649,817	55,965,311	0.011611	7,439,871	86,384	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,580	5,247,239	0.008305	0	0	76.02
76.03	03950	CARDIAC CATH	1,602,216	153,562,995	0.010434	18,721,949	195,345	76.03
76.04	03951	DAY SURGERY	402,263	4,304,404	0.093454	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	37,549	4,937,156	0.007605	801,258	6,094	76.08
76.97	07697	CARDIAC REHABILITATION	123,647	3,531,127	0.035016	8,114	284	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,054	1,046,008	0.001964	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	468,070	4,900,659	0.095512	7,226	690	90.01
90.02	09002	IUSCC HEM/ONC	3,137,617	105,885,173	0.029632	448,087	13,278	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	302,489	3,263,989	0.092675	886	82	90.03
90.04	09004	AMB SVC-PSYCH ADULT	320,330	6,359,389	0.050371	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	394,566	25,252,826	0.015625	4,409,844	68,904	90.06
90.07	09007	AMB SVC-RILEY CLINICS	669,511	15,893,838	0.042124	0	0	90.07
90.08	09008	MOTILITY LAB	67,475	905,446	0.074521	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	8	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	141,325	22,119,328	0.006389	17,131	109	90.11
90.12	09024	OP CARE ADULTS	20,268	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,326	5,516,618	0.001328	141	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	195,875	1,068,919	0.183246	4,094	750	90.17
90.18	09016	DERMATOLOGY CLINIC	152,420	4,631,443	0.032910	1,803	59	90.18
90.19	09017	INFUSION/HEM/ONC	9,330	11,161,786	0.000836	27,497	23	90.19
90.20	09025	IUMG - MH	57,357	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	33,225	886,825	0.037465	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	19,990	6,287,060	0.003180	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	241,486	2,734,632	0.088307	6,377	563	90.23
90.24	09021	LIFE CARE CLINIC	124,950	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,043,606	628,681,944	0.004841	49,370,335	239,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,417,303	69,062,825	0.020522	834,334	17,122	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	183,032	8,317,019	0.022007	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	87,545,534	6,792,691,255		929,492,416	11,354,995	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part III Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			Title XVIII			Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	643,516	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	51,859	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,476	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	87,788	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,331	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	11,838	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	25,788	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	6,133	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	8,090	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	15,073	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	16,117	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	919,009	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	643,516	254,495	2.53	68,956	30.00
31.00	03100	INTENSIVE CARE UNIT		51,859	18,426	2.81	6,574	31.00
32.00	03200	CORONARY CARE UNIT		46,476	16,050	2.90	4,362	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		87,788	31,518	2.79	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		6,331	2,288	2.77	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 6IC		11,838	4,288	2.76	1,595	34.02
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03
34.04	03403	RH PED IC		25,788	8,940	2.88	50	34.04
34.05	03404	TRANSPLANT ICU		6,133	2,173	2.82	804	34.05
34.06	03407	PEDS CANCER CARE		8,090	2,863	2.83	62	34.06
40.00	04000	SUBPROVIDER - IPF	0	15,073	5,539	2.72	1,787	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY		16,117	5,948	2.71	0	43.00
200.00		Total (lines 30 through 199)		919,009	352,528		84,190	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	174,459	30.00
31.00	03100	INTENSIVE CARE UNIT	18,473	31.00
32.00	03200	CORONARY CARE UNIT	12,650	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	4,402	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PED IC	144	34.04
34.05	03404	TRANSPLANT ICU	2,267	34.05
34.06	03407	PEDS CANCER CARE	175	34.06
40.00	04000	SUBPROVIDER - IPF	4,861	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	217,431	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School Post-Stepdown Adjustments	Title XVIII Nursing School	Hospital Allied Health Post-Stepdown Adjustments	PPS Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	498,222	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	148	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,074	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	23	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,301,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	102	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	41	59.00
60.00	06000	LABORATORY	0	0	0	0	597,861	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	17	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	575,649	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	46	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,894,599	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,142	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	181	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	131	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	480	76.03
76.04	03951	DAY SURGERY	0	0	0	0	718	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	1	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	7,575	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	5	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	10	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	745	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	112	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	3	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	353	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	4	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		52,767	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	132	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,944,108	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	All Other Medical Education Cost	Title XVIII Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Hospital Total Charges (from Wkst. C, Part I, col. 8)	PPS Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	498,222	498,222	981,810,828	0.000507	50.00
50.01	05001	ENDOSCOPY	0	148	148	28,833,453	0.000005	50.01
51.00	05100	RECOVERY ROOM	0	870	870	150,954,000	0.000006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	58,887,794	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	7,074	7,074	75,209,018	0.000094	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	23	23	40,310,946	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,301,299	1,301,299	598,031,325	0.002176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	176,160,309	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	102	102	42,964,490	0.000002	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	41	41	59,129,792	0.000001	59.00
60.00	06000	LABORATORY	0	597,861	597,861	642,396,716	0.000931	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	10,988,872	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17	17	96,564,430	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	575,649	575,649	142,528,187	0.004039	65.00
66.00	06600	PHYSICAL THERAPY	0	80	80	82,216,106	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,907,396	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	4	4	23,914,544	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46	46	88,076,608	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	53,127,582	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,076,944	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	567,672,033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,894,599	2,894,599	1,277,023,910	0.002267	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	129,138,779	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	1,142	1,142	40,823,699	0.000028	74.00
76.00	03020	RH NBN ECMO IC	0	181	181	4,419,535	0.000041	76.00
76.01	03140	CARDIOLOGY	0	131	131	55,965,311	0.000002	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2	2	5,247,239	0.000000	76.02
76.03	03950	CARDIAC CATH	0	480	480	153,562,995	0.000003	76.03
76.04	03951	DAY SURGERY	0	718	718	4,304,404	0.000167	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	4,937,156	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,531,127	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	1,046,008	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	1	1	4,900,659	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	7,575	7,575	105,885,173	0.000072	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	5	5	3,263,989	0.000002	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	6,359,389	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	10	10	25,252,826	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	745	745	15,893,838	0.000047	90.07
90.08	09008	MOTILITY LAB	0	1	1	905,446	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,119,328	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0	112	112	5,516,618	0.000020	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	1	1	1,068,919	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3	3	4,631,443	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	353	353	11,161,786	0.000032	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	4	4	886,825	0.000005	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	6,287,060	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,734,632	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,580	3,580	628,681,944	0.000006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	52,767	52,767	69,062,825	0.000764	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	132	132	8,317,019	0.000016	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,944,108	5,944,108	6,792,691,255		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000507	176,869,895	89,673	57,523,248	29,164	50.00
50.01	05001	ENDOSCOPY	0.000005	6,313,350	32	3,458,199	17	50.01
51.00	05100	RECOVERY ROOM	0.000006	18,022,002	108	16,206,344	97	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	627,017	0	78,497	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000094	12,850,598	1,208	3,509,387	330	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	382,158	0	4,113,952	4	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002176	70,133,267	152,610	78,022,431	169,777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	3,109,452	3	45,069,681	45	55.00
56.00	05600	RADIOISOTOPE	0.000002	2,887,598	6	8,544,159	17	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	8,587,331	9	14,992,969	15	59.00
60.00	06000	LABORATORY	0.000931	76,464,805	71,189	34,966,705	32,554	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	634,372	0	1,119,957	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	32,531,301	0	3,959,003	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.004039	28,097,871	113,487	472,292	1,908	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	17,962,346	18	575,944	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,503,032	0	39,825	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,333,052	0	1,197,546	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	13,743,240	14	10,054,234	10	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,613,306	0	3,793,785	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	43,660,565	0	31,472,832	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	146,830,878	0	36,301,349	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002267	164,204,476	372,252	194,938,709	441,926	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000028	9,031,557	253	354,560	10	74.00
76.00	03020	RH NBN ECMO IC	0.000041	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000002	7,439,871	15	16,036,760	32	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	1,787,104	0	76.02
76.03	03950	CARDIAC CATH	0.000003	18,721,949	56	20,304,914	61	76.03
76.04	03951	DAY SURGERY	0.000167	0	0	1,281,196	214	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	801,258	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	8,114	0	1,404,524	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	7,226	0	220,726	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000072	448,087	32	35,767,147	2,575	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000002	886	0	902,240	2	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	265,400	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	4,409,844	0	5,345,200	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000047	0	0	42,147	2	90.07
90.08	09008	MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	17,131	0	1,526,236	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.000020	141	0	2,574,962	51	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	4,094	0	440,662	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	1,803	0	1,380,798	1	90.18
90.19	09017	INFUSION/HEM/ONC	0.000032	27,497	1	3,411,195	109	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000005	0	0	1,388	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	400,772	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	6,377	0	850,284	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000006	49,370,335	296	52,849,375	317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000764	834,334	637	6,589,133	5,034	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000016	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		929,492,416	801,899	704,147,771	684,274	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.121118	57,523,248	0	0	6,967,101	50.00
50.01	05001	ENDOSCOPY	0.141677	3,458,199	0	0	489,947	50.01
51.00	05100	RECOVERY ROOM	0.128289	16,206,344	2,939	0	2,079,096	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	78,497	0	0	22,903	52.00
53.00	05300	ANESTHESIOLOGY	0.107043	3,509,387	0	0	375,655	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	4,113,952	0	0	616,167	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	78,022,431	0	0	10,415,448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	45,069,681	0	0	3,731,950	55.00
56.00	05600	RADIOISOTOPE	0.088505	8,544,159	0	0	756,201	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	14,992,969	0	0	1,059,643	59.00
60.00	06000	LABORATORY	0.135128	34,966,705	5,520	0	4,724,981	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	1,119,957	0	0	297,379	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	3,959,003	4,206	0	497,607	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	472,292	0	0	117,921	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	575,944	0	0	188,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	39,825	0	0	10,168	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	1,197,546	0	0	379,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	10,054,234	0	0	658,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	3,793,785	0	0	738,984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	31,472,832	0	0	10,128,776	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	36,301,349	0	0	9,402,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	194,938,709	39,383	589,899	42,408,136	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	354,560	0	0	90,136	74.00
76.00	03020	RH NBN ECMO IC	0.369718	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.091555	16,036,760	0	0	1,468,246	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	1,787,104	0	0	176,709	76.02
76.03	03950	CARDIAC CATH	0.077351	20,304,914	0	0	1,570,605	76.03
76.04	03951	DAY SURGERY	1.917988	1,281,196	0	0	2,457,319	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	1,404,524	0	0	664,417	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	220,726	0	0	181,060	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	35,767,147	0	0	13,085,625	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	902,240	0	0	245,788	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	265,400	0	0	102,928	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	5,345,200	0	0	913,398	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	42,147	0	0	12,880	90.07
90.08	09008	MOTILITY LAB	0.342450	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	1,526,236	0	0	297,224	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	2,574,962	0	0	258,323	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.824539	440,662	0	0	804,005	90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065	1,380,798	0	0	592,452	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	3,411,195	0	0	361,853	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	1,388	0	0	711	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	400,772	0	0	104,882	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	850,284	0	0	859,906	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.083745	52,849,375	0	0	4,425,871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	6,589,133	0	0	2,065,812	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.216493		0			94.00
95.00	09500	AMBULANCE SERVICES	0.258568		0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
200.00		Subtotal (see instructions)		704,147,771	52,048	589,899	126,807,569	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		704,147,771	52,048	589,899	126,807,569	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	377	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	746	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	529	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,568	128,330		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		6.00	7.00				
200.00	Subtotal (see instructions)	10,220	128,330				200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00	Net Charges (line 200 - line 201)	10,220	128,330				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part II
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,233,531	981,810,828	0.028757	124,880	3,591	50.00
50.01	05001	ENDOSCOPY	774,868	28,833,453	0.026874	0	0	50.01
51.00	05100	RECOVERY ROOM	2,355,797	150,954,000	0.015606	25,582	399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,014,733	58,887,794	0.017232	0	0	52.00
53.00	05300	ANESTHESIOLOGY	737,457	75,209,018	0.009805	10,388	102	53.00
53.01	05301	PULMONARY FUNCTION TESTING	577,220	40,310,946	0.014319	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,702,556	598,031,325	0.026257	332,164	8,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,692,134	176,160,309	0.015282	0	0	55.00
56.00	05600	RADIOISOTOPE	1,116,177	42,964,490	0.025979	11,527	299	56.00
59.00	05900	CARDIAC CATHETERIZATION	946,629	59,129,792	0.016009	480	8	59.00
60.00	06000	LABORATORY	6,577,535	642,396,716	0.010239	439,013	4,495	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	123,211	10,988,872	0.011212	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,209	96,564,430	0.001939	6,700	13	63.00
65.00	06500	RESPIRATORY THERAPY	1,488,057	142,528,187	0.010440	99,021	1,034	65.00
66.00	06600	PHYSICAL THERAPY	951,534	82,216,106	0.011574	122,105	1,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	133,762	18,907,396	0.007075	23,782	168	67.00
68.00	06800	SPEECH PATHOLOGY	529,913	23,914,544	0.022159	16,422	364	68.00
69.00	06900	ELECTROCARDIOLOGY	650,397	88,076,608	0.007384	151,011	1,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,307	53,127,582	0.029106	58,658	1,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	836,458	251,076,944	0.003331	61,308	204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,461,127	567,672,033	0.002574	73,175	188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,456,137	1,277,023,910	0.002706	1,059,580	2,867	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	671,945	129,138,779	0.005203	0	0	73.03
74.00	07400	RENAL DIALYSIS	879,789	40,823,699	0.021551	80,039	1,725	74.00
76.00	03020	RH NBN ECMO IC	32,366	4,419,535	0.007323	0	0	76.00
76.01	03140	CARDIOLOGY	649,817	55,965,311	0.011611	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,580	5,247,239	0.008305	490,658	4,075	76.02
76.03	03950	CARDIAC CATH	1,602,216	153,562,995	0.010434	13,562	142	76.03
76.04	03951	DAY SURGERY	402,263	4,304,404	0.093454	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	37,549	4,937,156	0.007605	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	123,647	3,531,127	0.035016	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,054	1,046,008	0.001964	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	468,070	4,900,659	0.095512	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,137,617	105,885,173	0.029632	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	302,489	3,263,989	0.092675	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	320,330	6,359,389	0.050371	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	394,566	25,252,826	0.015625	39,701	620	90.06
90.07	09007	AMB SVC-RILEY CLINICS	669,511	15,893,838	0.042124	0	0	90.07
90.08	09008	MOTILITY LAB	67,475	905,446	0.074521	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	8	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	141,325	22,119,328	0.006389	0	0	90.11
90.12	09024	OP CARE ADULTS	20,268	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,326	5,516,618	0.001328	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	195,875	1,068,919	0.183246	77	14	90.17
90.18	09016	DERMATOLOGY CLINIC	152,420	4,631,443	0.032910	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	9,330	11,161,786	0.000836	0	0	90.19
90.20	09025	IUMG - MH	57,357	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	33,225	886,825	0.037465	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	19,990	6,287,060	0.003180	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	241,486	2,734,632	0.088307	0	0	90.23
90.24	09021	LIFE CARE CLINIC	124,950	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,043,606	628,681,944	0.004841	731,473	3,541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	69,062,825	0.000000	12,516	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	183,032	8,317,019	0.022007	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	86,128,231	6,792,691,255		3,983,822	36,806	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	498,222	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	148	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,074	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	23	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,301,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	102	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	41	59.00
60.00	06000	LABORATORY	0	0	0	0	597,861	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	17	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	575,649	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	46	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,894,599	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,142	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	181	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	131	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	480	76.03
76.04	03951	DAY SURGERY	0	0	0	0	718	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	1	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	7,575	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	5	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	10	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	745	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	112	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	3	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	353	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	4	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	132	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,891,341	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	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)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	498,222	498,222	981,810,828	0.000507	50.00
50.01	05001	ENDOSCOPY	0	148	148	28,833,453	0.000005	50.01
51.00	05100	RECOVERY ROOM	0	870	870	150,954,000	0.000006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	58,887,794	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	7,074	7,074	75,209,018	0.000094	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	23	23	40,310,946	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,301,299	1,301,299	598,031,325	0.002176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	176,160,309	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	102	102	42,964,490	0.000002	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	41	41	59,129,792	0.000001	59.00
60.00	06000	LABORATORY	0	597,861	597,861	642,396,716	0.000931	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	10,988,872	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17	17	96,564,430	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	575,649	575,649	142,528,187	0.004039	65.00
66.00	06600	PHYSICAL THERAPY	0	80	80	82,216,106	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,907,396	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	4	4	23,914,544	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46	46	88,076,608	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	53,127,582	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,076,944	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	567,672,033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,894,599	2,894,599	1,277,023,910	0.002267	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	129,138,779	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	1,142	1,142	40,823,699	0.000028	74.00
76.00	03020	RH NBN ECMO IC	0	181	181	4,419,535	0.000041	76.00
76.01	03140	CARDIOLOGY	0	131	131	55,965,311	0.000002	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2	2	5,247,239	0.000000	76.02
76.03	03950	CARDIAC CATH	0	480	480	153,562,995	0.000003	76.03
76.04	03951	DAY SURGERY	0	718	718	4,304,404	0.000167	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	4,937,156	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,531,127	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	1,046,008	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	1	1	4,900,659	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	7,575	7,575	105,885,173	0.000072	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	5	5	3,263,989	0.000002	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	6,359,389	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	10	10	25,252,826	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	745	745	15,893,838	0.000047	90.07
90.08	09008	MOTILITY LAB	0	1	1	905,446	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,119,328	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0	112	112	5,516,618	0.000020	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	1	1	1,068,919	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3	3	4,631,443	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	353	353	11,161,786	0.000032	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	4	4	886,825	0.000005	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	6,287,060	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,734,632	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,580	3,580	628,681,944	0.000006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	69,062,825	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	132	132	8,317,019	0.000016	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,891,341	5,891,341	6,792,691,255		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000507	124,880	63	0	0	50.00
50.01	05001	ENDOSCOPY	0.000005	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000006	25,582	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000094	10,388	1	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002176	332,164	723	926	2	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000002	11,527	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	480	0	0	0	59.00
60.00	06000	LABORATORY	0.000931	439,013	409	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	6,700	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.004039	99,021	400	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	122,105	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	23,782	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	16,422	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	151,011	0	219	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	58,658	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	61,308	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	73,175	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002267	1,059,580	2,402	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000028	80,039	2	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000041	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000002	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	490,658	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000003	13,562	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000167	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000072	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000002	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	39,701	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000047	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.000020	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	77	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000032	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000005	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000006	731,473	4	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	12,516	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000016	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		3,983,822	4,004	1,145	2	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part V
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.121118	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.141677	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.128289	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.107043	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	926	0	0	124	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088505	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	0	0	0	0	59.00
60.00	06000	LABORATORY	0.135128	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	219	0	0	14	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.369718	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.091555	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.077351	0	0	0	0	76.03
76.04	03951	DAY SURGERY	1.917988	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.342450	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.824539	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.083745	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.216493		0			94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.258568		0			95.00
200.00		Subtotal (see instructions)		1,145	0	0	138	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,145	0	0	138	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	17,283,902	0	17,283,902	254,495	67.91	30.00
31.00	INTENSIVE CARE UNIT	1,006,347		1,006,347	18,426	54.62	31.00
32.00	CORONARY CARE UNIT	1,271,589		1,271,589	16,050	79.23	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,372,841		2,372,841	31,518	75.29	32.01
33.00	BURN INTENSIVE CARE UNIT	521,957		521,957	2,288	228.13	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	402,004		402,004	4,288	93.75	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	2,188,545		2,188,545	8,940	244.80	34.04
34.05	TRANSPLANT ICU	217,604		217,604	2,173	100.14	34.05
34.06	PEDS CANCER CARE	889,638		889,638	2,863	310.74	34.06
40.00	SUBPROVIDER - IPF	592,598	0	592,598	5,539	106.99	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	27,236		27,236	5,948	4.58	43.00
200.00	Total (lines 30 through 199)	26,774,261		26,774,261	352,528		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	12,991	882,219		30.00
31.00	INTENSIVE CARE UNIT	1,665	90,942		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,160	162,626		32.01
33.00	BURN INTENSIVE CARE UNIT	114	26,007		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	UH SURG 6IC	0	0		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	2,554	625,219		34.04
34.05	TRANSPLANT ICU	0	0		34.05
34.06	PEDS CANCER CARE	0	0		34.06
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	5,043	23,097		43.00
200.00	Total (lines 30 through 199)	24,527	1,810,110		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
				Title XIX		Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,233,531	981,810,828	0.028757	21,309,202	612,789	50.00
50.01	05001	ENDOSCOPY	774,868	28,833,453	0.026874	619,545	16,650	50.01
51.00	05100	RECOVERY ROOM	2,355,797	150,954,000	0.015606	2,094,235	32,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,014,733	58,887,794	0.017232	7,317,145	126,089	52.00
53.00	05300	ANESTHESIOLOGY	737,457	75,209,018	0.009805	1,928,042	18,904	53.00
53.01	05301	PULMONARY FUNCTION TESTING	577,220	40,310,946	0.014319	513,549	7,354	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,702,556	598,031,325	0.026257	9,717,675	255,157	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,692,134	176,160,309	0.015282	940,591	14,374	55.00
56.00	05600	RADIOISOTOPE	1,116,177	42,964,490	0.025979	123,493	3,208	56.00
59.00	05900	CARDIAC CATHETERIZATION	946,629	59,129,792	0.016009	4,670	75	59.00
60.00	06000	LABORATORY	6,577,535	642,396,716	0.010239	11,903,727	121,882	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	123,211	10,988,872	0.011212	23,296	261	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,209	96,564,430	0.001939	5,387,253	10,446	63.00
65.00	06500	RESPIRATORY THERAPY	1,488,057	142,528,187	0.010440	14,563,656	152,045	65.00
66.00	06600	PHYSICAL THERAPY	951,534	82,216,106	0.011574	2,785,674	32,241	66.00
67.00	06700	OCCUPATIONAL THERAPY	133,762	18,907,396	0.007075	1,106,959	7,832	67.00
68.00	06800	SPEECH PATHOLOGY	529,913	23,914,544	0.022159	680,271	15,074	68.00
69.00	06900	ELECTROCARDIOLOGY	650,397	88,076,608	0.007384	2,391,244	17,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,546,307	53,127,582	0.029106	2,336,401	68,003	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	836,458	251,076,944	0.003331	4,699,607	15,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,461,127	567,672,033	0.002574	12,548,776	32,301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,456,137	1,277,023,910	0.002706	28,318,859	76,631	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	671,945	129,138,779	0.005203	0	0	73.03
74.00	07400	RENAL DIALYSIS	879,789	40,823,699	0.021551	576,910	12,433	74.00
76.00	03020	RH NBN ECMO IC	32,366	4,419,535	0.007323	250,150	1,832	76.00
76.01	03140	CARDIOLOGY	649,817	55,965,311	0.011611	223,675	2,597	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,580	5,247,239	0.008305	87,872	730	76.02
76.03	03950	CARDIAC CATH	1,602,216	153,562,995	0.010434	1,334,043	13,919	76.03
76.04	03951	DAY SURGERY	402,263	4,304,404	0.093454	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	37,549	4,937,156	0.007605	124,688	948	76.08
76.97	07697	CARDIAC REHABILITATION	123,647	3,531,127	0.035016	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,054	1,046,008	0.001964	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	468,070	4,900,659	0.095512	1,030	98	90.01
90.02	09002	IUSCC HEM/ONC	3,137,617	105,885,173	0.029632	14,851	440	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	302,489	3,263,989	0.092675	77	7	90.03
90.04	09004	AMB SVC-PSYCH ADULT	320,330	6,359,389	0.050371	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	394,566	25,252,826	0.015625	327,793	5,122	90.06
90.07	09007	AMB SVC-RILEY CLINICS	669,511	15,893,838	0.042124	37,183	1,566	90.07
90.08	09008	MOTILITY LAB	67,475	905,446	0.074521	3,181	237	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	8	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	141,325	22,119,328	0.006389	0	0	90.11
90.12	09024	OP CARE ADULTS	20,268	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,326	5,516,618	0.001328	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	195,875	1,068,919	0.183246	140	26	90.17
90.18	09016	DERMATOLOGY CLINIC	152,420	4,631,443	0.032910	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	9,330	11,161,786	0.000836	0	0	90.19
90.20	09025	IUMG - MH	57,357	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	33,225	886,825	0.037465	6,800	255	90.21
90.22	09020	EATING DISORDERS CLINIC	19,990	6,287,060	0.003180	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	241,486	2,734,632	0.088307	297	26	90.23
90.24	09021	LIFE CARE CLINIC	124,950	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,043,606	628,681,944	0.004841	6,985,330	33,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,417,303	69,062,825	0.020522	169,316	3,475	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	183,032	8,317,019	0.022007	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	87,545,534	6,792,691,255		141,457,206	1,714,837	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part III Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				Title XIX		Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	643,516	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	51,859	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,476	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	87,788	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,331	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	11,838	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	25,788	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	6,133	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	8,090	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	15,073	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	16,117	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	919,009	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	643,516	254,495	2.53	12,991	30.00
31.00	03100	INTENSIVE CARE UNIT		51,859	18,426	2.81	1,665	31.00
32.00	03200	CORONARY CARE UNIT		46,476	16,050	2.90	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		87,788	31,518	2.79	2,160	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		6,331	2,288	2.77	114	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 6IC		11,838	4,288	2.76	0	34.02
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03
34.04	03403	RH PED IC		25,788	8,940	2.88	2,554	34.04
34.05	03404	TRANSPLANT ICU		6,133	2,173	2.82	0	34.05
34.06	03407	PEDS CANCER CARE		8,090	2,863	2.83	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	15,073	5,539	2.72	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY		16,117	5,948	2.71	5,043	43.00
200.00		Total (lines 30 through 199)		919,009	352,528		24,527	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	32,867	30.00
31.00	03100	INTENSIVE CARE UNIT	4,679	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,026	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	316	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	0	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PED IC	7,356	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	13,667	43.00
200.00		Total (lines 30 through 199)	64,911	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Title XIX Non Physician Anesthetist Cost	Title XIX Nursing School Post-Stepdown Adjustments	Title XIX Nursing School	Hospital Allied Health Post-Stepdown Adjustments	PPS Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	498,222	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	148	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,074	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	23	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,301,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	128	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	102	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	41	59.00
60.00	06000	LABORATORY	0	0	0	0	597,861	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	17	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	575,649	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	46	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,894,599	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,142	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	181	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	131	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	480	76.03
76.04	03951	DAY SURGERY	0	0	0	0	718	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	1	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	7,575	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	5	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	10	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	745	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	112	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	3	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	353	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	4	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	132	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,891,341	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	All Other Medical Education Cost	Title XIX Total Cost (sum of col 1 through col. 4)	Title XIX Total Outpatient Cost (sum of col. 2, 3 and 4)	Hospital Total Charges (from Wkst. C, Part I, col. 8)	PPS Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	498,222	498,222	981,810,828	0.000507	50.00
50.01	05001	ENDOSCOPY	0	148	148	28,833,453	0.000005	50.01
51.00	05100	RECOVERY ROOM	0	870	870	150,954,000	0.000006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	58,887,794	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	7,074	7,074	75,209,018	0.000094	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	23	23	40,310,946	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,301,299	1,301,299	598,031,325	0.002176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	128	128	176,160,309	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	102	102	42,964,490	0.000002	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	41	41	59,129,792	0.000001	59.00
60.00	06000	LABORATORY	0	597,861	597,861	642,396,716	0.000931	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	10,988,872	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17	17	96,564,430	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	575,649	575,649	142,528,187	0.004039	65.00
66.00	06600	PHYSICAL THERAPY	0	80	80	82,216,106	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	18,907,396	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	4	4	23,914,544	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46	46	88,076,608	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	53,127,582	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,076,944	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	567,672,033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,894,599	2,894,599	1,277,023,910	0.002267	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	129,138,779	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	1,142	1,142	40,823,699	0.000028	74.00
76.00	03020	RH NBN ECMO IC	0	181	181	4,419,535	0.000041	76.00
76.01	03140	CARDIOLOGY	0	131	131	55,965,311	0.000002	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2	2	5,247,239	0.000000	76.02
76.03	03950	CARDIAC CATH	0	480	480	153,562,995	0.000003	76.03
76.04	03951	DAY SURGERY	0	718	718	4,304,404	0.000167	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	4,937,156	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,531,127	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	1,046,008	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	1	1	4,900,659	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	7,575	7,575	105,885,173	0.000072	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	5	5	3,263,989	0.000002	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	6,359,389	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	10	10	25,252,826	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	745	745	15,893,838	0.000047	90.07
90.08	09008	MOTILITY LAB	0	1	1	905,446	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	22,119,328	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0	112	112	5,516,618	0.000020	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	1	1	1,068,919	0.000001	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3	3	4,631,443	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	353	353	11,161,786	0.000032	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	4	4	886,825	0.000005	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	6,287,060	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,734,632	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,580	3,580	628,681,944	0.000006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	69,062,825	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	132	132	8,317,019	0.000016	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,891,341	5,891,341	6,792,691,255		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 1:14 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XIX Inpatient Program Charges	Title XIX Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000507	21,309,202	10,804	0	0	50.00
50.01	05001	ENDOSCOPY	0.000005	619,545	3	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000006	2,094,235	13	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	7,317,145	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000094	1,928,042	181	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	513,549	1	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002176	9,717,675	21,146	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	940,591	1	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000002	123,493	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	4,670	0	0	0	59.00
60.00	06000	LABORATORY	0.000931	11,903,727	11,082	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	23,296	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	5,387,253	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.004039	14,563,656	58,823	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	2,785,674	3	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,106,959	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	680,271	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	2,391,244	2	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,336,401	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,699,607	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,548,776	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002267	28,318,859	64,199	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000028	576,910	16	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000041	250,150	10	0	0	76.00
76.01	03140	CARDIOLOGY	0.000002	223,675	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	87,872	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000003	1,334,043	4	0	0	76.03
76.04	03951	DAY SURGERY	0.000167	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	124,688	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	1,030	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000072	14,851	1	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000002	77	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	327,793	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000047	37,183	2	0	0	90.07
90.08	09008	MOTILITY LAB	0.000001	3,181	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.000020	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000001	140	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000032	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000005	6,800	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	297	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000006	6,985,330	42	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	169,316	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000016	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		141,457,206	166,333	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.121118	0	12,727,897	0	0	50.00
50.01	05001	ENDOSCOPY	0.141677	0	60,607	0	0	50.01
51.00	05100	RECOVERY ROOM	0.128289	0	3,830,587	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	0	829,489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.107043	0	1,066,242	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	0	1,815,350	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	0	8,754,702	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	0	7,086,841	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088505	0	646,983	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	0	38,769	0	0	59.00
60.00	06000	LABORATORY	0.135128	0	7,344,279	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	0	61,095	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	0	1,369,141	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	0	406,927	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	0	1,082,514	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	0	478,148	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	0	895,040	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	0	1,416,172	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	0	1,474,884	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	0	1,563,586	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	0	3,472,080	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	0	15,075,796	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	0	1,021,076	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.369718	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.091555	0	79,588	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	0	1,190	0	0	76.02
76.03	03950	CARDIAC CATH	0.077351	0	1,329,297	0	0	76.03
76.04	03951	DAY SURGERY	1.917988	0	92,480	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	0	11,502	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.912323				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	0	120,861	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	0	1,241,057	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	0	65,766	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	0	57,195	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	0	211,186	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	0	1,257,418	0	0	90.07
90.08	09008	MOTILITY LAB	0.342450	0	84,437	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	0	59,253	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	0	33,671	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.824539	0	23,523	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065	0	32,108	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	0	53,993	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	0	310,099	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	0	170,255	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	0	41,746	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.083745	0	22,683,029	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	0	4,189,586	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.216493		381,558			94.00
95.00	09500	AMBULANCE SERVICES	0.258568	0	7,238,378			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XIX	Hospital	PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
200.00		Subtotal (see instructions)		0	112,287,381	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	112,287,381	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,541,577	0		50.00
50.01	05001	ENDOSCOPY	8,587	0		50.01
51.00	05100	RECOVERY ROOM	491,422	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,014	0		52.00
53.00	05300	ANESTHESIOLOGY	114,134	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	271,894	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,168,691	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	586,819	0		55.00
56.00	05600	RADIOISOTOPE	57,261	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	2,740	0		59.00
60.00	06000	LABORATORY	992,418	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	16,222	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	172,087	0		63.00
65.00	06500	RESPIRATORY THERAPY	101,601	0		65.00
66.00	06600	PHYSICAL THERAPY	354,061	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	122,076	0		67.00
68.00	06800	SPEECH PATHOLOGY	283,624	0		68.00
69.00	06900	ELECTROCARDIOLOGY	92,793	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	287,290	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	503,203	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	899,331	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,279,679	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	259,576	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	7,287	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	118	0		76.02
76.03	03950	CARDIAC CATH	102,822	0		76.03
76.04	03951	DAY SURGERY	177,376	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	5,441	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	99,142	0		90.01
90.02	09002	IUSCC HEM/ONC	454,048	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	17,916	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	22,181	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	36,088	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	384,276	0		90.07
90.08	09008	MOTILITY LAB	28,915	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	11,539	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	3,378	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	42,919	0		90.17
90.18	09016	DERMATOLOGY CLINIC	13,776	0		90.18
90.19	09017	INFUSION/HEM/ONC	5,727	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	158,773	0		90.21
90.22	09020	EATING DISORDERS CLINIC	44,556	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	42,218	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	1,899,590	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,313,511	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	82,605	0		94.00
95.00	09500	AMBULANCE SERVICES	1,871,613			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 1:14 pm
	Title XIX	Hospital	PPS

	Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		6.00	7.00				
200.00	Subtotal (see instructions)	18,674,915	0				200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00	Net Charges (line 200 - line 201)	18,674,915	0				202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	254,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	254,495	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	233,626	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)	68,956	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	264,047,841	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)	264,047,841	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	264,047,841	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)	1,037.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	71,544,608	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)	71,544,608	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	27,947,022	18,426	1,516.72	6,574	9,970,917	43.00
44.00	CORONARY CARE UNIT	28,205,329	16,050	1,757.34	4,362	7,665,517	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	37,893,247	31,518	1,202.27	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	4,220,330	2,288	1,844.55	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	6,737,398	4,288	1,571.22	1,595	2,506,096	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	18,869,878	8,940	2,110.72	50	105,536	46.04
46.05	TRANSPLANT ICU	4,543,965	2,173	2,091.10	804	1,681,244	46.05
46.06	PEDS CANCER CARE	5,096,469	2,863	1,780.11	62	110,367	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	166,488,369	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	260,072,654	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,861,595	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,156,894	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	18,018,489	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	242,054,165	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)	20,869	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,037.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	21,652,422	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	17,283,902	264,047,841	0.065457	21,652,422	1,417,303	90.00
91.00	Nursing School cost	0	264,047,841	0.000000	21,652,422	0	91.00
92.00	Allied health cost	643,516	264,047,841	0.002437	21,652,422	52,767	92.00
93.00	All other Medical Education	0	264,047,841	0.000000	21,652,422	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,539	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,539	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,539	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,787	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	8,286,733	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)	8,286,733	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,286,733	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)	1,496.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,673,477	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,673,477	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	0	0	0.00	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	0	0	0.00	0	0	46.04
46.05	TRANSPLANT ICU	0	0	0.00	0	0	46.05
46.06	PEDS CANCER CARE	0	0	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	636,458	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,309,935	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)	196,052	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	40,810	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	236,862	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,073,073	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	592,598	8,286,733	0.071512	0	0	90.00
91.00	Nursing School cost	0	8,286,733	0.000000	0	0	91.00
92.00	Allied health cost	15,073	8,286,733	0.001819	0	0	92.00
93.00	All other Medical Education	0	8,286,733	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	254,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	254,495	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	233,626	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)	12,991	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,948	15.00
16.00	Nursery days (title V or XIX only)	5,043	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)	264,047,841	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)	264,047,841	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	264,047,841	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)	1,037.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,478,682	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)	13,478,682	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			Title XIX		Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,982,034	5,948	501.35	5,043	2,528,308	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	27,947,022	18,426	1,516.72	1,665	2,525,339	43.00
44.00	CORONARY CARE UNIT	28,205,329	16,050	1,757.34	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	37,893,247	31,518	1,202.27	2,160	2,596,903	44.01
45.00	BURN INTENSIVE CARE UNIT	4,220,330	2,288	1,844.55	114	210,279	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	6,737,398	4,288	1,571.22	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	18,869,878	8,940	2,110.72	2,554	5,390,779	46.04
46.05	TRANSPLANT ICU	4,543,965	2,173	2,091.10	0	0	46.05
46.06	PEDS CANCER CARE	5,096,469	2,863	1,780.11	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	26,776,946	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	53,507,236	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,875,021	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,881,170	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,756,191	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	49,751,045	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)	20,869	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,037.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	21,652,422	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	17,283,902	264,047,841	0.065457	21,652,422	1,417,303	90.00
91.00	Nursing School cost	0	264,047,841	0.000000	21,652,422	0	91.00
92.00	Allied health cost	643,516	264,047,841	0.002437	21,652,422	52,767	92.00
93.00	All other Medical Education	0	264,047,841	0.000000	21,652,422	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		204,333,379		30.00
31.00	03100	INTENSIVE CARE UNIT		29,380,480		31.00
32.00	03200	CORONARY CARE UNIT		25,985,840		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		7,503,963		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		305,487		34.04
34.05	03404	TRANSPLANT ICU		5,378,476		34.05
34.06	03407	PEDS CANCER CARE		182,323		34.06
40.00	04000	SUBPROVIDER - IPF		4,976		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	0.121118	176,869,895	21,422,128	50.00
50.01	05001	ENDOSCOPY	0.141677	6,313,350	894,456	50.01
51.00	05100	RECOVERY ROOM	0.128289	18,022,002	2,312,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	627,017	182,940	52.00
53.00	05300	ANESTHESIOLOGY	0.110142	12,850,598	1,415,391	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	382,158	57,238	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	70,133,267	9,362,300	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	3,109,452	257,475	55.00
56.00	05600	RADIOISOTOPE	0.088505	2,887,598	255,567	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	8,587,331	606,918	59.00
60.00	06000	LABORATORY	0.135128	76,464,805	10,332,536	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	634,372	168,443	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	32,531,301	4,088,859	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	28,097,871	7,015,420	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	17,962,346	5,874,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	3,503,032	894,363	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	2,333,052	739,307	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	13,743,240	900,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	8,613,306	1,677,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	43,660,565	14,051,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	146,830,878	38,031,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	164,204,476	35,722,027	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	9,031,557	2,295,984	74.00
76.00	03020	RH NBN ECMO IC	0.369718	0	0	76.00
76.01	03140	CARDIOLOGY	0.091555	7,439,871	681,157	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	0	0	76.02
76.03	03950	CARDIAC CATH	0.077351	18,721,949	1,448,161	76.03
76.04	03951	DAY SURGERY	1.917988	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	801,258	260,517	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	8,114	3,838	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	7,226	5,927	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	448,087	163,935	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	886	241	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	4,409,844	753,563	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	0	0	90.07
90.08	09008	MOTILITY LAB	0.342450	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	17,131	3,336	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	141	14	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.824539	4,094	7,470	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/30/2018 1:14 pm

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		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.429065	1,803	774	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	27,497	2,917	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	6,377	6,449	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.087682	49,370,335	4,328,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	834,334	261,579	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.216493	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		929,492,416	166,488,369	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)		929,492,416		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

Period: From 01/01/2017 To 12/31/2017

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Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		4,370,460		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	0.121118	124,880	15,125	50.00
50.01	05001	ENDOSCOPY	0.141677	0	0	50.01
51.00	05100	RECOVERY ROOM	0.128289	25,582	3,282	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.110142	10,388	1,144	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	332,164	44,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088505	11,527	1,020	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	480	34	59.00
60.00	06000	LABORATORY	0.135128	439,013	59,323	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	6,700	842	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	99,021	24,723	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	122,105	39,937	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	23,782	6,072	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	16,422	5,204	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	151,011	9,895	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	58,658	11,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	61,308	19,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	73,175	18,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	1,059,580	230,507	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	80,039	20,347	74.00
76.00	03020	RH NBN ECMO IC	0.369718	0	0	76.00
76.01	03140	CARDIOLOGY	0.091555	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	490,658	48,516	76.02
76.03	03950	CARDIAC CATH	0.077351	13,562	1,049	76.03
76.04	03951	DAY SURGERY	1.917988	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	39,701	6,784	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	0	0	90.07
90.08	09008	MOTILITY LAB	0.342450	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.824539	77	140	90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.087682	731,473	64,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	12,516	3,924	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.216493	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,983,822	636,458	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)		3,983,822		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		40,083,341		30.00
31.00	03100	INTENSIVE CARE UNIT		4,016,804		31.00
32.00	03200	CORONARY CARE UNIT		3,257,837		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		23,505,806		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		1,529,201		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		188,808		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		10,751,742		34.04
34.05	03404	TRANSPLANT ICU		59,800		34.05
34.06	03407	PEDS CANCER CARE		538,588		34.06
40.00	04000	SUBPROVIDER - IPF		800,464		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		1,281,079		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.121118	21,309,202	2,580,928	50.00
50.01	05001	ENDOSCOPY	0.141677	619,545	87,775	50.01
51.00	05100	RECOVERY ROOM	0.128289	2,094,235	268,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	7,317,145	2,134,872	52.00
53.00	05300	ANESTHESIOLOGY	0.110142	1,928,042	212,358	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	513,549	76,917	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	9,717,675	1,297,242	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	940,591	77,885	55.00
56.00	05600	RADIOISOTOPE	0.088505	123,493	10,930	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	4,670	330	59.00
60.00	06000	LABORATORY	0.135128	11,903,727	1,608,527	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	23,296	6,186	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	5,387,253	677,124	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	14,563,656	3,636,225	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	2,785,674	911,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	1,106,959	282,619	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	680,271	215,567	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	2,391,244	156,684	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	2,336,401	455,103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	4,699,607	1,512,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	12,548,776	3,250,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	28,318,859	6,160,655	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	576,910	146,661	74.00
76.00	03020	RH NBN ECMO IC	0.369718	250,150	92,485	76.00
76.01	03140	CARDIOLOGY	0.091555	223,675	20,479	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	87,872	8,689	76.02
76.03	03950	CARDIAC CATH	0.077351	1,334,043	103,190	76.03
76.04	03951	DAY SURGERY	1.917988	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	124,688	40,540	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.912323	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	1,030	845	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	14,851	5,433	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	77	21	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	327,793	56,014	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	37,183	11,363	90.07
90.08	09008	MOTILITY LAB	0.342450	3,181	1,089	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.824539	140	255	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.429065	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	6,800	3,482	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	297	300	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.087682	6,985,330	612,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	169,316	53,084	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.216493	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		141,457,206	26,776,946	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)		141,457,206		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

Period: From 01/01/2017 To 12/31/2017

Worksheet D-3
Date/Time Prepared: 5/30/2018 1:14 pm

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		1,675,081		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	0.121118	17,005	2,060	50.00
50.01	05001	ENDOSCOPY	0.141677	0	0	50.01
51.00	05100	RECOVERY ROOM	0.128289	4,250	545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.291763	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.110142	2,597	286	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.149775	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133493	25,775	3,441	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.082804	0	0	55.00
56.00	05600	RADIOISOTOPE	0.088505	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.070676	0	0	59.00
60.00	06000	LABORATORY	0.135128	65,160	8,805	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.265527	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.125690	308	39	63.00
65.00	06500	RESPIRATORY THERAPY	0.249678	3,514	877	65.00
66.00	06600	PHYSICAL THERAPY	0.327073	13,579	4,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255311	10,163	2,595	67.00
68.00	06800	SPEECH PATHOLOGY	0.316884	4,116	1,304	68.00
69.00	06900	ELECTROCARDIOLOGY	0.065524	2,847	187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194788	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.321826	7,229	2,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259018	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217546	159,660	34,733	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.880671	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.254218	3,696	940	74.00
76.00	03020	RH NBN ECMO IC	0.369718	0	0	76.00
76.01	03140	CARDIOLOGY	0.091555	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.098880	68,650	6,788	76.02
76.03	03950	CARDIAC CATH	0.077351	0	0	76.03
76.04	03951	DAY SURGERY	1.917988	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325135	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.473055	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.912323	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.820294	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.365856	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.272420	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.387821	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.170882	2,524	431	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.305607	0	0	90.07
90.08	09008	MOTILITY LAB	0.342450	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.194743	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.100321	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XIX	Subprovider - IPF	

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.824539	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.429065	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.106078	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.512009	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.261701	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.011316	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.087682	105,512	9,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.313518	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.216493	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		496,585	79,050	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)		496,585		202.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

Kidney Hospital PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	650,679	1,037.54	230	238,634	1.00
2.00	INTENSIVE CARE UNIT	43.00	47,154	1,516.72	9	13,650	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,757.34	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,202.27	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,844.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,571.22	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	19,866	2,110.72	3	6,332	5.04
5.05	TRANSPLANT ICU	46.05	0	2,091.10	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,780.11	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		717,699		242	258,616	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	0.121118	4,311,406	522,189	8.00
8.01	ENDOSCOPY	50.01	0.141677	47,223	6,690	8.01
9.00	RECOVERY ROOM	51.00	0.128289	255,221	32,742	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.291763	679	198	10.00
11.00	ANESTHESIOLOGY	53.00	0.107043	295,910	31,675	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.149775	142,393	21,327	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133493	552,788	73,793	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088505	1,120,365	99,158	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	0.070676	1,478	104	17.00
18.00	LABORATORY	60.00	0.135128	580,790	78,481	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	5,452,692	1,447,837	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125690	49,189	6,183	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.249678	63,045	15,741	23.00
24.00	PHYSICAL THERAPY	66.00	0.327073	895	293	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.316884	132	42	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.065524	272,938	17,884	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.194788	37,805	7,364	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	499,245	160,670	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.259018	42,115	10,909	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	874,226	190,184	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.254218	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.369718	0	0	34.00
34.01	CARDIOLOGY	76.01	0.091555	352,669	32,289	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	34.02
34.03	CARDIAC CATH	76.03	0.077351	919,052	71,090	34.03
34.04	DAY SURGERY	76.04	1.917988	2,090	4,009	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325135	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.820294	671	550	37.01
37.02	IUSCC HEM/ONC	90.02	0.365856	2,322	850	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.272420	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.387821	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.170882	93,861	16,039	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.305607	0	0	37.07

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

Kidney Hospital PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.342450	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.194743	5,878	1,145	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.100321	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.824539	2	4	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.429065	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.106078	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.512009	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.261701	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.011316	6,834	6,911	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.083745	6	1	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.313518	5,685	1,782	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			15,989,605	2,858,134	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	230	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	9	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	3	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			242	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	671	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	2,322	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	93,861	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	5,878	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	2	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Kidney: Worksheet D-2, Part I Line Numbers	Kidney: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	6,834	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	6	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,685	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		115,259		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	3,116,750		16,707,304		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	13,638,572		13,200,080		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)	16,755,322		29,907,384		61.00
62.00	Total Usable Organs (see instructions)		286			62.00
63.00	Medicare Usable Organs (see instructions)		188			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.657343			64.00
65.00	Medicare Cost/Charges (see instructions)	11,013,994		19,659,410		65.00
66.00	Revenue for Organs Sold	471,468		0		66.00
67.00	Subtotal (line 65 minus line 66)	10,542,526		19,659,410		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	10,542,526	0	19,659,410	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)	77	67		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	151		73.00
74.00	Total (sum of lines 70 through 73)	77	218		74.00
75.00	Organs Transplanted	70	142	1,185,435	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	7	67	372,883	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	9		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	77	218		84.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

Liver — Hospital — PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	5,011	1,037.54	1	1,038	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,203	1,516.72	5	7,584	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,757.34	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,202.27	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,844.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,571.22	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	10,618	2,110.72	2	4,221	5.04
5.05	TRANSPLANT ICU	46.05	0	2,091.10	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,780.11	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		40,832		8	12,843	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	0.121118	326,615	39,559	8.00
8.01	ENDOSCOPY	50.01	0.141677	24,199	3,428	8.01
9.00	RECOVERY ROOM	51.00	0.128289	657	84	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.291763	6	2	10.00
11.00	ANESTHESIOLOGY	53.00	0.107043	13,801	1,477	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.149775	82,696	12,386	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133493	112,103	14,965	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088505	1,027	91	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	0.070676	6	0	17.00
18.00	LABORATORY	60.00	0.135128	155,197	20,971	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	925,864	245,842	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125690	24,073	3,026	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.249678	29,368	7,333	23.00
24.00	PHYSICAL THERAPY	66.00	0.327073	43	14	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.316884	1	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.065524	52,852	3,463	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.194788	2,062	402	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	29,928	9,632	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.259018	5,857	1,517	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	108,878	23,686	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.254218	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.369718	0	0	34.00
34.01	CARDIOLOGY	76.01	0.091555	24,867	2,277	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	34.02
34.03	CARDIAC CATH	76.03	0.077351	516,399	39,944	34.03
34.04	DAY SURGERY	76.04	1.917988	1,004	1,926	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325135	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.820294	73	60	37.01
37.02	IUSCC HEM/ONC	90.02	0.365856	341	125	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.272420	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.387821	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.170882	2,840	485	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.305607	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Liver: Worksheet C Line Numbers	Liver: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.342450	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.194743	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.100321	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.824539	1	2	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.429065	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.106078	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.512009	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.261701	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.011316	730	738	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.083745	2	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.313518	2,975	933	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			2,444,465	434,368	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	2	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			8	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	73	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	341	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	2,840	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	1	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Liver: Worksheet D-2, Part I Line Numbers	Liver: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	730	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	2	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	2,975	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		6,962		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	447,211		2,485,297		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)	10,942,314		11,000,717		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)	11,389,525		13,486,014		61.00
62.00	Total Usable Organs (see instructions)		177			62.00
63.00	Medicare Usable Organs (see instructions)		67			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.378531			64.00
65.00	Medicare Cost/Charges (see instructions)	4,311,288		5,104,874		65.00
66.00	Revenue for Organs Sold	199,300		0		66.00
67.00	Subtotal (line 65 minus line 66)	4,111,988		5,104,874		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,111,988	0	5,104,874	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	33		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	146		73.00
74.00	Total (sum of lines 70 through 73)	0	179		74.00
75.00	Organs Transplanted	0	144	844,093	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	33	199,300	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	179		84.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	3,071	1,037.54	1	1,038	1.00
2.00	INTENSIVE CARE UNIT	43.00	15,447	1,516.72	3	4,550	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,757.34	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,202.27	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,844.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,571.22	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	6,508	2,110.72	1	2,111	5.04
5.05	TRANSPLANT ICU	46.05	0	2,091.10	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,780.11	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		25,026		5	7,699	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	0.121118	200,060	24,231	8.00
8.01	ENDOSCOPY	50.01	0.141677	14,828	2,101	8.01
9.00	RECOVERY ROOM	51.00	0.128289	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.291763	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.107043	8,459	905	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.149775	6,896	1,033	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133493	11,799	1,575	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088505	629	56	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	0.070676	0	0	17.00
18.00	LABORATORY	60.00	0.135128	18,392	2,485	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	430,418	114,288	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125690	13,713	1,724	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.249678	17,992	4,492	23.00
24.00	PHYSICAL THERAPY	66.00	0.327073	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.316884	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.065524	11,933	782	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.194788	1,264	246	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	13,651	4,393	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.259018	1,476	382	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	53,769	11,697	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.254218	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.369718	0	0	34.00
34.01	CARDIOLOGY	76.01	0.091555	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	34.02
34.03	CARDIAC CATH	76.03	0.077351	20,155	1,559	34.03
34.04	DAY SURGERY	76.04	1.917988	0	0	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325135	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.820294	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.365856	1	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.272420	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.387821	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.170882	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.305607	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Heart: Worksheet C Line Numbers	Heart: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.342450	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.194743	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.100321	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.824539	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.429065	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.106078	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.512009	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.261701	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.011316	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.083745	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.313518	4	1	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			825,439	171,950	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	4	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		5		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	179,649		850,465		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,468,349		1,455,889		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,647,998		2,306,354		61.00
62.00	Total Usable Organs (see instructions)		32			62.00
63.00	Medicare Usable Organs (see instructions)		21			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.656250			64.00
65.00	Medicare Cost/Charges (see instructions)	1,081,499		1,513,545		65.00
66.00	Revenue for Organs Sold	122,151		0		66.00
67.00	Subtotal (line 65 minus line 66)	959,348		1,513,545		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	959,348	0	1,513,545	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	22		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	13		73.00
74.00	Total (sum of lines 70 through 73)	0	35		74.00
75.00	Organs Transplanted	0	10	55,523	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	22	122,151	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	3		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	35		84.00

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

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	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	4,041	1,037.54	1	1,038	1.00
2.00	INTENSIVE CARE UNIT	43.00	20,325	1,516.72	4	6,067	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,757.34	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,202.27	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,844.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,571.22	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	8,563	2,110.72	1	2,111	5.04
5.05	TRANSPLANT ICU	46.05	0	2,091.10	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,780.11	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		32,929		6	9,216	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	0.121118	280,488	33,972	8.00
8.01	ENDOSCOPY	50.01	0.141677	42,158	5,973	8.01
9.00	RECOVERY ROOM	51.00	0.128289	616	79	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.291763	198	58	10.00
11.00	ANESTHESIOLOGY	53.00	0.107043	11,130	1,191	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.149775	207,302	31,049	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133493	158,448	21,152	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088505	140,420	12,428	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	0.070676	40	3	17.00
18.00	LABORATORY	60.00	0.135128	99,327	13,422	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	647,963	172,052	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125690	18,043	2,268	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.249678	23,675	5,911	23.00
24.00	PHYSICAL THERAPY	66.00	0.327073	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.316884	545	173	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.065524	25,851	1,694	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.194788	1,663	324	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	18,761	6,038	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.259018	1,943	503	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	83,253	18,111	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.254218	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.369718	0	0	34.00
34.01	CARDIOLOGY	76.01	0.091555	16,348	1,497	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	34.02
34.03	CARDIAC CATH	76.03	0.077351	357,704	27,669	34.03
34.04	DAY SURGERY	76.04	1.917988	942	1,807	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325135	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.820294	94	77	37.01
37.02	IUSCC HEM/ONC	90.02	0.365856	145	53	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.272420	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.387821	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.170882	19,148	3,272	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.305607	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.342450	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.194743	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.100321	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.824539	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.429065	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.106078	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.512009	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.261701	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.011316	1,028	1,040	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.083745	1	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.313518	520	163	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			2,157,754	361,979	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			6	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	94	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	145	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	19,148	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Lung Worksheet D-2, Part I Line Numbers	Lung Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	1,028	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	1	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	520	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		20,936		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	371,195		2,190,683		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)	6,034,293		6,062,029		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)	6,405,488		8,252,712		61.00
62.00	Total Usable Organs (see instructions)		92			62.00
63.00	Medicare Usable Organs (see instructions)		44			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.478261			64.00
65.00	Medicare Cost/Charges (see instructions)	3,063,495		3,946,950		65.00
66.00	Revenue for Organs Sold	160,726		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,902,769		3,946,950		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,902,769	0	3,946,950	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	27		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	67		73.00
74.00	Total (sum of lines 70 through 73)	0	94		74.00
75.00	Organs Transplanted	0	65	380,979	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	27	160,726	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	94		84.00

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

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,616	1,037.54	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	8,130	1,516.72	1	1,517	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,757.34	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,202.27	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,844.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,571.22	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	3,425	2,110.72	1	2,111	5.04
5.05	TRANSPLANT ICU	46.05	0	2,091.10	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,780.11	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		13,171		2	3,628	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	0.121118	105,301	12,754	8.00
8.01	ENDOSCOPY	50.01	0.141677	7,805	1,106	8.01
9.00	RECOVERY ROOM	51.00	0.128289	1	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.291763	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.107043	4,452	477	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.149775	3,630	544	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133493	6,141	820	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088505	5,532	490	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	0.070676	0	0	17.00
18.00	LABORATORY	60.00	0.135128	12,539	1,694	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	232,428	61,716	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125690	7,217	907	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.249678	9,469	2,364	23.00
24.00	PHYSICAL THERAPY	66.00	0.327073	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.316884	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.065524	6,301	413	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.194788	665	130	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	7,192	2,315	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.259018	786	204	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	28,322	6,161	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.254218	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.369718	0	0	34.00
34.01	CARDIOLOGY	76.01	0.091555	781	72	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	34.02
34.03	CARDIAC CATH	76.03	0.077351	11,009	852	34.03
34.04	DAY SURGERY	76.04	1.917988	1	2	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325135	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.820294	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.365856	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.272420	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.387821	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.170882	5	1	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.305607	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Pancreas Worksheet C Line Numbers	Pancreas Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.342450	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.194743	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.100321	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.824539	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.429065	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.106078	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.512009	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.261701	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.011316	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.083745	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.313518	1	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			449,578	93,022	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	5	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		6		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	96,650		462,749		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)	2,323,522		2,345,459		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,420,172		2,808,208		61.00
62.00	Total Usable Organs (see instructions)		53			62.00
63.00	Medicare Usable Organs (see instructions)		20			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.377358			64.00
65.00	Medicare Cost/Charges (see instructions)	913,271		1,059,700		65.00
66.00	Revenue for Organs Sold	64,290		0		66.00
67.00	Subtotal (line 65 minus line 66)	848,981		1,059,700		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	848,981	0	1,059,700	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	13		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	43		73.00
74.00	Total (sum of lines 70 through 73)	0	56		74.00
75.00	Organs Transplanted	0	40	197,816	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	13	64,290	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	3		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	56		84.00

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

Intestinal | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	323	1,037.54	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,626	1,516.72	1	1,517	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,757.34	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,202.27	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,844.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,571.22	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	685	2,110.72	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,091.10	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,780.11	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		2,634		1	1,517	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	0.121118	21,096	2,555	8.00
8.01	ENDOSCOPY	50.01	0.141677	1,589	225	8.01
9.00	RECOVERY ROOM	51.00	0.128289	62	8	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.291763	34	10	10.00
11.00	ANESTHESIOLOGY	53.00	0.107043	890	95	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.149775	2,915	437	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.133493	9,538	1,273	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088505	66	6	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	0.070676	0	0	17.00
18.00	LABORATORY	60.00	0.135128	3,309	447	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	22,798	6,053	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.125690	1,443	181	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.249678	1,894	473	23.00
24.00	PHYSICAL THERAPY	66.00	0.327073	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.316884	7	2	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.065524	3,207	210	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.194788	133	26	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	2,077	668	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.259018	155	40	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	6,955	1,513	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.254218	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.369718	0	0	34.00
34.01	CARDIOLOGY	76.01	0.091555	650	60	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	34.02
34.03	CARDIAC CATH	76.03	0.077351	5,190	401	34.03
34.04	DAY SURGERY	76.04	1.917988	94	180	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325135	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.820294	7	6	37.01
37.02	IUSCC HEM/ONC	90.02	0.365856	2	1	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.272420	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.387821	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.170882	7,552	1,291	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.305607	0	0	37.07

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Intestinal Worksheet C Line Numbers	Intestinal Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.342450	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.194743	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.100321	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.824539	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.429065	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.106078	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.512009	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.261701	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.011316	75	76	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.083745	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.313518	38	12	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			91,776	16,249	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	7	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	2	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	7,552	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Intestinal: Worksheet D-2, Part I Line Numbers	Intestinal: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	75	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	38	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		7,674		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	17,766		94,410		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)	818,835		813,497		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)	836,601		907,907		61.00
62.00	Total Usable Organs (see instructions)		8			62.00
63.00	Medicare Usable Organs (see instructions)		2			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000			64.00
65.00	Medicare Cost/Charges (see instructions)	209,150		226,977		65.00
66.00	Revenue for Organs Sold	12,858		0		66.00
67.00	Subtotal (line 65 minus line 66)	196,292		226,977		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	196,292	0	226,977	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	5	21,430	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	12,858	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 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.
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	119,932,400	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	39,431,572	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)	14,744,722	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	51,052,295	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,196.66	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	527.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 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 § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	647.94	10.00
11.00	FTE count for residents in dental and podiatric programs.	26.02	11.00
12.00	Current year allowable FTE (see instructions)	553.77	12.00
13.00	Total allowable FTE count for the prior year.	553.51	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.	553.77	14.00
15.00	Sum of lines 12 through 14 divided by 3.	553.68	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	553.68	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.462688	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.463689	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.462688	21.00
22.00	IME payment adjustment (see instructions)	35,822,152	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	11,475,637	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	120.19	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)	2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.001671	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000446	27.00
28.00	IME add-on adjustment amount (see instructions)	71,076	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	22,769	28.01
29.00	Total IME payment (sum of lines 22 and 28)	35,893,228	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	11,498,406	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)	39.99	31.00
32.00	Sum of lines 30 and 31	47.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)	28.75	33.00
34.00	Disproportionate share adjustment (see instructions)	11,454,285	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	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)	21,474,646	26,137,046	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	16,061,854	6,587,973	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	22,649,827		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	244,106,034		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)	255,604,440	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	17,751,633	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).	10,233,746	52.00
53.00	Nursing and Allied Health Managed Care payment	449,510	53.00
54.00	Special add-on payments for new technologies	18,692	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)	19,561,904	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).	212,570	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	801,899	58.00
59.00	Total (sum of amounts on lines 49 through 58)	304,634,394	59.00
60.00	Primary payer payments	127,470	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	304,506,924	61.00
62.00	Deductibles billed to program beneficiaries	10,986,344	62.00
63.00	Coinsurance billed to program beneficiaries	1,391,516	63.00
64.00	Allowable bad debts (see instructions)	3,846,585	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	2,500,280	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,266,693	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	294,629,344	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	3,397	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 Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		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)	-686,732	70.93
70.94	HRR adjustment amount (see instructions)	-489,980	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		2,034,427	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		291,414,808	71.00
71.01	Sequestration adjustment (see instructions)		5,828,296	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		286,711,809	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, 71.02, 72, and 73)		-1,125,297	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,928,325	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
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	119,932,400	0	119,932,400		119,932,400	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,431,572	0		39,431,572	39,431,572	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	14,744,722	0	10,932,623	3,812,099	14,744,722	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	51,052,295	0	37,903,113	13,149,182	51,052,295	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.462688	0.462688	0.462688	0.462688		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,822,152	0	26,958,644	8,863,508	35,822,152	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,475,637	0	11,475,637	0	11,475,637	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000446	0.000446	0.000446	0.000446		7.00
8.00	IME adjustment (see instructions)	28.00	71,076	0	53,490	17,586	71,076	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	22,769	0	16,904	5,865	22,769	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,893,228	0	27,012,134	8,881,094	35,893,228	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,498,406	0	11,492,541	5,865	11,498,406	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2875	0.2875	0.2875	0.2875		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	11,454,285	0	8,620,141	2,834,144	11,454,285	11.00
11.01	Uncompensated care payments	36.00	22,649,827	0	16,061,854	6,587,973	22,649,827	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	244,106,034	0	182,559,152	61,546,882	244,106,034	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	255,604,440	0	194,051,693	61,552,747	255,604,440	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	17,751,633	0	13,328,148	4,423,485	17,751,633	16.00
17.00	Special add-on payments for new technologies	54.00	18,692	0	18,692	0	18,692	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,397	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	207,398,533	65,976,232	273,374,765	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	12,924,873	0	9,712,782	3,212,091	12,924,873	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	993,242	0	734,554	258,688	993,242	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1947	0.1947	0.1947	0.1947		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,516,473	0	1,891,079	625,394	2,516,473	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1019	0.1019	0.1019	0.1019		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,317,045	0	989,733	327,312	1,317,045	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,751,633	0	13,328,148	4,423,485	17,751,633	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 1:14 pm

		Title XVIII			Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	119,932,400	119,932,400		119,932,400	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,431,572		39,431,572	39,431,572	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	14,744,722	10,932,623	3,812,099	14,744,722	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	51,052,295	37,903,113	13,149,182	51,052,295	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.462688	0.462688	0.462688		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,822,152	26,958,644	8,863,508	35,822,152	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,475,637	8,519,938	2,955,699	11,475,637	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000446	0.000446	0.000446		7.00
8.00	IME adjustment (see instructions)	28.00	71,076	53,490	17,586	71,076	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	22,769	16,904	5,865	22,769	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,893,228	27,012,134	8,881,094	35,893,228	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,498,406	8,536,842	2,961,564	11,498,406	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2875	0.2875	0.2875		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	11,454,285	8,620,141	2,834,144	11,454,285	11.00
11.01	Uncompensated care payments	36.00	22,649,827	16,061,854	6,587,973	22,649,827	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	244,106,034	182,559,152	61,546,882	244,106,034	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	255,604,440	191,095,994	64,508,446	255,604,440	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	17,751,633	13,328,148	4,423,485	17,751,633	16.00
17.00	Special add-on payments for new technologies	54.00	18,692	18,692	0	18,692	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,397	2,541	856	3,397	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			204,445,375	68,932,787	273,378,162	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII Hospital PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	12,924,873	9,712,782	3,212,091	12,924,873	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	993,242	734,554	258,688	993,242	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1947	0.1947	0.1947		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,516,473	1,891,079	625,394	2,516,473	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1019	0.1019	0.1019		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,317,045	989,733	327,312	1,317,045	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,751,633	13,328,148	4,423,485	17,751,633	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-686,732	-642,849	-43,883	-686,732	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-489,980	-359,857	-130,123	-489,980	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		2,034,427	0	2,034,427	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	138,550	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	126,123,295	2.00
3.00	OPPS payments	117,437,745	3.00
4.00	Outlier payment (see instructions)	2,154,159	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
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 lines 3, 4, and 4.01, 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	684,274	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	138,550	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	641,947	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)	641,947	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)	641,947	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	503,397	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 (see instructions)	138,550	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, 4.01, 8 and 9)	120,276,178	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	841	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	20,522,754	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)	99,891,133	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,594,482	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)	104,485,615	30.00
31.00	Primary payer payments	21,601	31.00
32.00	Subtotal (line 30 minus line 31)	104,464,014	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	458,566	33.00
34.00	Allowable bad debts (see instructions)	5,376,070	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	3,494,446	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,745,378	36.00
37.00	Subtotal (see instructions)	108,417,026	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-151	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	172,843	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	108,417,177	40.00
40.01	Sequestration adjustment (see instructions)	2,168,344	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	104,607,313	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1,641,520	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	364,993	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 1:14 pm
	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)	136	2.00
3.00	OPPS payments	113	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
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 lines 3, 4, and 4.01, 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	2	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 (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, 4.01, 8 and 9)	115	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)	23	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)	92	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)	92	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	92	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)	92	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)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
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)	92	40.00
40.01	Sequestration adjustment (see instructions)	2	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	89	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		283,341,809		103,977,013	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	05/02/2017	130,000	05/02/2017	370,200	3.01
3.02		07/31/2017	3,240,000	07/31/2017	260,100	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)		3,370,000		630,300	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)		286,711,809		104,607,313	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		1,641,520	6.01
6.02	SETTLEMENT TO PROGRAM		1,125,297		0	6.02
7.00	Total Medicare program liability (see instructions)		285,586,512		106,248,833	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,911,080		89	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,911,080		89	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		28,267		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,939,347		90	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,635,718	1.00
2.00	Net IPF PPS Outlier Payments	461,122	2.00
3.00	Net IPF PPS ECT Payments	59,097	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	16.20	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.43	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.43	8.00
9.00	Average Daily Census (see instructions)	15.175342	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.014494	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	23,708	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,179,645	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)	2,179,645	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	2,179,645	18.00
19.00	Deductibles	168,420	19.00
20.00	Subtotal (line 18 minus line 19)	2,011,225	20.00
21.00	Coinsurance	63,168	21.00
22.00	Subtotal (line 20 minus line 21)	1,948,057	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	33,852	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	22,004	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,400	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,970,061	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	8,865	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	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,978,926	31.00
31.01	Sequestration adjustment (see instructions)	39,579	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,911,080	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, 31.02, 32 and 33)	28,267	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	461,122	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			656.79	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	192.58	379.19	571.77	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.	162.30	319.56	481.86	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.05		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		24.05		10.01
11.00	Total weighted FTE count	162.30	343.61		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	161.55	354.06		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	171.21	356.59		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	165.02	351.42		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	165.02	351.42		17.00
18.00	Per resident amount	88,405.14	83,724.45		18.00
19.00	Approved amount for resident costs	14,588,616	29,422,446	44,011,062	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			103.28	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.74	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			97,748.86	23.00
24.00	Multiply line 22 time line 23			170,083	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			44,181,145	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	84,190	29,837		26.00
27.00	Total Inpatient Days (see instructions)	327,185	327,185		27.00
28.00	Ratio of inpatient days to total inpatient days	0.257316	0.091193		28.00
29.00	Program direct GME amount	11,368,516	4,029,011		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		569,299		30.00
31.00	Net Program direct GME amount			14,828,228	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	1,274	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	49,140,718	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000026	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	263,382,589	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	19,561,904	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	127,470	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	282,817,023	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	126,993,366	42.00
43.00	Primary payer payments (see instructions)	21,601	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	126,971,765	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	409,788,788	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.690153	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.309847	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,828,228	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	10,233,746	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,594,482	50.00

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

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet G

Date/Time Prepared: 5/30/2018 1:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	559,918,060	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	16,000,000	0	0	0	3.00
4.00	Accounts receivable	459,178,361	0	0	0	4.00
5.00	Other receivable	141,116,708	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,387,136	0	0	0	6.00
7.00	Inventory	54,141,973	0	0	0	7.00
8.00	Prepaid expenses	39,599,203	0	0	0	8.00
9.00	Other current assets	3	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)	1,260,567,172	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	150,874,152	0	0	0	12.00
13.00	Land improvements	24,478,116	0	0	0	13.00
14.00	Accumulated depreciation	-8,328,672	0	0	0	14.00
15.00	Buildings	1,943,181,391	0	0	0	15.00
16.00	Accumulated depreciation	-958,662,278	0	0	0	16.00
17.00	Leasehold improvements	19,242,863	0	0	0	17.00
18.00	Accumulated depreciation	-4,731,680	0	0	0	18.00
19.00	Fixed equipment	1,753,697	0	0	0	19.00
20.00	Accumulated depreciation	-1,753,697	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,421,976,200	0	0	0	23.00
24.00	Accumulated depreciation	-1,176,836,883	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,411,193,209	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,133,610,049	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,548,673,048	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,682,283,097	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	8,354,043,478	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,783,337,419	0	0	0	37.00
38.00	Salaries, wages, and fees payable	164,396,506	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	64,051,513	0	0	0	40.00
41.00	Deferred income	18,746,432	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	58,438,121	0	0	0	43.00
44.00	Other current liabilities	75,562,664	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,164,532,655	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,577,669,225	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,416,568	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,586,085,793	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,750,618,448	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	4,603,425,030				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,603,425,030	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,354,043,478	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-1 | Date/Time Prepared: 5/30/2018 1:14 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		3,758,553,380		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,088,950,331				2.00
3.00	Total (sum of line 1 and line 2)		4,847,503,711		0		3.00
4.00	DONATED PROPERTY	7,564,709		0		0	4.00
5.00	ROUNDING	264		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)		7,564,973		0		10.00
11.00	Subtotal (line 3 plus line 10)		4,855,068,684		0		11.00
12.00	FQHC NET INCOME	-170,433		0		0	12.00
13.00	PENSION OBLIGATION	-835,937		0		0	13.00
14.00	UNRESTRICTED FUND BALANCE	251,574,284		0		0	14.00
15.00	MHF DONATIONS	518,500		0		0	15.00
16.00	RETAINED EARNINGS	-8,165		0		0	16.00
17.00	MARKET TO MARKET SWAP	565,405		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		251,643,654		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,603,425,030		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	DONATED PROPERTY		0		4.00
5.00	ROUNDING		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	FQHC NET INCOME		0		12.00
13.00	PENSION OBLIGATION		0		13.00
14.00	UNRESTRICTED FUND BALANCE		0		14.00
15.00	MHF DONATIONS		0		15.00
16.00	RETAINED EARNINGS		0		16.00
17.00	MARKET TO MARKET SWAP		0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2018 1:14 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	735,128,993		735,128,993	1.00
2.00	SUBPROVIDER - IPF	15,319,030		15,319,030	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	750,448,023		750,448,023	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	82,219,441		82,219,441	11.00
12.00	CORONARY CARE UNIT	96,357,734		96,357,734	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	169,091,238		169,091,238	12.01
13.00	BURN INTENSIVE CARE UNIT	10,439,790		10,439,790	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	19,283,280		19,283,280	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	50,745,440		50,745,440	14.04
14.05	TRANSPLANT ICU	13,757,132		13,757,132	14.05
14.06	PEDS CANCER CARE	12,467,821		12,467,821	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	454,361,876		454,361,876	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,204,809,899		1,204,809,899	17.00
18.00	Ancillary services	3,118,498,521	2,750,217,007	5,868,715,528	18.00
19.00	Outpatient services	175,283,895	744,828,671	920,112,566	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	1,046,008	1,046,008	21.00
22.00	HOME HEALTH AGENCY		152,885,069	152,885,069	22.00
23.00	AMBULANCE SERVICES	109,628	129,406,331	129,515,959	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	32,237,865	32,237,865	26.00
27.00	SPECIAL PURPOSE COST CENTERS	65,113,548	0	65,113,548	27.00
27.01	PHYSICIAN REVENUE	0	56,944,984	56,944,984	27.01
27.02	HOME OFFICE AND NRCC REVENUE	0	2,868	2,868	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,563,815,491	3,867,568,803	8,431,384,294	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,271,910,605		29.00
30.00	HOME OFFICE EXPENSES	990,223,199			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		990,223,199		36.00
37.00	ACADEMIC SUPPORT	17,500,000			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		17,500,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		3,244,633,804		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-3 | Date/Time Prepared: 5/30/2018 1:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	8,431,384,294	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,797,166,956	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,634,217,338	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	3,244,633,804	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-610,416,466	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	500,410,080	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER OPERATING REVENUE	965,094,565	24.00
24.01	MEMBER PREMIUM REVENUE	174,285,655	24.01
24.02	SWAP GAIN	5,272,469	24.02
24.03	RELATED PARTY INCOME	71,706,086	24.03
24.04	EDUCATION AND RESEARCH SUPPORT	-17,500,000	24.04
24.05	OTHER INCOME	97,942	24.05
25.00	Total other income (sum of lines 6-24)	1,699,366,797	25.00
26.00	Total (line 5 plus line 25)	1,088,950,331	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)	1,088,950,331	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet H
Date/Time Prepared: 5/30/2018 1:14 pm

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	8,827,188	2,421,220	0	498,844	8,419,248	20,166,500	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,703,396	1,564,391	0	0	70,043	7,337,830	6.00
7.00	Physical Therapy	4,623,590	1,268,210	0	0	27,384	5,919,184	7.00
8.00	Occupational Therapy	1,647,155	451,800	0	0	14,186	2,113,141	8.00
9.00	Speech Pathology	133,250	36,549	0	0	1,132	170,931	9.00
10.00	Medical Social Services	309,219	84,816	0	0	1,551	395,586	10.00
11.00	Home Health Aide	377,888	103,651	0	0	6,356	487,895	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,544,221	423,566	0	198,403	4,078,126	6,244,316	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	3,035,507	832,613	0	146,431	22,163,500	26,178,051	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	26,201,414	7,186,816	0	843,678	34,781,526	69,013,434	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	20,166,500	-10,593,026	9,573,474			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	7,337,830	-478,387	6,859,443			6.00
7.00	Physical Therapy	0	5,919,184	-420,804	5,498,380			7.00
8.00	Occupational Therapy	0	2,113,141	-176,705	1,936,436			8.00
9.00	Speech Pathology	0	170,931	-1,627	169,304			9.00
10.00	Medical Social Services	0	395,586	-26,042	369,544			10.00
11.00	Home Health Aide	0	487,895	-28,521	459,374			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	6,244,316	-318,479	5,925,837			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	26,178,051	-672,756	25,505,295			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	69,013,434	-12,716,347	56,297,087			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

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

Period: From 01/01/2017 To 12/31/2017

Worksheet H-1 Part I
Date/Time Prepared: 5/30/2018 1:14 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	9,573,474	0	0	0	0	9,573,474	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,859,443	0	0	0	0	6,859,443	6.00
7.00	Physical Therapy	5,498,380	0	0	0	0	5,498,380	7.00
8.00	Occupational Therapy	1,936,436	0	0	0	0	1,936,436	8.00
9.00	Speech Pathology	169,304	0	0	0	0	169,304	9.00
10.00	Medical Social Services	369,544	0	0	0	0	369,544	10.00
11.00	Home Health Aide	459,374	0	0	0	0	459,374	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	5,925,837	0	0	0	0	5,925,837	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	25,505,295	0	0	0	0	25,505,295	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	56,297,087	0	0	0	0	56,297,087	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	9,573,474		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,405,472	8,264,915	6.00
7.00	Physical Therapy	1,126,596	6,624,976	7.00
8.00	Occupational Therapy	396,768	2,333,204	8.00
9.00	Speech Pathology	34,690	203,994	9.00
10.00	Medical Social Services	75,718	445,262	10.00
11.00	Home Health Aide	94,124	553,498	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	1,214,180	7,140,017	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	5,225,926	30,731,221	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		56,297,087	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2018 1:14 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-9,573,474	46,723,613	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6,859,443	6.00
7.00	Physical Therapy	0	0	0	0	0	5,498,380	7.00
8.00	Occupational Therapy	0	0	0	0	0	1,936,436	8.00
9.00	Speech Pathology	0	0	0	0	0	169,304	9.00
10.00	Medical Social Services	0	0	0	0	0	369,544	10.00
11.00	Home Health Aide	0	0	0	0	0	459,374	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	5,925,837	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	25,505,295	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-9,573,474	46,723,613	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		9,573,474	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.204896	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2018 1:14 pm

Home Health Agency I

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	11,963	116,956	4,391,596	1,903	2,456,295	1.00
2.00	Skilled Nursing Care	8,264,915	0	0	0	0	0	2.00
3.00	Physical Therapy	6,624,976	0	0	0	0	0	3.00
4.00	Occupational Therapy	2,333,204	0	0	0	0	0	4.00
5.00	Speech Pathology	203,994	0	0	0	0	0	5.00
6.00	Medical Social Services	445,262	0	0	0	0	0	6.00
7.00	Home Health Aide	553,498	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	7,140,017	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	30,731,221	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	56,297,087	11,963	116,956	4,391,596	1,903	2,456,295	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	0	755,405	7,734,118	646,433	10,081	1.00
2.00	Skilled Nursing Care	0	0	0	8,264,915	690,798	0	2.00
3.00	Physical Therapy	0	0	0	6,624,976	553,729	0	3.00
4.00	Occupational Therapy	0	0	0	2,333,204	195,014	0	4.00
5.00	Speech Pathology	0	0	0	203,994	17,050	0	5.00
6.00	Medical Social Services	0	0	0	445,262	37,216	0	6.00
7.00	Home Health Aide	0	0	0	553,498	46,262	0	7.00
8.00	Supplies (see instructions)	9,363	0	0	9,363	783	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	7,140,017	596,777	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	30,731,221	2,568,577	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	9,363	0	755,405	64,040,568	5,352,639	10,081	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2018 1:14 pm

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	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	19,757	0	0	1,014	0	2,925	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	19,757	0	0	1,014	0	2,925	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	
		9.04	9.05	10.00	11.00	13.00	13.01	
1.00	Administrative and General	0	0	0	71,146	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	71,146	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2018 1:14 pm

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	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		14.00	15.00	16.00	17.00	18.00	21.00	
1.00	Administrative and General	0	0	327,021	0	70,939	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	256,595	0	0	0	0	0	8.00
9.00	Drugs	0	8,054	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	256,595	8,054	327,021	0	70,939	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
		22.00	23.00	23.01	23.02	23.03	23.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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

Period:
From 01/01/2017
To 12/31/2017

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Part I
Date/Time Prepared:
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	Cost Center Description	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.05	23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	381	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	381	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.11	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	8,883,434	0	8,883,434			1.00
2.00	Skilled Nursing Care	0	8,955,713	0	8,955,713	1,298,310	10,254,023	2.00
3.00	Physical Therapy	0	7,178,705	0	7,178,705	1,040,697	8,219,402	3.00
4.00	Occupational Therapy	0	2,528,218	0	2,528,218	366,516	2,894,734	4.00
5.00	Speech Pathology	0	221,044	0	221,044	32,045	253,089	5.00
6.00	Medical Social Services	0	482,478	0	482,478	69,945	552,423	6.00
7.00	Home Health Aide	0	599,760	0	599,760	86,947	686,707	7.00
8.00	Supplies (see instructions)	0	266,741	0	266,741	38,669	305,410	8.00
9.00	Drugs	0	8,435	0	8,435	1,223	9,658	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	7,736,794	0	7,736,794	1,121,603	8,858,397	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	33,299,798	0	33,299,798	4,827,479	38,127,277	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	70,161,120	0	70,161,120	8,883,434	70,161,120	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.144970		21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2018 1:14 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	1,067	95,098	25,944,019	381	381	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	476,564	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,067	95,098	25,944,019	381	381	476,564	20.00
21.00	Total cost to be allocated	11,963	116,956	4,391,596	1,903	2,456,295	9,363	21.00
22.00	Unit cost multiplier	11.211809	1.229847	0.169272	4.994751	6,446.968504	0.019647	22.00

	Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	152,885,069	0	7,734,118	1,067	1,067	1.00
2.00	Skilled Nursing Care	0	0	0	8,264,915	0	0	2.00
3.00	Physical Therapy	0	0	0	6,624,976	0	0	3.00
4.00	Occupational Therapy	0	0	0	2,333,204	0	0	4.00
5.00	Speech Pathology	0	0	0	203,994	0	0	5.00
6.00	Medical Social Services	0	0	0	445,262	0	0	6.00
7.00	Home Health Aide	0	0	0	553,498	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	9,363	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	7,140,017	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	30,731,221	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	152,885,069		64,040,568	1,067	1,067	20.00
21.00	Total cost to be allocated	0	755,405		5,352,639	10,081	19,757	21.00
22.00	Unit cost multiplier	0.000000	0.004941		0.083582	9.447985	18.516401	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2018 1:14 pm

Home Health Agency I | PPS

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	0	268	0	799	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	268	0	799	0	20.00
21.00	Total cost to be allocated	0	0	1,014	0	2,925	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	3.783582	0.000000	3.660826	0.000000	22.00

	Cost Center Description	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		9.05	10.00	11.00	13.00	13.01	14.00	
1.00	Administrative and General	0	0	381	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	476,564	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	381	0	0	476,564	20.00
21.00	Total cost to be allocated	0	0	71,146	0	0	256,595	21.00
22.00	Unit cost multiplier	0.000000	0.000000	186.734908	0.000000	0.000000	0.538427	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2018 1:14 pm

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	21.00	22.00	
1.00	Administrative and General	0	152,885,069	0	152,885,069	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	30,394	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	30,394	152,885,069	0	152,885,069	0	0	20.00
21.00	Total cost to be allocated	8,054	327,021	0	70,939	0	0	21.00
22.00	Unit cost multiplier	0.264987	0.002139	0.000000	0.000464	0.000000	0.000000	22.00

	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	
		23.00	23.01	23.02	23.03	23.04	23.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2018 1:14 pm

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	Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.06	23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	30,394	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	30,394	0	0	0	0	20.00
21.00	Total cost to be allocated	0	381	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.012535	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	10,254,023		10,254,023	49,165	208.56	1.00
2.00	Physical Therapy	3.00	8,219,402	0	8,219,402	26,782	306.90	2.00
3.00	Occupational Therapy	4.00	2,894,734	0	2,894,734	9,247	313.05	3.00
4.00	Speech Pathology	5.00	253,089	0	253,089	1,182	214.12	4.00
5.00	Medical Social Services	6.00	552,423		552,423	1,751	315.49	5.00
6.00	Home Health Aide	7.00	686,707		686,707	5,687	120.75	6.00
7.00	Total (sum of lines 1-6)		22,860,378	0	22,860,378	93,814		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B: Not Subject to Deductibles & Coinsurance	Program Visits: Part B: Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		14020	0	4,096			8.00
8.01	Skilled Nursing Care		26900	0	5,112			8.01
8.02	Skilled Nursing Care		29020	0	76			8.02
8.03	Skilled Nursing Care		29200	0	1,800			8.03
8.04	Skilled Nursing Care		31140	0	19			8.04
8.05	Skilled Nursing Care		34620	0	2,730			8.05
8.06	Skilled Nursing Care		99915	0	3,732			8.06
9.00	Physical Therapy		14020	0	2,299			9.00
9.01	Physical Therapy		26900	0	6,337			9.01
9.02	Physical Therapy		29020	0	75			9.02
9.03	Physical Therapy		29200	0	1,831			9.03
9.04	Physical Therapy		31140	0	18			9.04
9.05	Physical Therapy		34620	0	1,206			9.05
9.06	Physical Therapy		99915	0	2,981			9.06
10.00	Occupational Therapy		14020	0	825			10.00
10.01	Occupational Therapy		26900	0	2,153			10.01
10.02	Occupational Therapy		29020	0	31			10.02
10.03	Occupational Therapy		29200	0	527			10.03
10.04	Occupational Therapy		31140	0	0			10.04
10.05	Occupational Therapy		34620	0	485			10.05
10.06	Occupational Therapy		99915	0	1,056			10.06
11.00	Speech Pathology		14020	0	120			11.00
11.01	Speech Pathology		26900	0	195			11.01
11.02	Speech Pathology		29020	0	13			11.02
11.03	Speech Pathology		29200	0	23			11.03
11.04	Speech Pathology		31140	0	0			11.04
11.05	Speech Pathology		34620	0	34			11.05
11.06	Speech Pathology		99915	0	99			11.06
12.00	Medical Social Services		14020	0	94			12.00
12.01	Medical Social Services		26900	0	354			12.01
12.02	Medical Social Services		29020	0	2			12.02
12.03	Medical Social Services		29200	0	58			12.03
12.04	Medical Social Services		31140	0	0			12.04
12.05	Medical Social Services		34620	0	106			12.05
12.06	Medical Social Services		99915	0	117			12.06
13.00	Home Health Aide		14020	0	429			13.00
13.01	Home Health Aide		26900	0	617			13.01
13.02	Home Health Aide		29020	0	82			13.02
13.03	Home Health Aide		29200	0	286			13.03
13.04	Home Health Aide		31140	0	0			13.04
13.05	Home Health Aide		34620	0	670			13.05
13.06	Home Health Aide		99915	0	821			13.06
14.00	Total (sum of lines 8-13)			0	41,509			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	305,410	0	305,410	0	0.000000	15.00
16.00	Cost of Drugs	9.00	9,658	0	9,658	0	0.000000	16.00

	Cost Center Description	Program Visits			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	17,565		0	3,663,356		1.00
2.00	Physical Therapy	0	14,747		0	4,525,854		2.00
3.00	Occupational Therapy	0	5,077		0	1,589,355		3.00
4.00	Speech Pathology	0	484		0	103,634		4.00
5.00	Medical Social Services	0	731		0	230,623		5.00
6.00	Home Health Aide	0	2,905		0	350,779		6.00
7.00	Total (sum of lines 1-6)	0	41,509		0	10,463,601		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2018 1:14 pm

Title XVIII | Home Health Agency I | PPS

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

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,663,356						1.00
2.00	Physical Therapy	4,525,854						2.00
3.00	Occupational Therapy	1,589,355						3.00
4.00	Speech Pathology	103,634						4.00
5.00	Medical Social Services	230,623						5.00
6.00	Home Health Aide	350,779						6.00
7.00	Total (sum of lines 1-6)	10,463,601						7.00
	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part II Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.327073	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.255311	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.316884	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.321826	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.217546	0	0	col. 2, line 16.00		5.00
5.03	Cost of Drugs 3	73.03	0.880671	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Home Health Agency I	PPS

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	6,985,764	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	717,131	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	261,111	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	68,013	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	251,518	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	9,999	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	8,293,536	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	8,293,536	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	8,293,536	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	8,293,536	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	8,293,536	31.00
31.01	Sequestration adjustment (see instructions)	0	165,822	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	8,125,276	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	2,438	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2017 To 12/31/2017	Worksheet H-5 Date/Time Prepared: 5/30/2018 1:14 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		8,125,276	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		8,125,276	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		2,438	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		8,127,714	7.00

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet I-1
Date/Time Prepared:
5/30/2018 1:14 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	2,916,299	HOURS OF SERVICE	75,160.00	36.13	1.00
2.00	LICENSED PRACTICAL NURSES	17,353	HOURS OF SERVICE	862.00	0.41	2.00
3.00	NURSES AIDES	35,153	HOURS OF SERVICE	2,331.00	1.12	3.00
4.00	TECHNICIANS	513,237	HOURS OF SERVICE	28,030.00	13.48	4.00
5.00	SOCIAL WORKERS	128,857	HOURS OF SERVICE	3,926.00	1.89	5.00
6.00	DIETICIANS	103,010	HOURS OF SERVICE	3,077.00	1.48	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	510,541	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	4,224,450				9.00
10.00	EMPLOYEE BENEFITS	309,418	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	88,847	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	65,482	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	148,831	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	0	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	398,884	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	5,235,912				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	355,124	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	394,674	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	715,081	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,346,513	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,004,217	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	1,142				23.00
24.00	CENTRAL SERVICE & SUPPLIES	785,484	REQUISITIONS			24.00
25.00	PHARMACY	24,114	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	515,852	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	10,378,113				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	RH NBN ECMO IC	0	CHARGES	0		30.00
30.01	CARDIOLOGY	0	CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	CHARGES	0		30.02
30.03	CARDIAC CATH	0	CHARGES	0		30.03
30.04	DAY SURGERY	0	CHARGES	0		30.04
30.05	ONCOLOGY	0	CHARGES	0		30.05
30.06	DAY SURGERY-RILEY	0	CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY	0	CHARGES	0		30.07
30.08	ECMO-ADULT	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	10,378,113				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

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

Period: From 01/01/2017 To 12/31/2017

Worksheet I-2
Date/Time Prepared: 5/30/2018 1:14 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,448,188	608,987	2,916,299	797,610	1,024,499	24,114	1.00
	MAINTENANCE							
2.00	Hemodialysis	1,122,683	472,106	2,260,811	618,333	794,224	18,694	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	230	97	463	127	163	4	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	4,979	2,094	10,027	2,743	3,523	83	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	28,728	12,081	57,851	15,822	20,323	478	10.00
11.00	CCPD	291,568	122,609	587,147	160,585	206,266	4,855	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,448,188	608,987	2,916,299	797,610	1,024,499	24,114	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	785,484	0	7,605,181	2,771,790	10,376,971		1.00
	MAINTENANCE							
2.00	Hemodialysis	608,932	0	5,895,783	2,148,781	8,044,564		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	125	0	1,209	441	1,650		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	2,701	0	26,150	9,531	35,681		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	15,582	0	150,865	54,984	205,849		10.00
11.00	CCPD	158,144	0	1,531,174	558,053	2,089,227		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	785,484	0	7,605,181	2,771,790	10,376,971		17.00
18.00	Medical Educational Program Costs					1,142		18.00
19.00	Total Renal Costs (line 17 + line 18)					10,378,113		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet I-3
Date/Time Prepared: 5/30/2018 1:14 pm

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,448,188	608,987	2,916,299	797,610	1,024,499	1.00
	MAINTENANCE							
2.00	Hemodialysis		14,655	14,655.00	14,655.00	14,655.00	14,655	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		3	3.00	3.00	3.00	3	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		65	65.00	65.00	65.00	65	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		375	375.00	375.00	375.00	375	10.00
11.00	CCPD		3,806	3,806.00	3,806.00	3,806.00	3,806	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		18,904	18,904.00	18,904.00	18,904.00	18,904	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		76.607490	32.214716	154.268885	42.192658	54.194826	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	24,114	785,484	0	7,605,181	2,771,790		1.00
	MAINTENANCE							
2.00	Hemodialysis	14,655	14,655	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	3	3	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	65	65	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	375	375	0				10.00
11.00	CCPD	3,806	3,806	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	18,904	18,904	0		7,605,181		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.275603	41.551206	0.000000		0.364461		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet I-4
Date/Time Prepared: 5/30/2018 1:14 pm

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	14,655	8,044,564	548.93	9,488	5,208,248	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	3	1,650	550.00	2	1,100	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	65	35,681	548.94	42	23,055	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	5	205,849	41,169.80	4	164,679	9.00
10.00	Home Program - CCPD	259	2,089,227	8,066.51	168	1,355,174	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	14,723	10,376,971		9,532	6,752,256	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	15,515					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	2,544,163	268.15	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	808	404.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	0	0.00	5.00
6.00	Training - CCPD	0	0.00	6.00
7.00	Home Program - Hemodialysis	12,805	304.88	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	26,093	6,523.25	9.00
10.00	Home Program - CCPD	265,818	1,582.25	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,849,687		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	CLARIAN			20.00
20.01	CLARIAN HEALTH PARTNERS			20.01
20.02	METHODIST DIALYSIS			20.02

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet I-1 Date/Time Prepared: 5/30/2018 1:14 pm
		Home Program Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	231,179	HOURS OF SERVICE	5,651.00	2.72	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	38,484	HOURS OF SERVICE	1,862.00	0.90	4.00
5.00	SOCIAL WORKERS	25,115	HOURS OF SERVICE	912.00	0.44	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	20,807	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	315,585				9.00
10.00	EMPLOYEE BENEFITS	22,475	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	38,871	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	487	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	0	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	52,331	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	429,749				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	129,261	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	9,168	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	53,420	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	148,478	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	366,010	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	132				23.00
24.00	CENTRAL SERVICE & SUPPLIES	606,652	REQUISITIONS			24.00
25.00	PHARMACY	2,788	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	54,385	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,800,043				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	RH NBN ECMO IC	0	CHARGES	0		30.00
30.01	CARDIOLOGY	0	CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	CHARGES	0		30.02
30.03	CARDIAC CATH	0	CHARGES	0		30.03
30.04	DAY SURGERY	0	CHARGES	0		30.04
30.05	ONCOLOGY	0	CHARGES	0		30.05
30.06	DAY SURGERY-RILEY	0	CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY	0	CHARGES	0		30.07
30.08	ECMO-ADULT	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,800,043				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet I-2 | Date/Time Prepared: 5/30/2018 1:14 pm

		Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	534,142	9,655	231,179	63,599	75,895	2,788	1.00
	MAINTENANCE							
2.00	Hemodialysis	1,852	33	802	221	263	10	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	1,317	24	570	157	187	7	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	988	18	427	118	140	5	6.00
7.00	CCPD	247	4	107	29	35	1	7.00
	HOME							
8.00	Hemodialysis	210,586	3,807	91,143	25,073	29,922	1,100	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	140,707	2,543	60,898	16,754	19,993	734	10.00
11.00	CCPD	178,445	3,226	77,232	21,247	25,355	931	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	534,142	9,655	231,179	63,599	75,895	2,788	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	606,652	0	1,523,910	276,001	1,799,911		1.00
	MAINTENANCE							
2.00	Hemodialysis	2,103	0	5,284	957	6,241		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	1,496	0	3,758	681	4,439		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	1,122	0	2,818	510	3,328		6.00
7.00	CCPD	280	0	703	127	830		7.00
	HOME							
8.00	Hemodialysis	239,174	0	600,805	108,814	709,619		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	159,808	0	401,437	72,706	474,143		10.00
11.00	CCPD	202,669	0	509,105	92,206	601,311		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	606,652	0	1,523,910	276,001	1,799,911		17.00
18.00	Medical Educational Program Costs					132		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,800,043		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2017 To 12/31/2017

Worksheet I-3

Date/Time Prepared: 5/30/2018 1:14 pm

		Home Program Dialysis	PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		534,142	9,655	231,179	63,599	75,895	1.00
	MAINTENANCE							
2.00	Hemodialysis		45	45.00	45.00	45.00	45	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		32	32.00	32.00	32.00	32	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		24	24.00	24.00	24.00	24	6.00
7.00	CCPD		6	6.00	6.00	6.00	6	7.00
	HOME							
8.00	Hemodialysis		5,117	5,117.00	5,117.00	5,117.00	5,117	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		3,419	3,419.00	3,419.00	3,419.00	3,419	10.00
11.00	CCPD		4,336	4,336.00	4,336.00	4,336.00	4,336	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		12,979	12,979.00	12,979.00	12,979.00	12,979	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		41.154326	0.743894	17.811773	4.900146	5.847523	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	2,788	606,652	0	1,523,910	276,001		1.00
	MAINTENANCE							
2.00	Hemodialysis	45	45	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	32	32	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	24	24	0				6.00
7.00	CCPD	6	6	0				7.00
	HOME							
8.00	Hemodialysis	5,117	5,117	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	3,419	3,419	0				10.00
11.00	CCPD	4,336	4,336	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	12,979	12,979	0		1,523,910		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.214809	46.741043	0.000000		0.181114		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet I-4 Date/Time Prepared: 5/30/2018 1:14 pm
	Rate 0	Home Program Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	45	6,241	138.69	28	3,883	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	32	4,439	138.72	20	2,774	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	24	3,328	138.67	15	2,080	5.00
6.00	Training - CCPD	6	830	138.33	4	553	6.00
7.00	Home Program - Hemodialysis	5,117	709,619	138.68	3,186	441,834	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	488	474,143	971.60	304	295,366	9.00
10.00	Home Program - CCPD	619	601,311	971.42	386	374,968	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	5,224	1,799,911		3,253	1,121,458	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	8,545					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	7,933	283.32	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	7,503	375.15	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	4,900	326.67	5.00
6.00	Training - CCPD	1,510	377.50	6.00
7.00	Home Program - Hemodialysis	867,129	272.17	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	241,718	795.13	9.00
10.00	Home Program - CCPD	287,907	745.87	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,418,600		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	CLARIAN			20.00
20.01	CLARIAN HEALTH PARTNERS			20.01
20.02	METHODIST DIALYSIS			20.02

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 15-0056 | Period: From 01/01/2017 To 12/31/2017 | Worksheet I-5 | Date/Time Prepared: 5/30/2018 1:14 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	7,873,714		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	4,268,287	4,268,287	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)	4,268,287	4,268,287	2.03
2.04	Outlier payments	40,691		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	2,202	2,202	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)	2,202	2,202	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	853,199	853,199	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)	853,199	853,199	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	705,486	705,486	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	Allowable bad debts (sum of lines 5 through line 5.04)	705,486	705,486	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	458,566		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	455,207		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	149,915	8.00
9.00	Program payment (see instructions)	3,412,868	3,412,868	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)	458,566		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	12,176,882		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	12,176,882		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		643,289	643,289	-643,289	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		779,726	779,726	-39,071	740,655	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	2,064,120	2,064,120	-1,356,636	707,484	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,092,185	217,979	1,310,164	-7,486	1,302,678	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	113,892	113,892	0	113,892	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	18,982	18,982	0	18,982	6.00
7.00	HOUSEKEEPING*	0	2,103	2,103	0	2,103	7.00
8.00	DIETARY*	0	9,761	9,761	0	9,761	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	212,823	212,823	-212,823	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	41,758	41,758	0	41,758	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	1,211,085	1,211,085	-1,211,085	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		25,738	25,738	0	25,738	25.00
26.00	PHYSICIAN SERVICES**	20,405	373,667	394,072	0	394,072	26.00
27.00	NURSE PRACTITIONER**	2,972	0	2,972	0	2,972	27.00
28.00	REGISTERED NURSE**	3,294,616	116,555	3,411,171	-34,861	3,376,310	28.00
29.00	LPN/LVN**	436,650	0	436,650	0	436,650	29.00
30.00	PHYSICAL THERAPY**	49,551	0	49,551	0	49,551	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	532,435	0	532,435	-2,974	529,461	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	373,225	0	373,225	0	373,225	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	607,271	0	607,271	-7,388	599,883	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	2,483	2,483	0	2,483	40.00
41.00	LABS & DIAGNOSTICS**	0	5,420	5,420	0	5,420	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-190	-190	190	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	181,544	860,159	1,041,703	-2,903	1,038,800	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	259,150	0	259,150	-4,024	255,126	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	6,850,004	6,699,350	13,549,354	-3,522,350	10,027,004	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	740,655		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	707,484		3.00
4.00	ADMINISTRATIVE & GENERAL*	25,847	1,328,525		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	113,892		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	18,982		6.00
7.00	HOUSEKEEPING*	0	2,103		7.00
8.00	DIETARY*	0	9,761		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	41,758		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	25,738		25.00
26.00	PHYSICIAN SERVICES**	-16,672	377,400		26.00
27.00	NURSE PRACTITIONER**	0	2,972		27.00
28.00	REGISTERED NURSE**	0	3,376,310		28.00
29.00	LPN/LVN**	0	436,650		29.00
30.00	PHYSICAL THERAPY**	0	49,551		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	529,461		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	373,225		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	599,883		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	2,483		40.00
41.00	LABS & DIAGNOSTICS**	0	5,420		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	1,038,800		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	255,126		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	9,175	10,036,179		100.00

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

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-1
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	4	4	0	4	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	30	1	31	0	31	28.00
29.00	LPN/LVN	5	0	5	0	5	29.00
30.00	PHYSICAL THERAPY	1	0	1	0	1	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	4	0	4	0	4	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	3	0	3	0	3	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	7	0	7	0	7	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10	10	0	10	46.00
100.00	TOTAL *	50	15	65	0	65	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	4		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	31		28.00
29.00	LPN/LVN	0	5		29.00
30.00	PHYSICAL THERAPY	0	1		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	4		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	3		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	7		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10		46.00
100.00	TOTAL *	0	65		100.00

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

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-2
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	20,006	358,384	378,390	0	378,390	26.00
27.00	NURSE PRACTITIONER	2,851	0	2,851	0	2,851	27.00
28.00	REGISTERED NURSE	3,188,685	111,788	3,300,473	-33,436	3,267,037	28.00
29.00	LPN/LVN	418,790	0	418,790	0	418,790	29.00
30.00	PHYSICAL THERAPY	47,524	0	47,524	0	47,524	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	516,859	0	516,859	-2,853	514,006	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	363,345	0	363,345	0	363,345	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	582,433	0	582,433	-7,086	575,347	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	2,382	2,382	0	2,382	40.00
41.00	LABS & DIAGNOSTICS	0	5,199	5,199	0	5,199	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-183	-183	183	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	181,544	849,663	1,031,207	-2,784	1,028,423	46.00
100.00	TOTAL *	5,322,037	1,327,233	6,649,270	-45,976	6,603,294	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	-15,990	362,400		26.00
27.00	NURSE PRACTITIONER	0	2,851		27.00
28.00	REGISTERED NURSE	0	3,267,037		28.00
29.00	LPN/LVN	0	418,790		29.00
30.00	PHYSICAL THERAPY	0	47,524		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	514,006		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	363,345		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	575,347		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	2,382		40.00
41.00	LABS & DIAGNOSTICS	0	5,199		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,028,423		46.00
100.00	TOTAL *	-15,990	6,587,304		100.00

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

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-3
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		5,510	5,510	0	5,510	25.00
26.00	PHYSICIAN SERVICES	76	2,907	2,983	0	2,983	26.00
27.00	NURSE PRACTITIONER	23	0	23	0	23	27.00
28.00	REGISTERED NURSE	20,146	907	21,053	-271	20,782	28.00
29.00	LPN/LVN	3,397	0	3,397	0	3,397	29.00
30.00	PHYSICAL THERAPY	385	0	385	0	385	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,962	0	2,962	-23	2,939	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	1,879	0	1,879	0	1,879	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	4,724	0	4,724	-57	4,667	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	19	19	0	19	40.00
41.00	LABS & DIAGNOSTICS	0	42	42	0	42	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-1	-1	1	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,381	1,381	-23	1,358	46.00
100.00	TOTAL *	33,592	10,765	44,357	-373	43,984	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	5,510		25.00
26.00	PHYSICIAN SERVICES	-130	2,853		26.00
27.00	NURSE PRACTITIONER	0	23		27.00
28.00	REGISTERED NURSE	0	20,782		28.00
29.00	LPN/LVN	0	3,397		29.00
30.00	PHYSICAL THERAPY	0	385		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,939		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	1,879		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	4,667		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	19		40.00
41.00	LABS & DIAGNOSTICS	0	42		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,358		46.00
100.00	TOTAL *	-130	43,854		100.00

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

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-4
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		20,228	20,228	0	20,228	25.00
26.00	PHYSICIAN SERVICES	323	12,372	12,695	0	12,695	26.00
27.00	NURSE PRACTITIONER	98	0	98	0	98	27.00
28.00	REGISTERED NURSE	85,755	3,859	89,614	-1,154	88,460	28.00
29.00	LPN/LVN	14,458	0	14,458	0	14,458	29.00
30.00	PHYSICAL THERAPY	1,641	0	1,641	0	1,641	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	12,610	0	12,610	-98	12,512	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	7,998	0	7,998	0	7,998	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	20,107	0	20,107	-245	19,862	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	82	82	0	82	40.00
41.00	LABS & DIAGNOSTICS	0	179	179	0	179	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-6	-6	6	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9,105	9,105	-96	9,009	46.00
100.00	TOTAL *	142,990	45,819	188,809	-1,587	187,222	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	20,228		25.00
26.00	PHYSICIAN SERVICES	-552	12,143		26.00
27.00	NURSE PRACTITIONER	0	98		27.00
28.00	REGISTERED NURSE	0	88,460		28.00
29.00	LPN/LVN	0	14,458		29.00
30.00	PHYSICAL THERAPY	0	1,641		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	12,512		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	7,998		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	19,862		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	82		40.00
41.00	LABS & DIAGNOSTICS	0	179		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9,009		46.00
100.00	TOTAL *	-552	186,670		100.00

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

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-5
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	54,680	54,680	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	740,655	48,051	788,706	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	707,484	1,149,419	1,856,903	3.00
4.00	ADMINISTRATIVE & GENERAL	1,328,525	1,903,031	3,231,556	4.00
5.00	PLANT OPERATION & MAINTENANCE	113,892	136,383	250,275	5.00
6.00	LAUNDRY & LINEN SERVICE	18,982	0	18,982	6.00
7.00	HOUSEKEEPING	2,103	17,920	20,023	7.00
8.00	DIETARY	9,761	0	9,761	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	114,590	114,590	10.00
11.00	MEDICAL RECORDS	0	68,957	68,957	11.00
12.00	STAFF TRANSPORTATION	41,758		41,758	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	0	233,308	233,308	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	26,003	26,003	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	65		65	50.00
51.00	HOSPICE ROUTINE HOME CARE	6,587,304		6,587,304	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	43,854		43,854	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	186,670		186,670	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	255,126		255,126	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	10,036,179	3,752,342	13,788,521	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet O-6
Part I
Date/Time Prepared:
5/30/2018 1:14 pm

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	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	54,680	54,680				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	788,706		788,706			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,856,903	0	0	1,856,903		3.00
4.00	ADMINISTRATIVE & GENERAL	3,231,556	54,680	788,706	296,070	4,371,012	4.00
5.00	PLANT OPERATION & MAINTENANCE	250,275	0	0	0	250,275	5.00
6.00	LAUNDRY & LINEN SERVICE	18,982	0	0	0	18,982	6.00
7.00	HOUSEKEEPING	20,023	0	0	0	20,023	7.00
8.00	DIETARY	9,761	0	0	0	9,761	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	114,590	0	0	0	114,590	10.00
11.00	MEDICAL RECORDS	68,957	0	0	0	68,957	11.00
12.00	STAFF TRANSPORTATION	41,758	0	0	0	41,758	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	233,308	0	0	0	233,308	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	26,003	0	0	0	26,003	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	65			14	79	50.00
51.00	HOSPICE ROUTINE HOME CARE	6,587,304			1,442,700	8,030,004	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	43,854	0	0	9,106	52,960	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	186,670	0	0	38,762	225,432	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	255,126	0	0	70,251	325,377	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	13,788,521	54,680	788,706	1,856,903	13,788,521	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	4,371,012					4.00
5.00	PLANT OPERATION & MAINTENANCE	116,162	366,437				5.00
6.00	LAUNDRY & LINEN SERVICE	8,810	0	27,792			6.00
7.00	HOUSEKEEPING	9,293	0		29,316		7.00
8.00	DIETARY	4,530	0		0	14,291	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	53,185	0		0		10.00
11.00	MEDICAL RECORDS	32,005	0		0		11.00
12.00	STAFF TRANSPORTATION	19,381	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	108,287	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	12,069	366,437		29,316		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	37					50.00
51.00	HOSPICE ROUTINE HOME CARE	3,727,021					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	24,581	0	4,261	0	2,191	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	104,631	0	23,531	0	12,100	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	151,020	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	4,371,012	366,437	27,792	29,316	14,291	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	167,775				10.00
11.00	MEDICAL RECORDS	0		100,962			11.00
12.00	STAFF TRANSPORTATION	0			61,139		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	2	1	1	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	160,913	96,833	58,638	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1,305	785	476	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	5,555	3,343	2,024	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	167,775	100,962	61,139	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	341,595					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		433,825			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	4	0	5		129	50.00
51.00	HOSPICE ROUTINE HOME CARE	327,624	0	416,081		12,817,114	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,657	0	3,375	0	92,591	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	11,310	0	14,364	0	402,290	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		476,397	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	341,595	0	433,825	0	13,788,521	100.00

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

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	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,877					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		39,071				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	6,850,003			3.00
4.00	ADMINISTRATIVE & GENERAL	4,877	39,071	1,092,184	-4,371,012	9,417,509	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	250,275	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	18,982	6.00
7.00	HOUSEKEEPING	0	0	0	0	20,023	7.00
8.00	DIETARY	0	0	0	0	9,761	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	114,590	10.00
11.00	MEDICAL RECORDS	0	0	0	0	68,957	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	41,758	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	233,308	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	26,003	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			50	0	79	50.00
51.00	HOSPICE ROUTINE HOME CARE			5,322,037	0	8,030,004	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	33,592	0	52,960	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	142,990	0	225,432	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	259,150	0	325,377	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	54,680	788,706	1,856,903		4,371,012	100.00
101.00	UNIT COST MULTIPLIER	11.211811	20.186481	0.271081		0.464137	101.00

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

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	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	4,877					5.00
6.00	LAUNDRY & LINEN SERVICE	0	2,459				6.00
7.00	HOUSEKEEPING	0		549			7.00
8.00	DIETARY	0		0	2,459		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	4,877		549		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	377	0	377	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,082	0	2,082	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	366,437	27,792	29,316	14,291	0	100.00
101.00	UNIT COST MULTIPLIER	75.135739	11.302155	53.398907	5.811712	0.000000	101.00

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

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	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	87,162					10.00
11.00	MEDICAL RECORDS		87,162				11.00
12.00	STAFF TRANSPORTATION			87,162			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	87,162	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	1	1	0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	83,597	83,597	83,597	0	83,597	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	678	678	678	0	678	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,886	2,886	2,886	0	2,886	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	167,775	100,962	61,139	0	341,595	100.00
101.00	UNIT COST MULTIPLIER	1.924864	1.158326	0.701441	0.000000	3.919082	101.00

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

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet O-6
Part II
Date/Time Prepared:
5/30/2018 1:14 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		87,162			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	1			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	83,597			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	678	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,886	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	433,825	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	4.977226	0.000000		101.00

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-7
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.327073	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.255311	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.316884	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.217546	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.880671	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.135128	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.265527	0	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.321826	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.082804	0	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.369718	0	0	0	10.00
10.01	CARDIOLOGY	76.01	0.091555	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.098880	0	0	0	10.02
10.03	CARDIAC CATH	76.03	0.077351	0	0	0	10.03
10.04	DAY SURGERY	76.04	1.917988	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.000000	0	0	0	10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07
10.08	ECMO-ADULT	76.08	0.325135	0	0	0	10.08
10.97	CARDIAC REHABILITATION	76.97	0.473055	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

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

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

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

Period: From 01/01/2017 To 12/31/2017

Worksheet O-8
Date/Time Prepared: 5/30/2018 1:14 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			129	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			129.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			12,817,114	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			83,597	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			153.32	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	68,440	6,292		9.00
10.00	Program cost (line 8 times line 9)	10,493,221	964,689		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			92,591	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			678	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			136.56	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	599	40		14.00
15.00	Program cost (line 13 times line 14)	81,799	5,462		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			402,290	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			2,886	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			139.39	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,190	203		19.00
20.00	Program cost (line 18 times line 19)	305,264	28,296		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			13,312,124	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			87,162	22.00
23.00	Average cost per diem (line 21 divided by line 22)			152.73	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0056	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	12,924,873	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	993,242	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)	881.22	3.00
4.00	Number of interns & residents (see instructions)	555.68	4.00
5.00	Indirect medical education percentage (see instructions)	19.47	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,516,473	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	39.99	8.00
9.00	Sum of lines 7 and 8	47.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)	10.19	10.00
11.00	Disproportionate share adjustment (see instructions)	1,317,045	11.00
12.00	Total prospective capital payments (see instructions)	17,751,633	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet N-1
Date/Time Prepared: 5/30/2018 1:14 pm

FQHC I Cost

		SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg and Fix		0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip		0	0	0	0	2.00
3.00	Employee Benefits	0	130,789	130,789	0	130,789	3.00
4.00	Administrative and General	145,040	61,606	206,646	0	206,646	4.00
5.00	Plant Operation and Maintenance	0	18,703	18,703	0	18,703	5.00
6.00	Janitorial	0	10,171	10,171	0	10,171	6.00
7.00	Medical Records	25,391	0	25,391	0	25,391	7.00
8.00	Subtotal - Administrative Overhead	170,431	221,269	391,700	0	391,700	8.00
9.00	Pharmacy	0	112	112	0	112	9.00
10.00	Medical Supplies	0	24,928	24,928	0	24,928	10.00
11.00	Transportation	0	41	41	0	41	11.00
12.00	Other General Service	0	0	0	0	0	12.00
13.00	Subtotal - Total Overhead	170,431	246,350	416,781	0	416,781	13.00
	DIRECT CARE COST CENTERS						
23.00	Physician	206,428	0	206,428	0	206,428	23.00
24.00	Physician Services Under Agreement		0	0	0	0	24.00
25.00	Physician Assistant	0	0	0	0	0	25.00
26.00	Nurse Practitioner	4,384	0	4,384	0	4,384	26.00
27.00	Visiting Registered Nurse	0	0	0	0	0	27.00
28.00	Visiting Licensed Practical Nurse	0	0	0	0	0	28.00
29.00	Certified Nurse Midwife	36,337	0	36,337	0	36,337	29.00
30.00	Clinical Psychologist	0	0	0	0	0	30.00
31.00	Clinical Social Worker	0	0	0	0	0	31.00
32.00	Laboratory Technician	2,713	0	2,713	0	2,713	32.00
33.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	33.00
34.00	Physical Therapist	0	0	0	0	0	34.00
35.00	Occupational Therapist	0	0	0	0	0	35.00
36.00	Other Allied Health Personnel	221,122	0	221,122	0	221,122	36.00
37.00	Subtotal - Direct Patient Care Services	470,984	0	470,984	0	470,984	37.00
	REIMBURSABLE PASS THROUGH COSTS						
47.00	Pneumococcal Vaccines & Med Supplies	0	0	0	0	0	47.00
48.00	Influenza Vaccines & Med Supplies	0	0	0	0	0	48.00
49.00	Subtotal - Reimbursable Pass through Costs	0	0	0	0	0	49.00
	OTHER FQHC SERVICES						
60.00	Medicare Excluded Services	0	0	0	0	0	60.00
61.00	Diagnostic & Screening Lab Tests	0	3,155	3,155	0	3,155	61.00
62.00	Radiology - Diagnostic	0	5,767	5,767	0	5,767	62.00
63.00	Prosthetic Devices	0	0	0	0	0	63.00
64.00	Durable Medical Equipment	0	0	0	0	0	64.00
65.00	Ambulance Services	0	0	0	0	0	65.00
66.00	Telehealth	0	0	0	0	0	66.00
67.00	Drugs Charged to Patients	0	11	11	0	11	67.00
68.00	Chronic Care Management	0	0	0	0	0	68.00
69.00	Other	0	0	0	0	0	69.00
70.00	Subtotal - Other FQHC Services	0	8,933	8,933	0	8,933	70.00
	NONREIMBURSABLE COST CENTERS						
77.00	Retail Pharmacy	0	0	0	0	0	77.00
78.00	Other Nonreimbursable	0	0	0	0	0	78.00
79.00	Subtotal - Non-Reimbursable Costs	0	0	0	0	0	79.00
100.00	TOTAL (sum of lines 13, 37, 49, 70, and 79)	641,415	255,283	896,698	0	896,698	100.00

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

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

Period: From 01/01/2017 To 12/31/2017

Worksheet N-1
Date/Time Prepared: 5/30/2018 1:14 pm

FQHC I Cost

		ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg and Fix	0	0		1.00
2.00	Cap Rel Costs-Mvble Equip	0	0		2.00
3.00	Employee Benefits	0	130,789		3.00
4.00	Administrative and General	-23,691	182,955		4.00
5.00	Plant Operation and Maintenance	0	18,703		5.00
6.00	Janitorial	0	10,171		6.00
7.00	Medical Records	0	25,391		7.00
8.00	Subtotal - Administrative Overhead	-23,691	368,009		8.00
9.00	Pharmacy	0	112		9.00
10.00	Medical Supplies	0	24,928		10.00
11.00	Transportation	0	41		11.00
12.00	Other General Service	0	0		12.00
13.00	Subtotal - Total Overhead	-23,691	393,090		13.00
	DIRECT CARE COST CENTERS				
23.00	Physician	0	206,428		23.00
24.00	Physician Services Under Agreement	0	0		24.00
25.00	Physician Assistant	0	0		25.00
26.00	Nurse Practitioner	0	4,384		26.00
27.00	Visiting Registered Nurse	0	0		27.00
28.00	Visiting Licensed Practical Nurse	0	0		28.00
29.00	Certified Nurse Midwife	0	36,337		29.00
30.00	Clinical Psychologist	0	0		30.00
31.00	Clinical Social Worker	0	0		31.00
32.00	Laboratory Technician	0	2,713		32.00
33.00	Reg Dietician/Cert DSMT/MNT Educator	0	0		33.00
34.00	Physical Therapist	0	0		34.00
35.00	Occupational Therapist	0	0		35.00
36.00	Other Allied Health Personnel	0	221,122		36.00
37.00	Subtotal - Direct Patient Care Services	0	470,984		37.00
	REIMBURSABLE PASS THROUGH COSTS				
47.00	Pneumococcal Vaccines & Med Supplies	0	0		47.00
48.00	Influenza Vaccines & Med Supplies	0	0		48.00
49.00	Subtotal - Reimbursable Pass through Costs	0	0		49.00
	OTHER FQHC SERVICES				
60.00	Medicare Excluded Services	0	0		60.00
61.00	Diagnostic & Screening Lab Tests	0	3,155		61.00
62.00	Radiology - Diagnostic	0	5,767		62.00
63.00	Prosthetic Devices	0	0		63.00
64.00	Durable Medical Equipment	0	0		64.00
65.00	Ambulance Services	0	0		65.00
66.00	Telehealth	0	0		66.00
67.00	Drugs Charged to Patients	0	11		67.00
68.00	Chronic Care Management	0	0		68.00
69.00	Other	0	0		69.00
70.00	Subtotal - Other FQHC Services	0	8,933		70.00
	NONREIMBURSABLE COST CENTERS				
77.00	Retail Pharmacy	0	0		77.00
78.00	Other Nonreimbursable	0	0		78.00
79.00	Subtotal - Non-Reimbursable Costs	0	0		79.00
100.00	TOTAL (sum of lines 13, 37, 49, 70, and 79)	-23,691	873,007		100.00

CALCULATION OF HOSPITAL-BASED FQHC COST PER VISIT

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

Period: From 01/01/2017 To 12/31/2017

Worksheet N-2
Date/Time Prepared: 5/30/2018 1:14 pm

FQHC I Cost

		Direct Cost by Practitioner from Wkst. N-1	Total Medical & Mental Health Visits by Practitioner	Other Direct Care Costs & Pharmacy Costs	General Service Cost	Total Costs by Practitioner	Average Cost Per Visit by Practitioner	
		1.00	2.00	3.00	4.00	5.00	6.00	
	Positions							
1.00	Physician	206,428	5,571	187,864	389,560	783,852	140.70	1.00
2.00	Physician Services Under Agreement	0	0	0	0	0	0.00	2.00
3.00	Physician Assistant	0	0	0	0	0	0.00	3.00
4.00	Nurse Practitioner	4,384	41	1,383	5,698	11,465	279.63	4.00
5.00	Visiting Registered Nurse	0	0	0	0	0	0.00	5.00
6.00	Visiting Licensed Practical Nurse	0	0	0	0	0	0.00	6.00
7.00	Certified Nurse Midwife	36,337	1,029	34,700	70,184	141,221	137.24	7.00
8.00	Clinical Psychologist	0	0	0	0	0	0.00	8.00
9.00	Clinical Social Worker	0	0	0	0	0	0.00	9.00
10.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	0.00	10.00
11.00	Totals	247,149	6,641	223,947	465,442	936,538		11.00
12.00	Unit Cost Multiplier			33.721879	0.987999			12.00
13.00	Total Cost Per Visit						141.02	13.00

		Total Visits		Title XVIII Visits		Title XVIII Costs		
		Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Cost by Practitioner	Mental Health Cost by Practitioner	
		7.00	8.00	9.00	10.00	11.00	12.00	
	Positions							
1.00	Physician	4,891	680	263	62	37,004	8,723	1.00
2.00	Physician Services Under Agreement	0	0	0	0	0	0	2.00
3.00	Physician Assistant	0	0	0	0	0	0	3.00
4.00	Nurse Practitioner	41	0	2	0	559	0	4.00
5.00	Visiting Registered Nurse	0	0	0	0	0	0	5.00
6.00	Visiting Licensed Practical Nurse	0	0	0	0	0	0	6.00
7.00	Certified Nurse Midwife	1,029	0	6	0	823	0	7.00
8.00	Clinical Psychologist	0	0	0	0	0	0	8.00
9.00	Clinical Social Worker	0	0	0	0	0	0	9.00
10.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	0	10.00
11.00	Totals	5,961	680	271	62	38,386	8,723	11.00
12.00	Unit Cost Multiplier							12.00
13.00	Total Cost Per Visit					141.65	140.69	13.00

COMPUTATION OF HOSPITAL-BASED FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2017 To 12/31/2017	Worksheet N-3 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	FQHC I	Cost

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

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

CALCULATION OF HOSPITAL-BASED FQHC REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2017 To 12/31/2017	Worksheet N-4 Date/Time Prepared: 5/30/2018 1:14 pm
	Title XVIII	FQHC I	Cost

		1.00	
1.00	FQHC PPS Amount (see instructions)	158,903	1.00
2.00	Medicare cost of pneumococcal and influenza vaccine and administration (From Worksheet N-3, line 16)	0	2.00
3.00	Medicare advantage supplemental payments (for information only)	0	3.00
4.00	Total (sum of lines 1 through 2)	158,903	4.00
5.00	Primary payer payments	0	5.00
6.00	Total amount payable for program beneficiaries (line 4 minus line 5)	158,903	6.00
7.00	Coinsurance billed to program beneficiaries	31,580	7.00
8.00	Net Medicare reimbursement excluding bad debts (line 6 minus line 7)	127,323	8.00
9.00	Allowable bad debts (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	11.00
12.00	Subtotal (line 8 plus line 10)	127,323	12.00
13.00	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	0	13.00
13.99	Demonstration payment adjustment amount before sequestration	0	13.99
14.00	Amount due hospital-based FQHC prior to the sequestration adjustment (see instructions)	127,323	14.00
15.00	Sequestration adjustment (see instructions)	2,546	15.00
16.00	Amount due hospital-based FQHC after sequestration adjustment (see instructions)	124,777	16.00
16.01	Demonstration payment adjustment amount after sequestration	0	16.01
17.00	Interim payments (from Worksheet N-5, column 2, line 4)	124,775	17.00
18.00	Tentative settlement (for contractor use only)	0	18.00
19.00	Balance due hospital-based FQHC/program (line 16 minus lines 16.01, 17 and 18)	2	19.00
20.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	20.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED FQHC FOR SERVICES RENDERED

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet N-5
Date/Time Prepared:
5/30/2018 1:14 pm

		FQHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based FQHC		124,775	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet N-4, line 17)		124,775	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		0	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		124,775	7.00

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