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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/20/2018 2:15 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/20/2018 Time: 2:15 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 RUSH UNIVERSITY MEDICAL CENTER (14-0119) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 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	-6,071,928	2,096,407	0	0	1.00
2.00	Subprovider - IPF	0	283,417	0		0	2.00
3.00	Subprovider - IRF	0	-257,534	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-6,046,045	2,096,407	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 pm

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

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

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	13,156	3,334	664	0	28,020	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	543	219	0	0	1,319		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 pm

		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.	2	11/01/2017	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)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(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)		20.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.06
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.07
60.08	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.08
60.09	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.09
60.10	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.08	1	60.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.11	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.11
60.12	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.10	1	60.12
60.13	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.11	1	60.13

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 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)	22.85	303.92	0.069927	64.00

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	18.86	370.20	0.048476	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	3.78	114.31	0.032009	67.00
67.01		MED/PEDS	1450	0.15	15.23	0.009753	67.01
67.02		OB GYNE	1750	0.00	21.56	0.000000	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 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	
67.03		PEDIATRICS	2000	0.93	34.37	0.026346	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 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.	Y			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)	Y	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital 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.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
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	N	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.	Y	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.	Y	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.	Y	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.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 pm

		V	XIX	
		1.00	2.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A 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.	0			118.00

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

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain 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.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/01/1977		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	11/08/1996	03/05/2015	127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	04/30/1991		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00

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

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

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

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

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014	09/30/2015	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 2:09 pm

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

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 2:09 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.	Y		Y		21.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/20/2018 2:09 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 OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet S-2 Part V

Date/Time Prepared: 11/20/2018 2:09 pm

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

HFS Supplemental Information	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part IX Date/Time Prepared: 11/20/2018 2:09 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
	RHC			
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
	FQHC			
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2018 2:09 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	387	139,096	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)		387	139,096	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	56	20,396	0.00	0	11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	55	19,697	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	18	6,558	0.00	0	12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	60	21,900	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		576	207,647	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,455		0	16.00
17.00	SUBPROVIDER - IRF	41.00	54	19,710		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		697				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)		10	3,350			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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2018 2:09 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)	35,793	4,709	98,730			1.00
2.00	HMO and other (see instructions)	10,560	28,684				2.00
3.00	HMO IPF Subprovider	12	0				3.00
4.00	HMO IRF Subprovider	0	1,319				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	35,793	4,709	98,730			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	5,236	1,091	15,912			11.00
12.00	MEDICAL INTENSIVE CARE UNIT	7,616	800	16,305			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	6	1,887	4,521			12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	6,886	14,352			12.02
13.00	NURSERY		1,117	3,818			13.00
14.00	Total (see instructions)	48,651	16,490	153,638	556.71	8,772.03	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	4,676	1,752	13,798	6.25	97.19	16.00
17.00	SUBPROVIDER - IRF	4,070	762	9,594	1.56	58.02	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				564.52	8,927.24	27.00
28.00	Observation Bed Days		0	8,352			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	422	2,200			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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2018 2:09 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	9,313	1,713	29,922	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	MEDICAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02	PREMATURE INTENSIVE CARE UNIT						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,313	1,713	29,922	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	390	186	1,611	16.00
17.00	SUBPROVIDER - IRF	0.00	0	320	48	730	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/20/2018 2:09 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	801,759,077	772	801,759,849	18,619,539.00	43.06	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		14,200,924	0	14,200,924	96,076.00	147.81	4.00
4.01	Physicians - Part A - Teaching		5,062,590	0	5,062,590	45,087.00	112.28	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	38,827,420	2,286,863	41,114,283	1,543,895.00	26.63	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)		295,650,328	557,362	296,207,690	4,680,581.00	63.28	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		907,299	0	907,299	16,625.00	54.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization 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)		99,554,614	0	99,554,614			17.00
18.00	Wage-related costs (other) (see instructions)		21,073,995	0	21,073,995			18.00
19.00	Excluded areas		72,231,053	0	72,231,053			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		2,508,861	0	2,508,861			22.00
22.01	Physician Part A - Teaching		974,968	0	974,968			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		16,674,325	0	16,674,325			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	3,952,551	-7,154	3,945,397	144,333.00	27.34	26.00
27.00	Administrative & General	5.00	122,007,312	-724,112	121,283,200	2,635,722.00	46.02	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/20/2018 2:09 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.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	14,365,323	-24,867	14,340,456	438,073.00	32.74	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	657,448	0	657,448	30,208.00	21.76	31.00
32.00	Housekeeping	9.00	18,170,825	0	18,170,825	813,765.00	22.33	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,613,847	0	6,613,847	296,501.00	22.31	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,784,797	0	1,784,797	92,949.00	19.20	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	9,579,086	0	9,579,086	189,600.00	50.52	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	11,685,169	-480,298	11,204,871	269,571.00	41.57	40.00
41.00	Medical Records & Medical Records Library	16.00	15,678,384	-1,431	15,676,953	408,723.00	38.36	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	30,670,355	-1,702,368	28,967,987	574,149.00	50.45	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0119

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2018 2:09 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)		757,869,067	-2,286,091	755,582,976	17,030,557.00	44.37	1.00
2.00	Excluded area salaries (see instructions)		295,650,328	557,362	296,207,690	4,680,581.00	63.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)		462,218,739	-2,843,453	459,375,286	12,349,976.00	37.20	3.00
4.00	Subtotal other wages & related costs (see inst.)		907,299	0	907,299	16,625.00	54.57	4.00
5.00	Subtotal wage-related costs (see inst.)		123,137,470	0	123,137,470	0.00	26.81	5.00
6.00	Total (sum of lines 3 thru 5)		586,263,508	-2,843,453	583,420,055	12,366,601.00	47.18	6.00
7.00	Total overhead cost (see instructions)		235,165,097	-2,940,230	232,224,867	5,893,594.00	39.40	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part IV Date/Time Prepared: 11/20/2018 2:09 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	15,830,948	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	34,406,081	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)	0	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)	72,455,691	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,078,632	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	4,288,920	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,825,880	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	178,505	16.00
	TAXES		
17.00	FICA-Employers Portion Only	53,524,686	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	445,299	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	5,909,178	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	191,943,820	24.00
	Part B - Other than Core Related Cost		
25.00	VARIOUS	21,073,995	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part V Date/Time Prepared: 11/20/2018 2:09 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	907,299	0	1.00
2.00	Hospital	907,299	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-5 | Date/Time Prepared: 11/20/2018 2:09 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	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	7.00	0.00	0.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	176					5.00
6.00	Number of stations	0	5	0	0			6.00
7.00	Treatment capacity per day per station	0	2					7.00
8.00	Utilization (see instructions)	0.00	5.60					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	0		11.00
12.00	Number of patients transplanted during the cost reporting period	0		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00
		MCP	INITIAL METHOD	
		1.00	2.00	
	PHYSICIAN PAYMENT METHOD			
21.00	Enter "X" if method(s) is applicable	X		21.00

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-5 Date/Time Prepared: 11/20/2018 2:09 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)	142312	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/20/2018 2:09 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)	0.261834	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	138,279,650	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?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	38,264,216	5.00
6.00	Medicaid charges	762,257,824	6.00
7.00	Medicaid cost (line 1 times line 6)	199,585,015	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)	23,041,149	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)	7,424	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	145,896	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	38,201	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)	30,777	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,199,817	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)	23,071,926	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	68,878,038	3,814,628	72,692,666	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	18,034,612	3,814,628	21,849,240	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,034,612	3,814,628	21,849,240	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?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	29,322,895	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	5,032,580	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	7,742,430	27.01
28.00	Non-Medicare bad debt expense (see instructions)	21,580,465	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	8,360,349	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	30,209,589	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	53,281,515	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 2:09 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	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL		-80,894,832	-80,894,832	82,777,558	1,882,726	1.01
1.02	00102	DEPRECIATION DIRECT BLDG		0	0	6,654,941	6,654,941	1.02
1.03	00103	DEPRECIATION KELLOGG PAV		0	0	4,713,987	4,713,987	1.03
1.04	00104	DEPRECIATION JELKE SOUTH		0	0	5,385,003	5,385,003	1.04
1.05	00105	DEPRECIATION ATRIUM PAV		0	0	7,522,482	7,522,482	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH		0	0	1,322,080	1,322,080	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH		0	0	878,093	878,093	1.07
1.08	00108	DEPRECIATION WOOD ST		0	0	346,506	346,506	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY		0	0	920,080	920,080	1.09
1.10	00110	DEPRECIATION PRO BLDG III		0	0	1,550,985	1,550,985	1.10
1.11	00111	DEPRECIATION JRB		0	0	564,224	564,224	1.11
1.12	00112	DEPRECIATION TOB		0	0	495,705	495,705	1.12
1.13	00113	DEPRECIATION EQUIPMENT		0	0	50,373,908	50,373,908	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS		0	0	775,170	775,170	1.14
1.15	00115	DEPRECIATION KIDSTON		0	0	68,881	68,881	1.15
1.16	00116	DEPRECIATION COHN		0	0	1,580,333	1,580,333	1.16
1.17	00117	DEPRECIATION TOWER		0	0	17,984,963	17,984,963	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	00201	INTEREST GENERAL		0	0	2,258,132	2,258,132	2.01
2.02	00202	INTEREST DIRECT BLDG		0	0	1,501,549	1,501,549	2.02
2.03	00203	INTEREST ATRUM PAV		0	0	2,882,453	2,882,453	2.03
2.04	00204	INTEREST PRO BLDG SOUTH		0	0	384,448	384,448	2.04
2.05	00205	INTEREST TOB		0	0	645,458	645,458	2.05
2.06	00206	INTEREST PRO BLDG III		0	0	16,551	16,551	2.06
2.07	00207	INTEREST TOWER		0	0	10,367,233	10,367,233	2.07
2.08	00208	INTEREST PRO BLDG NORTH		0	0	97,284	97,284	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,952,551	-7,306,940	-3,354,389	173,619,209	170,264,820	4.00
5.01	00590	TRANSITION RECRUITMENT	-772	56,653,314	56,652,542	170	56,652,712	5.01
5.02	00540	PARKING GARAGE	0	7,030,149	7,030,149	894,554	7,924,703	5.02
5.03	00591	RESEARCH ADMINISTRATION	3,841,206	9,032,257	12,873,463	-6,808,068	6,065,395	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,652,741	2,647,872	6,300,613	-1,076,665	5,223,948	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	3,179,785	1,324,066	4,503,851	-1,095,338	3,408,513	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,472,035	414,946	1,886,981	-1,934,493	-47,512	5.06
5.07	00595	ADMIN & GEN PT SERVICE	18,930,781	13,946,099	32,876,880	32,363,979	65,240,859	5.07
5.08	00596	PERSONNEL DEPARTMENT	4,605,914	4,181,247	8,787,161	-1,145,058	7,642,103	5.08
5.09	00597	RESEARCH FACULTY	12,740,653	9,975,707	22,716,360	-4,881,065	17,835,295	5.09
5.10	00598	RESEARCH SPA	6,888,830	2,607,810	9,496,640	-1,923,076	7,573,564	5.10
5.11	00560	CORPORATE ADMINISTRATION	66,696,139	169,907,892	236,604,031	-54,961,221	181,642,810	5.11
6.00	00600	MAINTENANCE & REPAIRS	14,365,323	46,401,386	60,766,709	-5,425,050	55,341,659	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	657,448	3,143,379	3,800,827	-961,285	2,839,542	8.00
9.00	00900	HOUSEKEEPING	18,170,825	7,824,599	25,995,424	-4,373,373	21,622,051	9.00
10.00	01000	DIETARY	393,999	370,170	764,169	-305,330	458,839	10.00
10.01	01001	PATIENT FOOD SERVICE	6,219,848	5,602,694	11,822,542	-3,401,863	8,420,679	10.01
11.00	01100	CAFETERIA	1,784,797	3,829,861	5,614,658	-2,422,538	3,192,120	11.00
13.00	01300	NURSING ADMINISTRATION	9,579,086	8,773,540	18,352,626	-3,622,992	14,729,634	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,603,795	2,603,795	-2,603,679	116	14.00
15.00	01500	PHARMACY	11,685,169	127,533,410	139,218,579	-124,512,696	14,705,883	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,835,165	4,210,660	9,045,825	-2,119,023	6,926,802	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	10,843,219	5,764,680	16,607,899	-3,119,955	13,487,944	16.01
18.00	01850	CLINICAL LAB ADMIN MED	706,606	187,193	893,799	-191,961	701,838	18.00
18.01	01080	CLINICAL LAB ADMIN PED	236,388	240,002	476,390	-159,714	316,676	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,919,170	1,241,812	3,160,982	-908,340	2,252,642	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,954,975	1,870,394	3,825,369	-785,071	3,040,298	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	34,100	8,476	42,576	120,116	162,692	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	4,004	1,525,492	1,529,496	-927,430	602,066	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	14,335	605,639	619,974	132,788	752,762	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	699,103	292,860	991,963	166,057	1,158,020	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	899,557	1,644,394	2,543,951	-313,306	2,230,645	18.09
18.12	01859	DISCRETIONARY OPERATIONS	4,696,862	5,701,592	10,398,454	-3,839,594	6,558,860	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	6,822,432	-8,514,127	-1,691,695	12,408,393	10,716,698	18.14
18.16	01861	NURSING SCHOOL SPLIT	12,682,823	12,854,692	25,537,515	-10,059,379	15,478,136	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	3,210,734	3,210,734	19.00
20.00	02000	NURSING SCHOOL	0	0	0	4,079,856	4,079,856	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	38,827,420	20,818,232	59,645,652	-16,237,054	43,408,598	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,505,961	4,397,404	10,903,365	-2,499,756	8,403,609	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,744,269	8,498,679	10,242,948	-8,010,116	2,232,832	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	382,958	195,441	578,399	68,881	647,280	23.01
23.02	02302	PARAMED DIETARY	404,865	129,881	534,746	57,380	592,126	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 2:09 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	
23.03	02303	PARAMED SPEECH	1,156,569	670,888	1,827,457	156,219	1,983,676	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	768,410	329,693	1,098,103	57,104	1,155,207	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	267,780	267,780	23.05
23.06	02306	PARAMED PASTORAL CARE	133,152	30,504	163,656	357,719	521,375	23.06
23.07	02307	PARAMED TECHNOLOGY	571,696	247,594	819,290	113,091	932,381	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	232,239	140,181	372,420	56,014	428,434	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	502,777	502,777	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	507,232	199,304	706,536	69,171	775,707	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	706,775	413,885	1,120,660	146,989	1,267,649	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	52,728,925	33,423,589	86,152,514	-29,694,144	56,458,370	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,747,833	7,910,434	21,658,267	-5,895,658	15,762,609	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	15,169,236	8,976,328	24,145,564	-6,647,691	17,497,873	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,971,387	2,970,132	7,941,519	-1,899,389	6,042,130	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	10,473,911	7,246,840	17,720,751	-6,169,505	11,551,246	35.02
40.00	04000	SUBPROVIDER - IPF	6,577,994	3,864,125	10,442,119	-3,587,239	6,854,880	40.00
41.00	04100	SUBPROVIDER - IRF	4,358,916	3,052,821	7,411,737	-2,760,638	4,651,099	41.00
43.00	04300	NURSERY	0	0	0	2,950,697	2,950,697	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,324,058	110,612,525	127,936,583	-100,779,824	27,156,759	50.00
51.00	05100	RECOVERY ROOM	4,703,627	3,696,751	8,400,378	-3,344,574	5,055,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,782,098	3,667,886	8,449,984	-2,786,033	5,663,951	52.00
53.00	05300	ANESTHESIOLOGY	4,504,650	5,632,809	10,137,459	-5,587,816	4,549,643	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,005,124	22,152,915	36,158,039	-18,864,637	17,293,402	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,486,189	8,488,933	11,975,122	-2,908,183	9,066,939	55.00
56.00	05600	RADIOISOTOPE	701,072	2,813,985	3,515,057	-664,091	2,850,966	56.00
60.00	06000	LABORATORY	22,914,269	43,236,508	66,150,777	-13,783,061	52,367,716	60.00
60.01	06002	LABORATORY - HLA	548,401	1,350,019	1,898,420	-239,231	1,659,189	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,903,089	9,071,319	10,974,408	-1,135,844	9,838,564	62.00
64.00	06400	INTRAVENOUS THERAPY	0	-840	-840	0	-840	64.00
65.00	06500	RESPIRATORY THERAPY	5,209,016	5,678,065	10,887,081	-1,888,517	8,998,564	65.00
66.00	06600	PHYSICAL THERAPY	4,072,882	2,355,593	6,428,475	-2,198,212	4,230,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,108,296	1,666,050	4,774,346	-1,571,963	3,202,383	67.00
68.00	06800	SPEECH PATHOLOGY	1,776,738	1,779,461	3,556,199	-1,307,736	2,248,463	68.00
69.00	06900	ELECTROCARDIOLOGY	3,817,396	21,063,581	24,880,977	-20,215,747	4,665,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	853,483	564,154	1,417,637	-428,127	989,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,488,318	34,488,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	81,739,138	81,739,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	119,680,825	119,680,825	73.00
74.00	07400	RENAL DIALYSIS	71,289	247,508	318,797	-193,461	125,336	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	3,651,747	3,651,747	-94,898	3,556,849	76.00
76.01	03550	PSYCH DAY HOSPITAL	2,245,184	1,383,328	3,628,512	-912,235	2,716,277	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,538,196	49,495,731	72,033,927	-15,598,677	56,435,250	90.00
91.00	09100	EMERGENCY	9,953,922	8,276,222	18,230,144	-6,091,802	12,138,342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,449,166	4,348,430	5,797,596	-479,700	5,317,896	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	759,262	1,119,702	1,878,964	-224,013	1,654,951	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	61,544	422,902	484,446	-15,084	469,362	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	525,923,796	839,527,419	1,365,451,215	141,183,747	1,506,634,962	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,027,568	3,337,242	4,364,810	-1,207,628	3,157,182	190.00
190.01	19001	FUND RAISING	5,996,428	3,490,318	9,486,746	-1,707,733	7,779,013	190.01
190.02	19002	RUSH DAY SCHOOL	1,587,791	772,164	2,359,955	-381,070	1,978,885	190.02
191.00	19100	RESEARCH	21,385,709	19,640,881	41,026,590	-13,673	41,012,917	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	18,840,744	11,733,763	30,574,507	-480,639	30,093,868	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,368,304	30,524,452	32,892,756	-29,124,702	3,768,054	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	191,343,791	121,480,040	312,823,831	-91,082,120	221,741,711	192.00
194.00	07950	MEDICAL COLLEGE	14,940,554	19,049,541	33,990,095	-11,468,274	22,521,821	194.00
194.01	07951	AFFIL CORP ARC VENTURES	7,003,949	42,972,320	49,976,269	-2,100,564	47,875,705	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 2:09 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	
194.02	07952	AFFIL CORP ROOM 500	872,157	2,248,871	3,121,028	-1,392,284	1,728,744	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	9,717,685	25,280,661	34,998,346	-2,059,928	32,938,418	194.03
194.04	07954	CON - GNE	750,601	599,725	1,350,326	-165,132	1,185,194	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	801,759,077	1,120,657,397	1,922,416,474	0	1,922,416,474	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 2:09 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	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	1,882,726	1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	6,654,941	1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	4,713,987	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	5,385,003	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	7,522,482	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,322,080	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	878,093	1.07
1.08	00108	DEPRECIATION WOOD ST	0	346,506	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	920,080	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,550,985	1.10
1.11	00111	DEPRECIATION JRB	242,516	806,740	1.11
1.12	00112	DEPRECIATION TOB	0	495,705	1.12
1.13	00113	DEPRECIATION EQUIPMENT	-21,033,853	29,340,055	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	775,170	1.14
1.15	00115	DEPRECIATION KIDSTON	0	68,881	1.15
1.16	00116	DEPRECIATION COHN	0	1,580,333	1.16
1.17	00117	DEPRECIATION TOWER	0	17,984,963	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	00201	INTEREST GENERAL	-2,258,132	0	2.01
2.02	00202	INTEREST DIRECT BLDG	-1,501,549	0	2.02
2.03	00203	INTEREST ATRUM PAV	-2,882,453	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-384,448	0	2.04
2.05	00205	INTEREST TOB	-645,458	0	2.05
2.06	00206	INTEREST PRO BLDG III	-16,551	0	2.06
2.07	00207	INTEREST TOWER	-10,367,233	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	-97,284	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,338,702	191,603,522	4.00
5.01	00590	TRANSITION RECRUITMENT	-56,531,797	120,915	5.01
5.02	00540	PARKING GARAGE	-12,111,849	-4,187,146	5.02
5.03	00591	RESEARCH ADMINISTRATION	-120,877	5,944,518	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	-4,481	5,219,467	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	3,408,513	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	-5,742	-53,254	5.06
5.07	00595	ADMIN & GEN PT SERVICE	-2,451,747	62,789,112	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	7,642,103	5.08
5.09	00597	RESEARCH FACULTY	-990,679	16,844,616	5.09
5.10	00598	RESEARCH SPA	-143,833	7,429,731	5.10
5.11	00560	CORPORATE ADMINISTRATION	-55,887,783	125,755,027	5.11
6.00	00600	MAINTENANCE & REPAIRS	-1,000,030	54,341,629	6.00
6.01	00601	RENTED SPACE COSTS	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-47,022	2,792,520	8.00
9.00	00900	HOUSEKEEPING	-74,354	21,547,697	9.00
10.00	01000	DIETARY	-1,450	457,389	10.00
10.01	01001	PATIENT FOOD SERVICE	-4,125	8,416,554	10.01
11.00	01100	CAFETERIA	-3,381,194	-189,074	11.00
13.00	01300	NURSING ADMINISTRATION	-328,825	14,400,809	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	116	14.00
15.00	01500	PHARMACY	0	14,705,883	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-40	6,926,762	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-107,122	13,380,822	16.01
18.00	01850	CLINICAL LAB ADMIN MED	-234,051	467,787	18.00
18.01	01080	CLINICAL LAB ADMIN PED	-131,027	185,649	18.01
18.02	01851	CLINICAL LAB ADMIN OB	-605,679	1,646,963	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	-307,850	2,732,448	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	-174,511	-11,819	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	-33,581	568,485	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	-152,791	599,971	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	-679,047	478,973	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	2,230,645	18.09
18.12	01859	DISCRETIONARY OPERATIONS	-7,873,112	-1,314,252	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	-518,621	10,198,077	18.14
18.16	01861	NURSING SCHOOL SPLIT	-7,767	15,470,369	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-3,210,734	0	19.00
20.00	02000	NURSING SCHOOL	-25,800,828	-21,720,972	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,085,560	42,323,038	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-730,034	7,673,575	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,755,228	477,604	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-1,388,467	-741,187	23.01
23.02	02302	PARAMED DIETARY	-974,308	-382,182	23.02
23.03	02303	PARAMED SPEECH	-3,873,460	-1,889,784	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-2,279,743	-1,124,536	23.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
23.05	02305	PARAMED MEDICAL PHYSICS	0	267,780		23.05
23.06	02306	PARAMED PASTORAL CARE	-3,375	518,000		23.06
23.07	02307	PARAMED TECHNOLOGY	-1,567,352	-634,971		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-741,604	-313,170		23.08
23.09	02309	PARAMED PHARMACY	-46,000	456,777		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-939,689	-163,982		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-3,050,087	-1,782,438		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-10,165	56,448,205		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-11,662	15,750,947		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-488,982	17,008,891		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-18,807	6,023,323		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	-26,055	11,525,191		35.02
40.00	04000	SUBPROVIDER - IPF	0	6,854,880		40.00
41.00	04100	SUBPROVIDER - IRF	-402	4,650,697		41.00
43.00	04300	NURSERY	0	2,950,697		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-18,290	27,138,469		50.00
51.00	05100	RECOVERY ROOM	0	5,055,804		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,663,951		52.00
53.00	05300	ANESTHESIOLOGY	-2,885	4,546,758		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-91,631	17,201,771		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,066,939		55.00
56.00	05600	RADIOISOTOPE	0	2,850,966		56.00
60.00	06000	LABORATORY	-3,153,602	49,214,114		60.00
60.01	06002	LABORATORY - HLA	0	1,659,189		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-2,828	9,835,736		62.00
64.00	06400	INTRAVENOUS THERAPY	-160	-1,000		64.00
65.00	06500	RESPIRATORY THERAPY	-5,828	8,992,736		65.00
66.00	06600	PHYSICAL THERAPY	-680	4,229,583		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,202,383		67.00
68.00	06800	SPEECH PATHOLOGY	0	2,248,463		68.00
69.00	06900	ELECTROCARDIOLOGY	-199,121	4,466,109		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-117	989,393		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,488,318		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,739,138		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-179,562	119,501,263		73.00
74.00	07400	RENAL DIALYSIS	0	125,336		74.00
76.00	03020	RENAL DIALYSIS ADULT	-370	3,556,479		76.00
76.01	03550	PSYCH DAY HOSPITAL	-181,937	2,534,340		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-273,767	56,161,483		90.00
91.00	09100	EMERGENCY	-35,781	12,102,561		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-60,656	5,257,240		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	-102,545	1,552,406		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	-9,348	460,014		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-213,838,380	1,292,796,582		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,157,182		190.00
190.01	19001	FUND RAISING	-146,713	7,632,300		190.01
190.02	19002	RUSH DAY SCHOOL	0	1,978,885		190.02
191.00	19100	RESEARCH	0	41,012,917		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	30,093,868		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	3,768,054		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	221,741,711		192.00
194.00	07950	MEDICAL COLLEGE	-932	22,520,889		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	47,875,705		194.01
194.02	07952	AFFIL CORP ROOM 500	0	1,728,744		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	32,938,418		194.03
194.04	07954	CON - GNE	0	1,185,194		194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-213,986,025	1,708,430,449		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2018 2:09 pm

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

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2018 2:09 pm

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

COST CENTERS USED IN COST REPORT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2018 2:09 pm

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

RECLASSIFICATIONS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/20/2018 2:09 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - AFFIL CORP FRINGES #45960				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	179,776,916	1.00
2.00	TRANSITION RECRUITMENT	5.01	0	170	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
	TOTALS		0	179,777,086		
	B - PARKING GARAGE RECH #49490					
1.00	PARKING GARAGE	5.02	0	905,344		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
	TOTALS		0	905,344		
	C - REAL ESTATE TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,849,296		1.00
	TOTALS		0	1,849,296		
	D - PROPERTY INSURANCE					
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,256,470		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

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		0	2,256,470		
	E - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	289,007		1.00
	TOTALS		0	289,007		
	F - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	119,931,357		1.00
	TOTALS		0	119,931,357		
	G - SPACE RECH #49940					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	133,540,991		1.00
2.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	4,434		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
	TOTALS		0	133,545,425		
	H - AFFIL CORP OH #45969					
1.00	CORPORATE ADMINISTRATION	5.11	0	68,979,491		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	18,155,996		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
	TOTALS		0	87,135,487		
	I - NURSE ANESTH					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	3,210,734	0		1.00
	TOTALS		3,210,734	0		
	J - DATA CENTER					
1.00	ADMIN & GEN PT SERVICE	5.07	12,026,003	28,765,225		1.00
	TOTALS		12,026,003	28,765,225		
	K - PASTORAL CARE					
1.00	PARAMED PASTORAL CARE	23.06	511,017	39,651		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	133,152	30,504		2.00
3.00		0.00	0	0		3.00
	TOTALS		644,169	70,155		
	L - MALPRACTICE					
1.00	CORPORATE ADMINISTRATION	5.11	0	19,105,983		1.00
	TOTALS		0	19,105,983		
	M - DEPRECIATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,634,299		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	6,651,678		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	4,497,735		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	5,165,153		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	7,362,535		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,175,219		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	773,727		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	342,430		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	849,954		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,482,514		10.00
11.00	DEPRECIATION JRB	1.11	0	513,321		11.00
12.00	DEPRECIATION TOB	1.12	0	495,705		12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	48,117,438		13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	775,170		14.00
15.00	DEPRECIATION KIDSTON	1.15	0	52,342		15.00
16.00	DEPRECIATION COHN	1.16	0	1,579,654		16.00
17.00	DEPRECIATION TOWER	1.17	0	17,976,022		17.00
	TOTALS		0	99,444,896		
	N - INTEREST					
1.00	INTEREST GENERAL	2.01	0	2,258,132		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,501,549		2.00
3.00	INTEREST ATRUM PAV	2.03	0	2,882,453		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	384,448		4.00
5.00	INTEREST TOB	2.05	0	645,458		5.00
6.00	INTEREST PRO BLDG III	2.06	0	16,551		6.00
7.00	INTEREST TOWER	2.07	0	10,367,233		7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	97,284		8.00
	TOTALS		0	18,153,108		
	O - NURSING SALARY					
1.00	NURSERY	43.00	1,784,354	1,166,343		1.00
	TOTALS		1,784,354	1,166,343		

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	267,780	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		267,780	0		
	Q - DIRECT EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,829,037	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
	TOTALS		1,829,037	0		
	R - NON-RESEARCH					
1.00	RESEARCH ADMINISTRATION	5.03	60,219	7,813		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	150,889	85,614		2.00
3.00	RESEARCH FACULTY	5.09	193,760	14,485		3.00
4.00	CORPORATE ADMINISTRATION	5.11	43,054	25,000		4.00
5.00	CLINICAL LAB ADMIN PED	18.01	55,200	23,727		5.00
6.00	CLINICAL LAB ADMIN OB	18.02	175,554	2,443		6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	54,655	80,006		7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	118,550	9,750		8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	5,759	26,555		9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	69,741	67,262		10.00
11.00	CLINICAL LAB ADMIN NEUR	18.08	351,198	83,421		11.00
12.00	DISCRETIONARY OPERATIONS	18.12	1,830,984	4,876,891		12.00
13.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	214,729	24,362		13.00
14.00	NURSING SCHOOL SPLIT	18.16	346,171	7,344		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	460,298	57,040		15.00
16.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,450	130		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,000		17.00
18.00	LABORATORY	60.00	411,038	105,389		18.00
19.00	ELECTROCARDIOLOGY	69.00	98,852	37,498		19.00
20.00	PSYCH DAY HOSPITAL	76.01	54,286	1,000		20.00
21.00	EMERGENCY	91.00	0	17,795		21.00
22.00	FUND RAISING	190.01	474	146,134		22.00
23.00	MEDICAL COLLEGE	194.00	0	933		23.00
	TOTALS		4,696,861	5,701,592		
	S - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,586,002	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
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

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		1,586,002	0		
	T - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	4,079,856		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	497,387		2.00
	TOTALS		0	4,577,243		
	U - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	41,573		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	3,263		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	216,252		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	219,850		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	159,947		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	146,861		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	104,366		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	4,076		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	70,126		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	68,471		10.00
11.00	DEPRECIATION JRB	1.11	0	50,903		11.00
12.00	DEPRECIATION KIDSTON	1.15	0	16,539		12.00
13.00	DEPRECIATION COHN	1.16	0	679		13.00
14.00	DEPRECIATION TOWER	1.17	0	8,941		14.00
15.00		0.00	0	0		15.00
	TOTALS		0	1,111,847		
	V - MED SUPPLY & IMPLANT DIRECT COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	34,199,311		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	81,739,138		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
	TOTALS		0	115,938,449		
	W - PHARMACY RESIDENTS					
1.00	PARAMED PHARMACY	23.09	480,298	22,479		1.00
	TOTALS		480,298	22,479		
	X - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	270,280		1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	177,714		2.00
3.00	PARAMED DIETARY	23.02	0	146,450		3.00
4.00	PARAMED TECHNOLOGY	23.07	0	286,502		4.00
5.00	PARAMED SPEECH	23.03	0	571,384		5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	299,227		6.00
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	27,682		7.00
8.00	PARAMED VASCULAR ULTRASOUND	23.08	0	122,864		8.00
9.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	334,555		9.00
10.00	PARAMED RESPIRATORY THERAPY	23.10	0	236,732		10.00
11.00	MEDICAL COLLEGE	194.00	0	106,772		11.00
12.00	MEDICAL COLLEGE	194.00	0	59,120		12.00
13.00	MEDICAL COLLEGE	194.00	0	63		13.00
14.00	MEDICAL COLLEGE	194.00	0	240,827		14.00
	TOTALS		0	2,880,172		

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Y - FIX NEGATIVE SALARY				
1.00	TRANSITION RECRUITMENT	5.01	772	0	1.00
	TOTALS		772	0	
500.00	Grand Total: Increases		26,526,010	822,626,964	500.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - AFFIL CORP FRINGES #45960					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,401,552	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	845,065	0	2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	876,658	0	3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	763,148	0	4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	323,848	0	5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	4,647,610	0	6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	652,480	0	7.00
8.00	RESEARCH FACULTY	5.09	0	2,802,199	0	8.00
9.00	RESEARCH SPA	5.10	0	1,515,543	0	9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	18,453,556	0	10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	3,457,999	0	11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	158,449	0	12.00
13.00	HOUSEKEEPING	9.00	0	4,373,373	0	13.00
14.00	DIETARY	10.00	0	94,560	0	14.00
15.00	PATIENT FOOD SERVICE	10.01	0	1,496,165	0	15.00
16.00	CAFETERIA	11.00	0	429,288	0	16.00
17.00	NURSING ADMINISTRATION	13.00	0	2,298,981	0	17.00
18.00	PHARMACY	15.00	0	2,804,441	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,160,440	0	19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	2,602,408	0	20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	169,585	0	21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	56,733	0	22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	460,601	0	23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	473,694	0	24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	8,184	0	25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	961	0	26.00
27.00	CLINICAL LAB ADMIN CARD	18.06	0	3,440	0	27.00
28.00	CLINICAL LAB ADMIN NEUR	18.08	0	167,785	0	28.00
29.00	CLINICAL LAB ADMIN OCLS	18.09	0	215,894	0	29.00
30.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,511,789	0	30.00
31.00	NURSING SCHOOL SPLIT	18.16	0	2,790,221	0	31.00
32.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,403,748	0	32.00
33.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,561,431	0	33.00
34.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	384,219	0	34.00
35.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	84,251	0	35.00
36.00	PARAMED DIETARY	23.02	0	89,070	0	36.00
37.00	PARAMED SPEECH	23.03	0	254,445	0	37.00
38.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	169,050	0	38.00
39.00	PARAMED PASTORAL CARE	23.06	0	29,293	0	39.00
40.00	PARAMED TECHNOLOGY	23.07	0	125,773	0	40.00
41.00	PARAMED VASCULAR ULTRASOUND	23.08	0	51,093	0	41.00
42.00	PARAMED RESPIRATORY THERAPY	23.10	0	111,591	0	42.00
43.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	155,491	0	43.00
44.00	ADULTS & PEDIATRICS	30.00	0	12,657,339	0	44.00
45.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,299,918	0	45.00
46.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,641,070	0	46.00
47.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,193,381	0	47.00
48.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,514,272	0	48.00
49.00	SUBPROVIDER - IPF	40.00	0	1,579,126	0	49.00
50.00	SUBPROVIDER - IRF	41.00	0	1,046,294	0	50.00
51.00	OPERATING ROOM	50.00	0	4,157,807	0	51.00
52.00	RECOVERY ROOM	51.00	0	1,129,216	0	52.00
53.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,147,871	0	53.00
54.00	ANESTHESIOLOGY	53.00	0	1,081,116	0	54.00
55.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,361,230	0	55.00
56.00	RADIOLOGY-THERAPEUTIC	55.00	0	836,685	0	56.00
57.00	RADIOISOTOPE	56.00	0	168,257	0	57.00
58.00	LABORATORY	60.00	0	5,401,162	0	58.00
59.00	LABORATORY - HLA	60.01	0	131,616	0	59.00
60.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	456,741	0	60.00
61.00	RESPIRATORY THERAPY	65.00	0	1,250,164	0	61.00
62.00	PHYSICAL THERAPY	66.00	0	977,913	0	62.00
63.00	OCCUPATIONAL THERAPY	67.00	0	746,019	0	63.00
64.00	SPEECH PATHOLOGY	68.00	0	426,417	0	64.00
65.00	ELECTROCARDIOLOGY	69.00	0	916,247	0	65.00
66.00	ELECTROENCEPHALOGRAPHY	70.00	0	204,836	0	66.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	RENAL DIALYSIS	74.00	0	17,109	0		67.00
68.00	PSYCH DAY HOSPITAL	76.01	0	538,844	0		68.00
69.00	CLINIC	90.00	0	4,083,756	0		69.00
70.00	EMERGENCY	91.00	0	2,388,941	0		70.00
71.00	KIDNEY ACQUISITION	105.00	0	347,800	0		71.00
72.00	LIVER ACQUISITION	107.00	0	182,223	0		72.00
73.00	PANCREAS ACQUISITION	109.00	0	14,771	0		73.00
74.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	245,722	0		74.00
75.00	FUND RAISING	190.01	0	1,439,143	0		75.00
76.00	RUSH DAY SCHOOL	190.02	0	381,070	0		76.00
77.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	10,683,648	0		77.00
78.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	34,435,268	0		78.00
79.00	MEDICAL COLLEGE	194.00	0	3,286,741	0		79.00
80.00	AFFIL CORP ARC VENTURES	194.01	0	1,685,400	0		80.00
81.00	AFFIL CORP ROOM 500	194.02	0	230,952	0		81.00
82.00	AFFIL CORP JOINT VENTURES	194.03	0	1,889,764	0		82.00
83.00	CON - GNE	194.04	0	165,132	0		83.00
	TOTALS		0	179,777,086			
	B - PARKING GARAGE RECH #49490						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	400	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	2,230	0		2.00
3.00	ADMIN & GEN OUTPT SERVICE	5.05	0	300	0		3.00
4.00	ADMIN & GEN PT SERVICE	5.07	0	6,470	0		4.00
5.00	PERSONNEL DEPARTMENT	5.08	0	42,760	0		5.00
6.00	RESEARCH FACULTY	5.09	0	1,865	0		6.00
7.00	RESEARCH SPA	5.10	0	800	0		7.00
8.00	CORPORATE ADMINISTRATION	5.11	0	30,090	0		8.00
9.00	MAINTENANCE & REPAIRS	6.00	0	700	0		9.00
10.00	DIETARY	10.00	0	1,000	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	2,400	0		11.00
12.00	PHARMACY	15.00	0	600	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	200	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.01	0	580	0		14.00
15.00	CLINICAL LAB ADMIN OB	18.02	0	200	0		15.00
16.00	CLINICAL LAB ADMIN SURG	18.03	0	500	0		16.00
17.00	CLINICAL LAB ADMIN PATH	18.05	0	100	0		17.00
18.00	CLINICAL LAB ADMIN NEUR	18.08	0	500	0		18.00
19.00	CLINICAL LAB ADMIN OCLS	18.09	0	500	0		19.00
20.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	6,620	0		20.00
21.00	NURSING SCHOOL SPLIT	18.16	0	9,000	0		21.00
22.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	542,984	0		22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,700	0		23.00
24.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,360	0		24.00
25.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	500	0		25.00
26.00	PARAMED SPEECH	23.03	0	12,150	0		26.00
27.00	PARAMED TECHNOLOGY	23.07	0	2,000	0		27.00
28.00	PARAMED VASCULAR ULTRASOUND	23.08	0	1,000	0		28.00
29.00	ADULTS & PEDIATRICS	30.00	0	5,700	0		29.00
30.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	330	0		30.00
31.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	200	0		31.00
32.00	SUBPROVIDER - IRF	41.00	0	500	0		32.00
33.00	OPERATING ROOM	50.00	0	500	0		33.00
34.00	RECOVERY ROOM	51.00	0	200	0		34.00
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,540	0		35.00
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,000	0		36.00
37.00	LABORATORY	60.00	0	5,470	0		37.00
38.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	100	0		38.00
39.00	RESPIRATORY THERAPY	65.00	0	800	0		39.00
40.00	SPEECH PATHOLOGY	68.00	0	600	0		40.00
41.00	PSYCH DAY HOSPITAL	76.01	0	34,710	0		41.00
42.00	CLINIC	90.00	0	26,600	0		42.00
43.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,940	0		43.00
44.00	FUND RAISING	190.01	0	12,200	0		44.00
45.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	52,685	0		45.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	33,360	0		46.00
47.00	MEDICAL COLLEGE	194.00	0	41,300	0		47.00
48.00	AFFIL CORP JOINT VENTURES	194.03	0	100	0		48.00
	TOTALS		0	905,344			
	C - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,849,296	0		1.00
	TOTALS		0	1,849,296			
	D - PROPERTY INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69,805	9		1.00
2.00	PARKING GARAGE	5.02	0	10,790	0		2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	1,964,852	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	30,171	0		4.00
5.00	CAFETERIA	11.00	0	2,697	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,697	0		6.00
7.00	LABORATORY	60.00	0	2,697	0		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,697	0		8.00
9.00	AFFIL CORP JOINT VENTURES	194.03	0	170,064	0		9.00
	TOTALS		0	2,256,470			
	E - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	289,007	0		1.00
	TOTALS		0	289,007			
	F - PHARMACY						
1.00	PHARMACY	15.00	0	119,931,357	0		1.00
	TOTALS		0	119,931,357			
	G - SPACE RECH #49940						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	101,553	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	5,937,427	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	200,007	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	331,890	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,610,645	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	3,423,483	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	420,567	0		7.00
8.00	RESEARCH FACULTY	5.09	0	2,280,108	0		8.00
9.00	RESEARCH SPA	5.10	0	406,608	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	9,185,757	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	62,017	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	802,836	0		12.00
13.00	DIETARY	10.00	0	209,770	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,905,698	0		14.00
15.00	CAFETERIA	11.00	0	1,990,553	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	1,321,611	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,314,672	0		17.00
18.00	PHARMACY	15.00	0	1,273,521	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	957,508	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	516,411	0		20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	22,376	0		21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	181,908	0		22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	620,572	0		23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	444,457	0		24.00
25.00	CLINICAL LAB ADMIN PATH	18.05	0	954,670	0		25.00
26.00	CLINICAL LAB ADMIN NEUR	18.08	0	36,099	0		26.00
27.00	CLINICAL LAB ADMIN OCLS	18.09	0	96,912	0		27.00
28.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	4,464,264	0		28.00
29.00	NURSING SCHOOL SPLIT	18.16	0	670,542	0		29.00
30.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,405,147	0		30.00
31.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	930,255	0		31.00
32.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	219,885	0		32.00
33.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	24,082	0		33.00
34.00	PARAMED SPEECH	23.03	0	148,570	0		34.00
35.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	73,073	0		35.00
36.00	PARAMED TECHNOLOGY	23.07	0	45,638	0		36.00
37.00	PARAMED VASCULAR ULTRASOUND	23.08	0	14,757	0		37.00
38.00	PARAMED RESPIRATORY THERAPY	23.10	0	55,970	0		38.00
39.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	32,075	0		39.00
40.00	ADULTS & PEDIATRICS	30.00	0	14,080,408	0		40.00
41.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,595,740	0		41.00
42.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,806,218	0		42.00
43.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	705,808	0		43.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
44.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,655,233	0	44.00
45.00	SUBPROVIDER - IPF	40.00	0	2,008,113	0	45.00
46.00	SUBPROVIDER - IRF	41.00	0	1,713,844	0	46.00
47.00	OPERATING ROOM	50.00	0	9,981,875	0	47.00
48.00	RECOVERY ROOM	51.00	0	2,215,158	0	48.00
49.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,591,991	0	49.00
50.00	ANESTHESIOLOGY	53.00	0	1,295,966	0	50.00
51.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,642,068	0	51.00
52.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,692,497	0	52.00
53.00	RADIOISOTOPE	56.00	0	495,834	0	53.00
54.00	LABORATORY	60.00	0	7,387,622	0	54.00
55.00	LABORATORY - HLA	60.01	0	107,615	0	55.00
56.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	679,003	0	56.00
57.00	RESPIRATORY THERAPY	65.00	0	637,553	0	57.00
58.00	PHYSICAL THERAPY	66.00	0	1,220,292	0	58.00
59.00	OCCUPATIONAL THERAPY	67.00	0	825,944	0	59.00
60.00	SPEECH PATHOLOGY	68.00	0	692,635	0	60.00
61.00	ELECTROCARDIOLOGY	69.00	0	1,109,043	0	61.00
62.00	ELECTROENCEPHALOGRAPHY	70.00	0	223,291	0	62.00
63.00	RENAL DIALYSIS	74.00	0	176,352	0	63.00
64.00	RENAL DIALYSIS ADULT	76.00	0	94,898	0	64.00
65.00	PSYCH DAY HOSPITAL	76.01	0	386,702	0	65.00
66.00	CLINIC	90.00	0	5,783,787	0	66.00
67.00	EMERGENCY	91.00	0	3,710,249	0	67.00
68.00	KIDNEY ACQUISITION	105.00	0	131,885	0	68.00
69.00	LIVER ACQUISITION	107.00	0	41,775	0	69.00
70.00	PANCREAS ACQUISITION	109.00	0	313	0	70.00
71.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,642,994	0	71.00
72.00	FUND RAISING	190.01	0	402,998	0	72.00
73.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,076,564	0	73.00
74.00	MEDICAL COLLEGE	194.00	0	1,462,767	0	74.00
75.00	AFFIL CORP ARC VENTURES	194.01	0	415,164	0	75.00
76.00	AFFIL CORP ROOM 500	194.02	0	1,161,332	0	76.00
	TOTALS		0	133,545,425		
	H - AFFIL CORP OH #45969					
1.00	CORPORATE ADMINISTRATION	5.11	0	5,937,674	0	1.00
2.00	NURSING SCHOOL SPLIT	18.16	0	6,943,131	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	7,229,078	0	3.00
4.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,877,751	0	4.00
5.00	CLINIC	90.00	0	5,700,684	0	5.00
6.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	18,319,797	0	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,053,489	0	7.00
8.00	MEDICAL COLLEGE	194.00	0	7,073,883	0	8.00
	TOTALS		0	87,135,487		
	I - NURSE ANESTH					
1.00	ANESTHESIOLOGY	53.00	3,210,734	0	0	1.00
	TOTALS		3,210,734	0		
	J - DATA CENTER					
1.00	CORPORATE ADMINISTRATION	5.11	12,026,003	28,765,225	0	1.00
	TOTALS		12,026,003	28,765,225		
	K - PASTORAL CARE					
1.00	PARAMED PASTORAL CARE	23.06	133,152	30,504	0	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	511,017	20,321	0	2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	19,330	0	3.00
	TOTALS		644,169	70,155		
	L - MALPRACTICE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,105,983	0	1.00
	TOTALS		0	19,105,983		
	M - DEPRECIATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	51,327,458	9	1.00
2.00	CORPORATE ADMINISTRATION	5.11	0	48,117,438	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00
17.00		0.00	0	0	9		17.00
	TOTALS		0	99,444,896			
	N - INTEREST						
1.00	CORPORATE ADMINISTRATION	5.11	0	18,153,108	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
	TOTALS		0	18,153,108			
	O - NURSING SALARY						
1.00	ADULTS & PEDIATRICS	30.00	1,784,354	1,166,343	0		1.00
	TOTALS		1,784,354	1,166,343			
	P - PHYSICS RESIDENTS						
1.00	CORPORATE ADMINISTRATION	5.11	12,409	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	255,371	0	0		2.00
	TOTALS		267,780	0			
	Q - DIRECT EDUCATION						
1.00	RESEARCH ADMINISTRATION	5.03	61,457	0	0		1.00
2.00	RESEARCH FACULTY	5.09	517	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	875	0	0		3.00
4.00	CLINICAL LAB ADMIN PATH	18.05	4,013	0	0		4.00
5.00	CLINICAL LAB ADMIN NEUR	18.08	64,178	0	0		5.00
6.00	DISCRETIONARY OPERATIONS	18.12	148,831	0	0		6.00
7.00	MEDICAL INTENSIVE CARE UNIT	35.00	200,064	0	0		7.00
8.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	399,107	0	0		8.00
9.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	73,006	0	0		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	876,797	0	0		10.00
11.00	MEDICAL COLLEGE	194.00	192	0	0		11.00
	TOTALS		1,829,037	0			
	R - NON-RESEARCH						
1.00	DISCRETIONARY OPERATIONS	18.12	4,696,861	5,701,592	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
	TOTALS		4,696,861	5,701,592			
	S - HSM TEACHING						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,154	0	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	29,921	0	0		2.00
3.00	ADMIN & GEN PT SERVICE	5.07	54,851	0	0		3.00
4.00	PERSONNEL DEPARTMENT	5.08	29,251	0	0		4.00
5.00	RESEARCH FACULTY	5.09	4,621	0	0		5.00
6.00	RESEARCH SPA	5.10	125	0	0		6.00

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	CORPORATE ADMINISTRATION	5.11	468,637	0	0	7.00
8.00	MAINTENANCE & REPAIRS	6.00	24,867	0	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.01	556	0	0	9.00
10.00	CLINICAL LAB ADMIN OB	18.02	4,964	0	0	10.00
11.00	CLINICAL LAB ADMIN SURG	18.03	1,081	0	0	11.00
12.00	CLINICAL LAB ADMIN CARD	18.06	775	0	0	12.00
13.00	DISCRETIONARY OPERATIONS	18.12	185	0	0	13.00
14.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	4,021	0	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,472	0	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,370	0	0	16.00
17.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	484,261	0	0	17.00
18.00	MEDICAL INTENSIVE CARE UNIT	35.00	9	0	0	18.00
19.00	LABORATORY	60.00	15	0	0	19.00
20.00	PSYCH DAY HOSPITAL	76.01	7,265	0	0	20.00
21.00	EMERGENCY	91.00	3,305	0	0	21.00
22.00	KIDNEY ACQUISITION	105.00	15	0	0	22.00
23.00	LIVER ACQUISITION	107.00	15	0	0	23.00
24.00	RESEARCH	191.00	13,673	0	0	24.00
25.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	81,532	0	0	25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	349,955	0	0	26.00
27.00	MEDICAL COLLEGE	194.00	11,106	0	0	27.00
	TOTALS		1,586,002	0		
	T - TUITION ASSISTANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,577,243	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	4,577,243		
	U - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,111,847	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00
9.00		0.00	0	0	9	9.00
10.00		0.00	0	0	9	10.00
11.00		0.00	0	0	9	11.00
12.00		0.00	0	0	9	12.00
13.00		0.00	0	0	9	13.00
14.00		0.00	0	0	9	14.00
15.00		0.00	0	0	9	15.00
	TOTALS		0	1,111,847		
	V - MED SUPPLY & IMPLANT DIRECT COST					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	250,532	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,616	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	7	0	3.00
4.00	SPEECH PATHOLOGY	68.00	0	46,194	0	4.00
5.00	SPEECH PATHOLOGY	68.00	0	141,294	0	5.00
6.00	SPEECH PATHOLOGY	68.00	0	596	0	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	122,630	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	46,171	0	8.00
9.00	EMERGENCY	91.00	0	7,102	0	9.00
10.00	OPERATING ROOM	50.00	0	79,390,360	0	10.00
11.00	OPERATING ROOM	50.00	0	18,433	0	11.00
12.00	OPERATING ROOM	50.00	0	2,317,161	0	12.00
13.00	OPERATING ROOM	50.00	0	3	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	8,558,038	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	9,561,446	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,803,486	0	16.00
17.00	OPERATING ROOM	50.00	0	4,913,685	0	17.00
18.00	LABORATORY	60.00	0	1,502,522	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	207,323	0	19.00
20.00	CLINIC	90.00	0	66	0	20.00
21.00	CLINIC	90.00	0	3,161	0	21.00
22.00	CLINIC	90.00	0	623	0	22.00
	TOTALS		0	115,938,449		

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	W - PHARMACY RESIDENTS					
1.00	PHARMACY	15.00	480,298	22,479	0	1.00
	TOTALS		480,298	22,479		
	X - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,880,172	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	TOTALS		0	2,880,172		
	Y - FIX NEGATIVE SALARY					
1.00	TRANSITION RECRUITMENT	5.01	0	772	0	1.00
	TOTALS		0	772		
500.00	Grand Total: Decreases		26,525,238	822,627,736		500.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - AFFIL CORP FRINGES #45960								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	179,776,916	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,401,552	1.00
2.00	TRANSITION RECRUITMENT	5.01	0	170	RESEARCH ADMINISTRATION	5.03	0	845,065	2.00
3.00		0.00	0	0	ADMIN & GEN INPT SERVICE	5.04	0	876,658	3.00
4.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	763,148	4.00
5.00		0.00	0	0	ADMIN & GEN ANIMAL LAB	5.06	0	323,848	5.00
6.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	4,647,610	6.00
7.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	652,480	7.00
8.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,802,199	8.00
9.00		0.00	0	0	RESEARCH SPA	5.10	0	1,515,543	9.00
10.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	18,453,556	10.00
11.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	3,457,999	11.00
12.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	158,449	12.00
13.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,373,373	13.00
14.00		0.00	0	0	DIETARY	10.00	0	94,560	14.00
15.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,496,165	15.00
16.00		0.00	0	0	CAFETERIA	11.00	0	429,288	16.00
17.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	2,298,981	17.00
18.00		0.00	0	0	PHARMACY	15.00	0	2,804,441	18.00
19.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	1,160,440	19.00
20.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	2,602,408	20.00
21.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	0	169,585	21.00
22.00		0.00	0	0	CLINICAL LAB ADMIN PED	18.01	0	56,733	22.00
23.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	460,601	23.00
24.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	473,694	24.00
25.00		0.00	0	0	CLINICAL LAB ADMIN PSYCH	18.04	0	8,184	25.00
26.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	961	26.00
27.00		0.00	0	0	CLINICAL LAB ADMIN CARD	18.06	0	3,440	27.00
28.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	167,785	28.00
29.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	215,894	29.00
30.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,511,789	30.00
31.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	2,790,221	31.00
32.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,403,748	32.00
33.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,561,431	33.00
34.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	384,219	34.00
35.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	84,251	35.00
36.00		0.00	0	0	PARAMED DIETARY	23.02	0	89,070	36.00
37.00		0.00	0	0	PARAMED SPEECH	23.03	0	254,445	37.00
38.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	169,050	38.00
39.00		0.00	0	0	PARAMED PASTORAL CARE	23.06	0	29,293	39.00
40.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	125,773	40.00
41.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	51,093	41.00
42.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	111,591	42.00
43.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	155,491	43.00
44.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	12,657,339	44.00
45.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,299,918	45.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
46.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,641,070	46.00
47.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,193,381	47.00
48.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,514,272	48.00
49.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	1,579,126	49.00
50.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,046,294	50.00
51.00		0.00	0	0	OPERATING ROOM	50.00	0	4,157,807	51.00
52.00		0.00	0	0	RECOVERY ROOM	51.00	0	1,129,216	52.00
53.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,147,871	53.00
54.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,081,116	54.00
55.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,361,230	55.00
56.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	836,685	56.00
57.00		0.00	0	0	RADIOISOTOPE	56.00	0	168,257	57.00
58.00		0.00	0	0	LABORATORY	60.00	0	5,401,162	58.00
59.00		0.00	0	0	LABORATORY - HLA	60.01	0	131,616	59.00
60.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	456,741	60.00
61.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,250,164	61.00
62.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	977,913	62.00
63.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	746,019	63.00
64.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	426,417	64.00
65.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	916,247	65.00
66.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	204,836	66.00
67.00		0.00	0	0	RENAL DIALYSIS	74.00	0	17,109	67.00
68.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	538,844	68.00
69.00		0.00	0	0	CLINIC	90.00	0	4,083,756	69.00
70.00		0.00	0	0	EMERGENCY	91.00	0	2,388,941	70.00
71.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	347,800	71.00
72.00		0.00	0	0	LIVER ACQUISITION	107.00	0	182,223	72.00
73.00		0.00	0	0	PANCREAS ACQUISITION	109.00	0	14,771	73.00
74.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	245,722	74.00
75.00		0.00	0	0	FUND RAISING	190.01	0	1,439,143	75.00
76.00		0.00	0	0	RUSH DAY SCHOOL	190.02	0	381,070	76.00
77.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	10,683,648	77.00
78.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	34,435,268	78.00
79.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	3,286,741	79.00
80.00		0.00	0	0	AFFIL CORP ARC VENTURES	194.01	0	1,685,400	80.00
81.00		0.00	0	0	AFFIL CORP ROOM 500	194.02	0	230,952	81.00
82.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	1,889,764	82.00
83.00		0.00	0	0	CON - GNE	194.04	0	165,132	83.00
	TOTALS		0	179,777,086	TOTALS		0	179,777,086	
	B - PARKING GARAGE RECH #49490								
1.00	PARKING GARAGE	5.02	0	905,344	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	400	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	0	2,230	2.00
3.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	300	3.00
4.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	6,470	4.00
5.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	42,760	5.00
6.00		0.00	0	0	RESEARCH FACULTY	5.09	0	1,865	6.00
7.00		0.00	0	0	RESEARCH SPA	5.10	0	800	7.00
8.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	30,090	8.00
9.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	700	9.00
10.00		0.00	0	0	DIETARY	10.00	0	1,000	10.00
11.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	2,400	11.00
12.00		0.00	0	0	PHARMACY	15.00	0	600	12.00
13.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	200	13.00
14.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	580	14.00
15.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	200	15.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
16.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	500	16.00
17.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	100	17.00
18.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	500	18.00
19.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	500	19.00
20.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	6,620	20.00
21.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	9,000	21.00
22.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	542,984	22.00
23.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,700	23.00
24.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,360	24.00
25.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	500	25.00
26.00		0.00	0	0	PARAMED SPEECH	23.03	0	12,150	26.00
27.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	2,000	27.00
28.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	1,000	28.00
29.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	5,700	29.00
30.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	330	30.00
31.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	200	31.00
32.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	500	32.00
33.00		0.00	0	0	OPERATING ROOM	50.00	0	500	33.00
34.00		0.00	0	0	RECOVERY ROOM	51.00	0	200	34.00
35.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,540	35.00
36.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,000	36.00
37.00		0.00	0	0	LABORATORY	60.00	0	5,470	37.00
38.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	100	38.00
39.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	800	39.00
40.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	600	40.00
41.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	34,710	41.00
42.00		0.00	0	0	CLINIC	90.00	0	26,600	42.00
43.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,940	43.00
44.00		0.00	0	0	FUND RAISING	190.01	0	12,200	44.00
45.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	52,685	45.00
46.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	33,360	46.00
47.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	41,300	47.00
48.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	100	48.00
	TOTALS		0	905,344	TOTALS		0	905,344	
	C - REAL ESTATE TAX								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,849,296	MAINTENANCE & REPAIRS	6.00	0	1,849,296	1.00
	TOTALS		0	1,849,296	TOTALS		0	1,849,296	
	D - PROPERTY INSURANCE								
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,256,470	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69,805	1.00
2.00		0.00	0	0	PARKING GARAGE	5.02	0	10,790	2.00
3.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	1,964,852	3.00
4.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	30,171	4.00
5.00		0.00	0	0	CAFETERIA	11.00	0	2,697	5.00
6.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,697	6.00
7.00		0.00	0	0	LABORATORY	60.00	0	2,697	7.00
8.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,697	8.00
9.00		0.00	0	0	AFFIL CORP JOINT VENTURES	194.03	0	170,064	9.00
	TOTALS		0	2,256,470	TOTALS		0	2,256,470	
	E - CENTRAL SUPPLY								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	289,007	CENTRAL SERVICES & SUPPLY	14.00	0	289,007	1.00
	TOTALS		0	289,007	TOTALS		0	289,007	

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	F - PHARMACY								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	119,931,357	PHARMACY	15.00	0	119,931,357	1.00
	TOTALS		0	119,931,357	TOTALS		0	119,931,357	
	G - SPACE RECH #49940								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	133,540,991	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	101,553	1.00
2.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	4,434	RESEARCH ADMINISTRATION	5.03	0	5,937,427	2.00
3.00		0.00	0	0	ADMIN & GEN INPT SERVICE	5.04	0	200,007	3.00
4.00		0.00	0	0	ADMIN & GEN OUTPT SERVICE	5.05	0	331,890	4.00
5.00		0.00	0	0	ADMIN & GEN ANIMAL LAB	5.06	0	1,610,645	5.00
6.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	0	3,423,483	6.00
7.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	0	420,567	7.00
8.00		0.00	0	0	RESEARCH FACULTY	5.09	0	2,280,108	8.00
9.00		0.00	0	0	RESEARCH SPA	5.10	0	406,608	9.00
10.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	0	9,185,757	10.00
11.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	62,017	11.00
12.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	802,836	12.00
13.00		0.00	0	0	DIETARY	10.00	0	209,770	13.00
14.00		0.00	0	0	PATIENT FOOD SERVICE	10.01	0	1,905,698	14.00
15.00		0.00	0	0	CAFETERIA	11.00	0	1,990,553	15.00
16.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	1,321,611	16.00
17.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,314,672	17.00
18.00		0.00	0	0	PHARMACY	15.00	0	1,273,521	18.00
19.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	957,508	19.00
20.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	0	516,411	20.00
21.00		0.00	0	0	CLINICAL LAB ADMIN MED	18.00	0	22,376	21.00
22.00		0.00	0	0	CLINICAL LAB ADMIN PED	18.01	0	181,908	22.00
23.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	0	620,572	23.00
24.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	0	444,457	24.00
25.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	0	954,670	25.00
26.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	0	36,099	26.00
27.00		0.00	0	0	CLINICAL LAB ADMIN OCLS	18.09	0	96,912	27.00
28.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	4,464,264	28.00
29.00		0.00	0	0	NURSING SCHOOL SPLIT	18.16	0	670,542	29.00
30.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,405,147	30.00
31.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	930,255	31.00
32.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	219,885	32.00
33.00		0.00	0	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	24,082	33.00
34.00		0.00	0	0	PARAMED SPEECH	23.03	0	148,570	34.00
35.00		0.00	0	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	73,073	35.00
36.00		0.00	0	0	PARAMED TECHNOLOGY	23.07	0	45,638	36.00
37.00		0.00	0	0	PARAMED VASCULAR ULTRASOUND	23.08	0	14,757	37.00
38.00		0.00	0	0	PARAMED RESPIRATORY THERAPY	23.10	0	55,970	38.00
39.00		0.00	0	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	32,075	39.00
40.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	14,080,408	40.00
41.00		0.00	0	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,595,740	41.00
42.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,806,218	42.00

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
43.00		0.00	0	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	705,808	43.00
44.00		0.00	0	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	3,655,233	44.00
45.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	2,008,113	45.00
46.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	1,713,844	46.00
47.00		0.00	0	0	OPERATING ROOM	50.00	0	9,981,875	47.00
48.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,215,158	48.00
49.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,591,991	49.00
50.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,295,966	50.00
51.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6,642,068	51.00
52.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	1,692,497	52.00
53.00		0.00	0	0	RADIOISOTOPE	56.00	0	495,834	53.00
54.00		0.00	0	0	LABORATORY	60.00	0	7,387,622	54.00
55.00		0.00	0	0	LABORATORY - HLA	60.01	0	107,615	55.00
56.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	679,003	56.00
57.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	637,553	57.00
58.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	1,220,292	58.00
59.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	825,944	59.00
60.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	692,635	60.00
61.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,109,043	61.00
62.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	223,291	62.00
63.00		0.00	0	0	RENAL DIALYSIS	74.00	0	176,352	63.00
64.00		0.00	0	0	RENAL DIALYSIS ADULT	76.00	0	94,898	64.00
65.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	0	386,702	65.00
66.00		0.00	0	0	CLINIC	90.00	0	5,783,787	66.00
67.00		0.00	0	0	EMERGENCY	91.00	0	3,710,249	67.00
68.00		0.00	0	0	KIDNEY ACQUISITION	105.00	0	131,885	68.00
69.00		0.00	0	0	LIVER ACQUISITION	107.00	0	41,775	69.00
70.00		0.00	0	0	PANCREAS ACQUISITION	109.00	0	313	70.00
71.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,642,994	71.00
72.00		0.00	0	0	FUND RAISING	190.01	0	402,998	72.00
73.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,076,564	73.00
74.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	1,462,767	74.00
75.00		0.00	0	0	AFFIL CORP ARC VENTURES	194.01	0	415,164	75.00
76.00		0.00	0	0	AFFIL CORP ROOM 500	194.02	0	1,161,332	76.00
	TOTALS		0	133,545,425	TOTALS		0	133,545,425	
	H - AFFIL CORP OH #45969								
1.00	CORPORATE ADMINISTRATION	5.11	0	68,979,491	CORPORATE ADMINISTRATION	5.11	0	5,937,674	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	18,155,996	NURSING SCHOOL SPLIT	18.16	0	6,943,131	2.00
3.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	7,229,078	3.00
4.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	5,877,751	4.00
5.00		0.00	0	0	CLINIC	90.00	0	5,700,684	5.00
6.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	18,319,797	6.00
7.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,053,489	7.00
8.00		0.00	0	0	MEDICAL COLLEGE	194.00	0	7,073,883	8.00
	TOTALS		0	87,135,487	TOTALS		0	87,135,487	
	I - NURSE ANESTH								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	3,210,734	0	ANESTHESIOLOGY	53.00	3,210,734	0	1.00
	TOTALS		3,210,734	0	TOTALS		3,210,734	0	
	J - DATA CENTER								
1.00	ADMIN & GEN PT SERVICE	5.07	12,026,003	28,765,225	CORPORATE ADMINISTRATION	5.11	12,026,003	28,765,225	1.00
	TOTALS		12,026,003	28,765,225	TOTALS		12,026,003	28,765,225	
	K - PASTORAL CARE								
1.00	PARAMED PASTORAL CARE	23.06	511,017	39,651	PARAMED PASTORAL CARE	23.06	133,152	30,504	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	133,152	30,504	ADMIN & GEN PT SERVICE	5.07	511,017	20,321	2.00
3.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	19,330	3.00
	TOTALS		644,169	70,155	TOTALS		644,169	70,155	

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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	L - MALPRACTICE								
1.00	CORPORATE ADMINISTRATION	5.11	0	19,105,983	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,105,983	1.00
	TOTALS		0	19,105,983	TOTALS		0	19,105,983	
	M - DEPRECIATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,634,299	DEPRECIATION OLD HOSPITAL	1.01	0	51,327,458	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	6,651,678	CORPORATE ADMINISTRATION	5.11	0	48,117,438	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	4,497,735		0.00	0	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	5,165,153		0.00	0	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	7,362,535		0.00	0	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,175,219		0.00	0	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	773,727		0.00	0	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	342,430		0.00	0	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	849,954		0.00	0	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,482,514		0.00	0	0	10.00
11.00	DEPRECIATION JRB	1.11	0	513,321		0.00	0	0	11.00
12.00	DEPRECIATION TOB	1.12	0	495,705		0.00	0	0	12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	48,117,438		0.00	0	0	13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	775,170		0.00	0	0	14.00
15.00	DEPRECIATION KIDSTON	1.15	0	52,342		0.00	0	0	15.00
16.00	DEPRECIATION COHN	1.16	0	1,579,654		0.00	0	0	16.00
17.00	DEPRECIATION TOWER	1.17	0	17,976,022		0.00	0	0	17.00
	TOTALS		0	99,444,896	TOTALS		0	99,444,896	
	N - INTEREST								
1.00	INTEREST GENERAL	2.01	0	2,258,132	CORPORATE ADMINISTRATION	5.11	0	18,153,108	1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,501,549		0.00	0	0	2.00
3.00	INTEREST ATRUM PAV	2.03	0	2,882,453		0.00	0	0	3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	384,448		0.00	0	0	4.00
5.00	INTEREST TOB	2.05	0	645,458		0.00	0	0	5.00
6.00	INTEREST PRO BLDG III	2.06	0	16,551		0.00	0	0	6.00
7.00	INTEREST TOWER	2.07	0	10,367,233		0.00	0	0	7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	97,284		0.00	0	0	8.00
	TOTALS		0	18,153,108	TOTALS		0	18,153,108	
	O - NURSING SALARY								
1.00	NURSERY	43.00	1,784,354	1,166,343	ADULTS & PEDIATRICS	30.00	1,784,354	1,166,343	1.00
	TOTALS		1,784,354	1,166,343	TOTALS		1,784,354	1,166,343	
	P - PHYSICS RESIDENTS								
1.00	PARAMED MEDICAL PHYSICS	23.05	267,780	0	CORPORATE ADMINISTRATION	5.11	12,409	0	1.00
2.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	255,371	0	2.00
	TOTALS		267,780	0	TOTALS		267,780	0	
	Q - DIRECT EDUCATION								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,829,037	0	RESEARCH ADMINISTRATION	5.03	61,457	0	1.00
2.00		0.00	0	0	RESEARCH FACULTY	5.09	517	0	2.00
3.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	875	0	3.00
4.00		0.00	0	0	CLINICAL LAB ADMIN PATH	18.05	4,013	0	4.00
5.00		0.00	0	0	CLINICAL LAB ADMIN NEUR	18.08	64,178	0	5.00
6.00		0.00	0	0	DISCRETIONARY OPERATIONS	18.12	148,831	0	6.00
7.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	200,064	0	7.00
8.00		0.00	0	0	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	399,107	0	8.00
9.00		0.00	0	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	73,006	0	9.00
10.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	876,797	0	10.00

RECLASSIFICATIONS

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2018 2:09 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00		0.00	0	0	MEDICAL COLLEGE	194.00	192	0	11.00
	TOTALS		1,829,037	0	TOTALS		1,829,037	0	
	R - NON-RESEARCH								
1.00	RESEARCH ADMINISTRATION	5.03	60,219	7,813	DISCRETIONARY OPERATIONS	18.12	4,696,861	5,701,592	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	150,889	85,614		0.00	0	0	2.00
3.00	RESEARCH FACULTY	5.09	193,760	14,485		0.00	0	0	3.00
4.00	CORPORATE ADMINISTRATION	5.11	43,054	25,000		0.00	0	0	4.00
5.00	CLINICAL LAB ADMIN PED	18.01	55,200	23,727		0.00	0	0	5.00
6.00	CLINICAL LAB ADMIN OB	18.02	175,554	2,443		0.00	0	0	6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	54,655	80,006		0.00	0	0	7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	118,550	9,750		0.00	0	0	8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	5,759	26,555		0.00	0	0	9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	69,741	67,262		0.00	0	0	10.00
11.00	CLINICAL LAB ADMIN NEUR	18.08	351,198	83,421		0.00	0	0	11.00
12.00	DISCRETIONARY OPERATIONS	18.12	1,830,984	4,876,891		0.00	0	0	12.00
13.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	214,729	24,362		0.00	0	0	13.00
14.00	NURSING SCHOOL SPLIT	18.16	346,171	7,344		0.00	0	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	460,298	57,040		0.00	0	0	15.00
16.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,450	130		0.00	0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,000		0.00	0	0	17.00
18.00	LABORATORY	60.00	411,038	105,389		0.00	0	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	98,852	37,498		0.00	0	0	19.00
20.00	PSYCH DAY HOSPITAL	76.01	54,286	1,000		0.00	0	0	20.00
21.00	EMERGENCY	91.00	0	17,795		0.00	0	0	21.00
22.00	FUND RAISING	190.01	474	146,134		0.00	0	0	22.00
23.00	MEDICAL COLLEGE	194.00	0	933		0.00	0	0	23.00
	TOTALS		4,696,861	5,701,592	TOTALS		4,696,861	5,701,592	
	S - HSM TEACHING								
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,586,002	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,154	0	1.00
2.00		0.00	0	0	RESEARCH ADMINISTRATION	5.03	29,921	0	2.00
3.00		0.00	0	0	ADMIN & GEN PT SERVICE	5.07	54,851	0	3.00
4.00		0.00	0	0	PERSONNEL DEPARTMENT	5.08	29,251	0	4.00
5.00		0.00	0	0	RESEARCH FACULTY	5.09	4,621	0	5.00
6.00		0.00	0	0	RESEARCH SPA	5.10	125	0	6.00
7.00		0.00	0	0	CORPORATE ADMINISTRATION	5.11	468,637	0	7.00
8.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	24,867	0	8.00
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.01	556	0	9.00
10.00		0.00	0	0	CLINICAL LAB ADMIN OB	18.02	4,964	0	10.00
11.00		0.00	0	0	CLINICAL LAB ADMIN SURG	18.03	1,081	0	11.00
12.00		0.00	0	0	CLINICAL LAB ADMIN CARD	18.06	775	0	12.00
13.00		0.00	0	0	DISCRETIONARY OPERATIONS	18.12	185	0	13.00
14.00		0.00	0	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	4,021	0	14.00
15.00		0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,472	0	15.00
16.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,370	0	16.00
17.00		0.00	0	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	484,261	0	17.00
18.00		0.00	0	0	MEDICAL INTENSIVE CARE UNIT	35.00	9	0	18.00
19.00		0.00	0	0	LABORATORY	60.00	15	0	19.00
20.00		0.00	0	0	PSYCH DAY HOSPITAL	76.01	7,265	0	20.00
21.00		0.00	0	0	EMERGENCY	91.00	3,305	0	21.00

RECLASSIFICATIONS

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/20/2018 2:09 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
22.00		0.00	0	0	KIDNEY ACQUISITION	105.00	15	0	22.00
23.00		0.00	0	0	LIVER ACQUISITION	107.00	15	0	23.00
24.00		0.00	0	0	RESEARCH	191.00	13,673	0	24.00
25.00		0.00	0	0	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	81,532	0	25.00
26.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	349,955	0	26.00
27.00		0.00	0	0	MEDICAL COLLEGE	194.00	11,106	0	27.00
	TOTALS		1,586,002	0	TOTALS		1,586,002	0	
	T - TUITION ASSISTANCE								
1.00	NURSING SCHOOL	20.00	0	4,079,856	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,577,243	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	497,387		0.00	0	0	2.00
	TOTALS		0	4,577,243	TOTALS		0	4,577,243	
	U - ACCREATION								
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	41,573	DEPRECIATION OLD HOSPITAL	1.01	0	1,111,847	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	3,263		0.00	0	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	216,252		0.00	0	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	219,850		0.00	0	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	159,947		0.00	0	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	146,861		0.00	0	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	104,366		0.00	0	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	4,076		0.00	0	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	70,126		0.00	0	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	68,471		0.00	0	0	10.00
11.00	DEPRECIATION JRB	1.11	0	50,903		0.00	0	0	11.00
12.00	DEPRECIATION KIDSTON	1.15	0	16,539		0.00	0	0	12.00
13.00	DEPRECIATION COHN	1.16	0	679		0.00	0	0	13.00
14.00	DEPRECIATION TOWER	1.17	0	8,941		0.00	0	0	14.00
	TOTALS		0	1,111,847	TOTALS		0	1,111,847	
	V - MED SUPPLY & IMPLANT DIRECT COST								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	34,199,311	DRUGS CHARGED TO PATIENTS	73.00	0	250,532	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	81,739,138	RADIOLOGY-DIAGNOSTIC	54.00	0	47,616	2.00
3.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	7	3.00
4.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	46,194	4.00
5.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	141,294	5.00
6.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	596	6.00
7.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	122,630	7.00
8.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	46,171	8.00
9.00		0.00	0	0	EMERGENCY	91.00	0	7,102	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	79,390,360	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	18,433	11.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	2,317,161	12.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	3	13.00
14.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	8,558,038	14.00
15.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	9,561,446	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,803,486	16.00
17.00		0.00	0	0	OPERATING ROOM	50.00	0	4,913,685	17.00
18.00		0.00	0	0	LABORATORY	60.00	0	1,502,522	18.00
19.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	207,323	19.00
20.00		0.00	0	0	CLINIC	90.00	0	66	20.00
21.00		0.00	0	0	CLINIC	90.00	0	3,161	21.00
22.00		0.00	0	0	CLINIC	90.00	0	623	22.00
	TOTALS		0	115,938,449	TOTALS		0	115,938,449	
	W - PHARMACY RESIDENTS								
1.00	PARAMED PHARMACY	23.09	480,298	22,479	PHARMACY	15.00	480,298	22,479	1.00
	TOTALS		480,298	22,479	TOTALS		480,298	22,479	
	X - DEANS OFFICE								
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	270,280	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,880,172	1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	177,714		0.00	0	0	2.00

RECLASSIFICATIONS

Provider CCN: 14-0119

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/20/2018 2:09 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
3.00	PARAMED DIETARY	23.02	0	146,450		0.00	0	0	3.00
4.00	PARAMED TECHNOLOGY	23.07	0	286,502		0.00	0	0	4.00
5.00	PARAMED SPEECH	23.03	0	571,384		0.00	0	0	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	299,227		0.00	0	0	6.00
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	27,682		0.00	0	0	7.00
8.00	PARAMED VASCULAR ULTRASOUND	23.08	0	122,864		0.00	0	0	8.00
9.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	334,555		0.00	0	0	9.00
10.00	PARAMED RESPIRATORY THERAPY	23.10	0	236,732		0.00	0	0	10.00
11.00	MEDICAL COLLEGE	194.00	0	106,772		0.00	0	0	11.00
12.00	MEDICAL COLLEGE	194.00	0	59,120		0.00	0	0	12.00
13.00	MEDICAL COLLEGE	194.00	0	63		0.00	0	0	13.00
14.00	MEDICAL COLLEGE	194.00	0	240,827		0.00	0	0	14.00
	TOTALS		0	2,880,172	TOTALS		0	2,880,172	
	Y - FIX NEGATIVE SALARY								
1.00	TRANSITION RECRUITMENT	5.01	772	0	TRANSITION RECRUITMENT	5.01	0	772	1.00
	TOTALS		772	0	TOTALS		0	772	
500.00	Grand Total: Increases		26,526,010	822,626,964	Grand Total: Decreases		26,525,238	822,627,736	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part I Date/Time Prepared: 11/20/2018 2:09 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	61,113,148	0	0	0	1,526,447	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,767,014,069	9,244,004	0	9,244,004	56,858,235	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	32,848,294	122,371,836	0	122,371,836	96,252	5.00
6.00	Movable Equipment	576,481,281	19,581,711	0	19,581,711	7,647,827	6.00
7.00	HIT designated Assets	12,472,235	1,189,380	0	1,189,380	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,449,929,027	152,386,931	0	152,386,931	66,128,761	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,449,929,027	152,386,931	0	152,386,931	66,128,761	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	59,586,701	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,719,399,838	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	155,123,878	0	5.00
6.00	Movable Equipment	588,415,165	0	6.00
7.00	HIT designated Assets	13,661,615	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,536,187,197	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,536,187,197	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part II Date/Time Prepared: 11/20/2018 2:09 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
1.01	DEPRECIATION OLD HOSPITAL	-80,894,832	0	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-80,894,832	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	-80,894,832	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	1.10
1.11	DEPRECIATION JRB	0	0	1.11
1.12	DEPRECIATION TOB	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	1.15
1.16	DEPRECIATION COHN	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	2.04
2.05	INTEREST TOB	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	2.06
2.07	INTEREST TOWER	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	2.08
3.00	Total (sum of lines 1-2)	0	-80,894,832	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2018 2:09 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	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	41,472,550	0	41,472,550	0.016746	0	1.01
1.02	DEPRECIATION DIRECT BLDG	312,705,589	0	312,705,589	0.126264	0	1.02
1.03	DEPRECIATION KELLOGG PAV	119,687,318	0	119,687,318	0.048327	0	1.03
1.04	DEPRECIATION JELKE SOUTH	151,225,526	0	151,225,526	0.061062	0	1.04
1.05	DEPRECIATION ATRIUM PAV	210,646,517	0	210,646,517	0.085055	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	43,534,575	0	43,534,575	0.017578	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	36,460,909	0	36,460,909	0.014722	0	1.07
1.08	DEPRECIATION WOOD ST	6,077,047	0	6,077,047	0.002454	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	74,601,337	0	74,601,337	0.030122	0	1.09
1.10	DEPRECIATION PRO BLDG III	59,595,546	0	59,595,546	0.024063	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0.000000	0	1.12
1.13	DEPRECIATION EQUIPMENT	757,200,658	0	757,200,658	0.305742	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	20,951,718	0	20,951,718	0.008460	0	1.14
1.15	DEPRECIATION KIDSTON	5,144,076	0	5,144,076	0.002077	0	1.15
1.16	DEPRECIATION COHN	67,885,709	0	67,885,709	0.027411	0	1.16
1.17	DEPRECIATION TOWER	569,411,421	0	569,411,421	0.229917	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,476,600,496	0	2,476,600,496	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	1,882,726	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	6,654,941	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	4,713,987	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	5,385,003	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	7,522,482	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,322,080	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	878,093	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	346,506	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	920,080	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,550,985	0	1.10
1.11	DEPRECIATION JRB	0	0	0	806,740	0	1.11
1.12	DEPRECIATION TOB	0	0	0	495,705	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	29,340,055	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	775,170	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	68,881	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,580,333	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	17,984,963	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	82,228,730	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	0	1,882,726	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	6,654,941	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	4,713,987	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	5,385,003	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	7,522,482	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,322,080	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	878,093	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	346,506	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	920,080	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	1,550,985	1.10
1.11	DEPRECIATION JRB	0	0	0	0	806,740	1.11
1.12	DEPRECIATION TOB	0	0	0	0	495,705	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	29,340,055	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	775,170	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	68,881	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,580,333	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	17,984,963	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	0	82,228,730	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 2:09 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
1.01	Investment income - DEPRECIATION OLD HOSPITAL (chapter 2)		0	DEPRECIATION OLD HOSPITAL	1.01	0	1.01
1.02	Investment income - DEPRECIATION DIRECT BLDG (chapter 2)		0	DEPRECIATION DIRECT BLDG	1.02	0	1.02
1.03	Investment income - DEPRECIATION KELLOGG PAV (chapter 2)		0	DEPRECIATION KELLOGG PAV	1.03	0	1.03
1.04	Investment income - DEPRECIATION JELKE SOUTH (chapter 2)		0	DEPRECIATION JELKE SOUTH	1.04	0	1.04
1.05	Investment income - DEPRECIATION ATRIUM PAV (chapter 2)		0	DEPRECIATION ATRIUM PAV	1.05	0	1.05
1.06	Investment income - DEPRECIATION PRO BLDG NORTH (chapter 2)		0	DEPRECIATION PRO BLDG NORTH	1.06	0	1.06
1.07	Investment income - DEPRECIATION PRO BLDG SOUTH (chapter 2)		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	1.07
1.08	Investment income - DEPRECIATION WOOD ST (chapter 2)		0	DEPRECIATION WOOD ST	1.08	0	1.08
1.09	Investment income - DEPRECIATION ACADEMIC FACILITY (chapter 2)		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	1.09
1.10	Investment income - DEPRECIATION PRO BLDG III (chapter 2)		0	DEPRECIATION PRO BLDG III	1.10	0	1.10
1.11	Investment income - DEPRECIATION JRB (chapter 2)		0	DEPRECIATION JRB	1.11	0	1.11
1.12	Investment income - DEPRECIATION TOB (chapter 2)		0	DEPRECIATION TOB	1.12	0	1.12
1.13	Investment income - DEPRECIATION EQUIPMENT (chapter 2)		0	DEPRECIATION EQUIPMENT	1.13	0	1.13
1.14	Investment income - DEPRECIATION ORTHOPEDICS (chapter 2)		0	DEPRECIATION ORTHOPEDICS	1.14	0	1.14
1.15	Investment income - DEPRECIATION KIDSTON (chapter 2)		0	DEPRECIATION KIDSTON	1.15	0	1.15
1.16	Investment income - DEPRECIATION COHN (chapter 2)		0	DEPRECIATION COHN	1.16	0	1.16
1.17	Investment income - DEPRECIATION TOWER (chapter 2)		0	DEPRECIATION TOWER	1.17	0	1.17
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - INTEREST GENERAL (chapter 2)		0	INTEREST GENERAL	2.01	0	2.01
2.02	Investment income - INTEREST DIRECT BLDG (chapter 2)		0	INTEREST DIRECT BLDG	2.02	0	2.02
2.03	Investment income - INTEREST ATRUM PAV (chapter 2)		0	INTEREST ATRUM PAV	2.03	0	2.03
2.04	Investment income - INTEREST PRO BLDG SOUTH (chapter 2)		0	INTEREST PRO BLDG SOUTH	2.04	0	2.04
2.05	Investment income - INTEREST TOB (chapter 2)		0	INTEREST TOB	2.05	0	2.05
2.06	Investment income - INTEREST PRO BLDG III (chapter 2)		0	INTEREST PRO BLDG III	2.06	0	2.06
2.07	Investment income - INTEREST TOWER (chapter 2)		0	INTEREST TOWER	2.07	0	2.07
2.08	Investment income - INTEREST PRO BLDG NORTH (chapter 2)		0	INTEREST PRO BLDG NORTH	2.08	0	2.08
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 2:09 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	
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-94,237	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,671,149			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	242,516			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-170,505	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing 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	UTILIZATION REVIEW - SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	0	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	0	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	0	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	0	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	0	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	0	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	26.07
26.08	Depreciation - DEPRECIATION WOOD ST		0	DEPRECIATION WOOD ST	1.08	0	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III		0	DEPRECIATION PRO BLDG III	1.10	0	26.10
26.11	Depreciation - DEPRECIATION JRB		0	DEPRECIATION JRB	1.11	0	26.11

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 2:09 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	
26.12	Depreciation - DEPRECIATION TOB		0	DEPRECIATION TOB	1.12	0	26.12
26.13	Depreciation - DEPRECIATION EQUIPMENT		0	DEPRECIATION EQUIPMENT	1.13	0	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS		0	DEPRECIATION ORTHOPEDICS	1.14	0	26.14
26.15	Depreciation - DEPRECIATION KIDSTON		0	DEPRECIATION KIDSTON	1.15	0	26.15
26.16	Depreciation - DEPRECIATION COHN		0	DEPRECIATION COHN	1.16	0	26.16
26.17	Depreciation - DEPRECIATION TOWER		0	DEPRECIATION TOWER	1.17	0	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - INTEREST GENERAL		0	INTEREST GENERAL	2.01	0	27.01
27.02	Depreciation - INTEREST DIRECT BLDG		0	INTEREST DIRECT BLDG	2.02	0	27.02
27.03	Depreciation - INTEREST ATRUM PAV		0	INTEREST ATRUM PAV	2.03	0	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH		0	INTEREST PRO BLDG SOUTH	2.04	0	27.04
27.05	Depreciation - INTEREST TOB		0	INTEREST TOB	2.05	0	27.05
27.06	Depreciation - INTEREST PRO BLDG III		0	INTEREST PRO BLDG III	2.06	0	27.06
27.07	Depreciation - INTEREST TOWER		0	INTEREST TOWER	2.07	0	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH		0	INTEREST PRO BLDG NORTH	2.08	0	27.08
28.00	Non-physician Anesthetist	A	-3,210,734	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE	A	-57,976	DEPRECIATION EQUIPMENT	1.13	9	33.00
33.01	TELEPHONE	A	-18,619	CORPORATE ADMINISTRATION	5.11	0	33.01
33.02	TELEPHONE	A	-1,340,835	ADMIN & GEN PT SERVICE	5.07	0	33.02
33.10	EMPLOYEE ALLOWANCE	A	-141,296	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.20	UNEMPLOYMENT COMP	A	-124,701	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.50	UNALLOWABLE COSTS	A	-8,128,596	CORPORATE ADMINISTRATION	5.11	0	33.50
33.60	MALPRACTICE TRUST INCOME	B	-5,418,890	CORPORATE ADMINISTRATION	5.11	0	33.60
33.70	STRATEGIC SUPPORT SUBSIDIES	A	-56,531,797	TRANSITION RECRUITMENT	5.01	0	33.70
33.90	INTEREST INCOME	B	-2,258,132	INTEREST GENERAL	2.01	11	33.90
33.91	INTEREST INCOME	B	-1,501,549	INTEREST DIRECT BLDG	2.02	11	33.91
33.92	INTEREST INCOME	B	-2,882,453	INTEREST ATRUM PAV	2.03	11	33.92
33.93	INTEREST INCOME	B	-384,448	INTEREST PRO BLDG SOUTH	2.04	11	33.93
33.94	INTEREST INCOME	B	-645,458	INTEREST TOB	2.05	11	33.94
33.95	INTEREST INCOME	B	-16,551	INTEREST PRO BLDG III	2.06	11	33.95
33.96	INTEREST INCOME	B	-10,367,233	INTEREST TOWER	2.07	11	33.96
33.97	INTEREST INCOME	B	-97,284	INTEREST PRO BLDG NORTH	2.08	11	33.97
34.00	GAIN OR LOSS ON SALE OF EQUIPMENT	B	-20,975,877	DEPRECIATION EQUIPMENT	1.13	9	34.00
34.05	MEDICAID PROVIDER TAX	A	-37,652,287	CORPORATE ADMINISTRATION	5.11	0	34.05
34.10	POST RETIREMENT INCOME	A	-314,411	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.10
34.11	PENSION	A	23,752,457	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.11
34.15	PASTORAL CARE RESIDENTS	B	-3,375	PARAMED PASTORAL CARE	23.06	0	34.15
34.16	PHARMACY RESIDENTS	B	-46,000	PARAMED PHARMACY	23.09	0	34.16
34.20	SALE OF SCRAP	B	-821,979	ADMIN & GEN PT SERVICE	5.07	0	34.20
34.21	SALE OF SCRAP	B	-218,501	CORPORATE ADMINISTRATION	5.11	0	34.21
34.25	BUS REVENUE	B	-74,696	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
34.26	FITNESS CENTER	B	-526,608	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.26
35.00	MISC INCOME	B	-2,000	LABORATORY	60.00	0	35.00
35.01	MISC INCOME	B	-6,000	RADIOLOGY-DIAGNOSTIC	54.00	0	35.01
35.02	MISC INCOME	B	-680	PHYSICAL THERAPY	66.00	0	35.02

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 2:09 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	
35.03	MISC INCOME	B	-8,251	LABORATORY	60.00	0	35.03
35.04	MISC INCOME	B	-40	SUBPROVIDER - IRF	41.00	0	35.04
35.05	MISC INCOME	B	-9,047	PREMATURE INTENSIVE CARE UNIT	35.02	0	35.05
35.06	MISC INCOME	B	-49,407	NURSING ADMINISTRATION	13.00	0	35.06
35.07	MISC INCOME	B	-4,162	NURSING ADMINISTRATION	13.00	0	35.07
35.08	MISC INCOME	B	-420	NURSING ADMINISTRATION	13.00	0	35.08
35.09	MISC INCOME	B	-255,684	NURSING ADMINISTRATION	13.00	0	35.09
35.10	MISC INCOME	B	-990	LABORATORY	60.00	0	35.10
35.11	MISC INCOME	B	-4,988	LABORATORY	60.00	0	35.11
35.12	MISC INCOME	B	-1,235,917	LABORATORY	60.00	0	35.12
35.13	MISC INCOME	B	-646	LABORATORY	60.00	0	35.13
35.14	MISC INCOME	B	-116,211	LABORATORY	60.00	0	35.14
35.15	MISC INCOME	B	-115,219	LABORATORY	60.00	0	35.15
35.16	MISC INCOME	B	-3,692	LABORATORY	60.00	0	35.16
35.17	MISC INCOME	B	-297	LABORATORY	60.00	0	35.17
35.18	MISC INCOME	B	-81,788	LABORATORY	60.00	0	35.18
35.19	MISC INCOME	B	-5,328	LABORATORY	60.00	0	35.19
35.20	MISC INCOME	B	-2,160	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	35.20
35.21	MISC INCOME	B	-59,870	LABORATORY	60.00	0	35.21
35.22	MISC INCOME	B	-230,746	LABORATORY	60.00	0	35.22
35.23	MISC INCOME	B	-2,080	LABORATORY	60.00	0	35.23
35.24	MISC INCOME	B	-35,929	LABORATORY	60.00	0	35.24
35.25	MISC INCOME	B	-259,797	CLINIC	90.00	0	35.25
35.26	MISC INCOME	B	-114,709	PSYCH DAY HOSPITAL	76.01	0	35.26
35.27	MISC INCOME	B	-1,260	CORPORATE ADMINISTRATION	5.11	0	35.27
35.28	MISC INCOME	B	-1,188,033	CORPORATE ADMINISTRATION	5.11	0	35.28
35.29	MISC INCOME	B	-2,327,217	CORPORATE ADMINISTRATION	5.11	0	35.29
35.30	MISC INCOME	B	632,681	CORPORATE ADMINISTRATION	5.11	0	35.30
35.31	MISC INCOME	B	-9,605	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.31
35.32	MISC INCOME	B	-332,956	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.32
35.33	MISC INCOME	B	-6,000	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.33
35.34	MISC INCOME	B	-126,600	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.34
35.35	MISC INCOME	B	-2,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.35
35.36	MISC INCOME	B	-1,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.36
35.37	MISC INCOME	B	-14,419	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.37
35.38	MISC INCOME	B	-5,000	CLINIC	90.00	0	35.38
35.39	MISC INCOME	B	-471	CLINIC	90.00	0	35.39
35.40	MISC INCOME	B	-180	CLINIC	90.00	0	35.40
35.41	MISC INCOME	B	-20	CORPORATE ADMINISTRATION	5.11	0	35.41
35.42	MISC INCOME	B	2,800	CORPORATE ADMINISTRATION	5.11	0	35.42
35.43	MISC INCOME	B	-101	CORPORATE ADMINISTRATION	5.11	0	35.43
35.44	MISC INCOME	B	-72,315	CORPORATE ADMINISTRATION	5.11	0	35.44
35.45	MISC INCOME	B	-12,503	CORPORATE ADMINISTRATION	5.11	0	35.45
35.46	MISC INCOME	B	-590	ADMIN & GEN PT SERVICE	5.07	0	35.46
35.47	MISC INCOME	B	-175	ADMIN & GEN PT SERVICE	5.07	0	35.47
35.48	MISC INCOME	B	-4,481	ADMIN & GEN INPT SERVICE	5.04	0	35.48
35.49	MISC INCOME	B	-205,571	CORPORATE ADMINISTRATION	5.11	0	35.49
35.50	MISC INCOME	B	-42,450	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.50
35.51	MISC INCOME	B	-595,986	MAINTENANCE & REPAIRS	6.00	0	35.51
35.52	MISC INCOME	B	-256,183	MAINTENANCE & REPAIRS	6.00	0	35.52
35.53	MISC INCOME	B	-1,649	MAINTENANCE & REPAIRS	6.00	0	35.53
35.54	MISC INCOME	B	-51,975	MAINTENANCE & REPAIRS	6.00	0	35.54
35.55	MISC INCOME	B	-74,354	HOUSEKEEPING	9.00	0	35.55
35.56	MISC INCOME PT REV	B	-12,637	CORPORATE ADMINISTRATION	5.11	0	35.56
35.57	MISC INCOME PT REV	B	-12,848	CLINICAL LAB ADMIN NEUR	18.08	0	35.57
35.58	MISC INCOME PT REV	B	-7,767	NURSING SCHOOL SPLIT	18.16	0	35.58
36.00	B-1 REVENUE	B	-1,189,593	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01	B-1 REVENUE	B	-12,111,849	PARKING GARAGE	5.02	0	36.01
36.02	B-1 REVENUE	B	-47,022	LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	B-1 REVENUE	B	-1,450	DIETARY	10.00	0	36.03

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/20/2018 2:09 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	
36.04	B-1 REVENUE	B	-4,125	PATIENT FOOD SERVICE	10.01	0	36.04
36.05	B-1 REVENUE	B	-3,381,194	CAFETERIA	11.00	0	36.05
36.06	B-1 REVENUE	B	-40	MEDICAL RECORDS & LIBRARY	16.00	0	36.06
36.07	B-1 REVENUE	B	-276,201	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	36.07
36.08	B-1 REVENUE	B	-3,700	CORPORATE ADMINISTRATION	5.11	0	36.08
36.09	B-1 REVENUE	B	-1,755,228	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	36.09
36.10	B-1 REVENUE	B	-1,388,467	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.10
36.11	B-1 REVENUE	B	-974,308	PARAMED DIETARY	23.02	0	36.11
36.12	B-1 REVENUE	B	-3,873,460	PARAMED SPEECH	23.03	0	36.12
36.13	B-1 REVENUE	B	-2,279,743	PARAMED OCCUPATIONAL THERAPY	23.04	0	36.13
36.14	B-1 REVENUE	B	-1,567,352	PARAMED TECHNOLOGY	23.07	0	36.14
36.15	B-1 REVENUE	B	-741,604	PARAMED VASCULAR ULTRASOUND	23.08	0	36.15
36.16	B-1 REVENUE	B	-939,689	PARAMED RESPIRATORY THERAPY	23.10	0	36.16
36.17	B-1 REVENUE	B	-3,049,982	PARAMED PHYSICIANS ASSISTANT	23.11	0	36.17
36.18	B-1 REVENUE	B	-25,800,828	NURSING SCHOOL	20.00	0	36.18
37.00	NR RECOVERIES	B	-81,280	RESEARCH ADMINISTRATION	5.03	0	37.00
37.01	NR RECOVERIES	B	-269,700	ADMIN & GEN PT SERVICE	5.07	0	37.01
37.02	NR RECOVERIES	B	-250,872	RESEARCH FACULTY	5.09	0	37.02
37.03	NR RECOVERIES	B	-77,527	CORPORATE ADMINISTRATION	5.11	0	37.03
37.04	NR RECOVERIES	B	-131,027	CLINICAL LAB ADMIN PED	18.01	0	37.04
37.05	NR RECOVERIES	B	-216,620	CLINICAL LAB ADMIN OB	18.02	0	37.05
37.06	NR RECOVERIES	B	-146,685	CLINICAL LAB ADMIN SURG	18.03	0	37.06
37.07	NR RECOVERIES	B	-154,382	CLINICAL LAB ADMIN PSYCH	18.04	0	37.07
37.08	NR RECOVERIES	B	-33,581	CLINICAL LAB ADMIN PATH	18.05	0	37.08
37.09	NR RECOVERIES	B	-152,345	CLINICAL LAB ADMIN CARD	18.06	0	37.09
37.10	NR RECOVERIES	B	-511,884	CLINICAL LAB ADMIN NEUR	18.08	0	37.10
37.11	NR RECOVERIES	B	-7,607,380	DISCRETIONARY OPERATIONS	18.12	0	37.11
37.12	NR RECOVERIES	B	-239,091	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	37.12
37.13	NR RECOVERIES	B	-618,610	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	37.13
37.14	NR RECOVERIES	B	-1,000	RADIOLOGY-DIAGNOSTIC	54.00	0	37.14
37.15	NR RECOVERIES	B	-606,856	LABORATORY	60.00	0	37.15
37.16	NR RECOVERIES	B	-158,097	ELECTROCARDIOLOGY	69.00	0	37.16
37.17	NR RECOVERIES	B	-67,228	PSYCH DAY HOSPITAL	76.01	0	37.17
37.18	NR RECOVERIES	B	-17,795	EMERGENCY	91.00	0	37.18
37.19	NR RECOVERIES	B	-146,713	FUND RAISING	190.01	0	37.19
37.20	NR RECOVERIES	B	-932	MEDICAL COLLEGE	194.00	0	37.20
38.00	PROCUREMENT COSTS	A	-11,662	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.00
38.01	PROCUREMENT COSTS	A	-18,290	OPERATING ROOM	50.00	0	38.01
38.02	PROCUREMENT COSTS	A	-2,885	ANESTHESIOLOGY	53.00	0	38.02
38.03	PROCUREMENT COSTS	A	-3,715	RADIOLOGY-DIAGNOSTIC	54.00	0	38.03
38.04	PROCUREMENT COSTS	A	-17,159	LABORATORY	60.00	0	38.04
38.05	PROCUREMENT COSTS	A	-668	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	38.05
38.06	PROCUREMENT COSTS	A	-160	INTRAVENOUS THERAPY	64.00	0	38.06
38.07	PROCUREMENT COSTS	A	-5,828	RESPIRATORY THERAPY	65.00	0	38.07
38.08	PROCUREMENT COSTS	A	-2,547	ELECTROCARDIOLOGY	69.00	0	38.08
38.09	PROCUREMENT COSTS	A	-117	ELECTROENCEPHALOGRAPHY	70.00	0	38.09
38.10	PROCUREMENT COSTS	A	-9,057	DRUGS CHARGED TO PATIENTS	73.00	0	38.10
38.11	PROCUREMENT COSTS	A	-370	RENAL DIALYSIS ADULT	76.00	0	38.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-213,986,025				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/20/2018 2:09 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	1.11	DEPRECIATION JRB	DEPRECIATION JRB	242,517	1	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	0		0	242,517	1	5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/20/2018 2:09 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	242,516	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	242,516			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2018 2:09 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	5.03	RESEARCH ADMINISTRATION	102,732	0	102,732	169,700	1,103	1.00
2.00	5.03	RESEARCH ADMINISTRATION	85	0	85	181,300	1	2.00
3.00	5.03	RESEARCH ADMINISTRATION	85,250	0	85,250	197,500	615	3.00
4.00	5.03	RESEARCH ADMINISTRATION	24,585	0	24,585	211,500	256	4.00
5.00	5.06	ADMIN & GEN ANIMAL LAB	12,758	0	12,758	169,700	86	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	18,028	0	18,028	181,300	138	6.00
7.00	5.07	ADMIN & GEN PT SERVICE	12,944	0	12,944	197,500	5	7.00
8.00	5.07	ADMIN & GEN PT SERVICE	7,702	0	7,702	211,500	95	8.00
9.00	5.09	RESEARCH FACULTY	481,014	0	481,014	169,700	4,366	9.00
10.00	5.09	RESEARCH FACULTY	79,402	0	79,402	179,000	741	10.00
11.00	5.09	RESEARCH FACULTY	26,707	0	24,707	181,300	203	11.00
12.00	5.09	RESEARCH FACULTY	962,001	0	962,001	197,500	7,601	12.00
13.00	5.09	RESEARCH FACULTY	1,066,390	0	1,066,390	211,500	8,169	13.00
14.00	5.09	RESEARCH FACULTY	180	0	180	237,100	1	14.00
15.00	5.09	RESEARCH FACULTY	261,876	0	261,876	246,400	1,246	15.00
16.00	5.10	RESEARCH SPA	22,522	0	22,522	169,700	2	16.00
17.00	5.10	RESEARCH SPA	16,502	0	16,502	181,300	11	17.00
18.00	5.10	RESEARCH SPA	35,950	0	35,950	197,500	3	18.00
19.00	5.10	RESEARCH SPA	36,956	0	36,956	211,500	92	19.00
20.00	5.10	RESEARCH SPA	54,393	0	54,393	246,400	99	20.00
21.00	5.11	CORPORATE ADMINISTRATION	157,506	0	157,506	169,700	1,565	21.00
22.00	5.11	CORPORATE ADMINISTRATION	96,958	0	96,958	179,000	1,082	22.00
23.00	5.11	CORPORATE ADMINISTRATION	127,260	0	127,260	181,300	1,250	23.00
24.00	5.11	CORPORATE ADMINISTRATION	514,131	0	514,131	197,500	3,925	24.00
25.00	5.11	CORPORATE ADMINISTRATION	218,193	0	218,193	211,500	1,704	25.00
26.00	5.11	CORPORATE ADMINISTRATION	1,070,580	0	1,070,580	246,400	1,042	26.00
27.00	13.00	NURSING ADMINISTRATION	82,602	0	82,602	211,500	624	27.00
28.00	16.01	MEDICAL RECORDS & LIBRARY	22	0	22	169,700	1	28.00
29.00	16.01	MEDICAL RECORDS & LIBRARY	360,736	0	360,736	197,500	4,049	29.00
30.00	16.01	MEDICAL RECORDS & LIBRARY	72,536	0	72,536	211,500	619	30.00
31.00	16.01	MEDICAL RECORDS & LIBRARY	161,475	0	161,475	237,100	904	31.00
32.00	16.01	MEDICAL RECORDS & LIBRARY	76,179	0	76,179	246,400	313	32.00
33.00	18.00	CLINICAL LAB ADMIN MED	665,314	0	665,314	197,500	4,664	33.00
34.00	18.00	CLINICAL LAB ADMIN MED	32,743	0	32,743	211,500	208	34.00
35.00	18.02	CLINICAL LAB ADMIN OB	29,287	0	29,287	169,700	358	35.00
36.00	18.02	CLINICAL LAB ADMIN OB	57,408	0	57,408	197,500	312	36.00
37.00	18.02	CLINICAL LAB ADMIN OB	1,038,756	0	1,038,756	237,100	5,944	37.00
38.00	18.03	CLINICAL LAB ADMIN SURG	61,666	0	61,666	197,500	509	38.00
39.00	18.03	CLINICAL LAB ADMIN SURG	50,138	0	50,138	211,500	208	39.00
40.00	18.03	CLINICAL LAB ADMIN SURG	186	0	186	237,100	1	40.00
41.00	18.03	CLINICAL LAB ADMIN SURG	267,449	0	267,449	246,400	1,256	41.00
42.00	18.03	CLINICAL LAB ADMIN SURG	240	0	240	271,900	1	42.00
43.00	18.04	CLINICAL LAB ADMIN PSYCH	122,110	0	122,110	181,300	1,170	43.00
44.00	18.04	CLINICAL LAB ADMIN PSYCH	17,964	0	17,964	197,500	208	44.00
45.00	18.06	CLINICAL LAB ADMIN CARD	35,985	0	35,985	246,400	300	45.00
46.00	18.08	CLINICAL LAB ADMIN NEUR	415,233	0	415,233	211,500	2,566	46.00
47.00	18.09	CLINICAL LAB ADMIN OCLS	20,066	0	20,066	260,300	1,043	47.00
48.00	18.12	DISCRETIONARY OPERATIONS	84,733	0	84,733	169,700	1,008	48.00
49.00	18.12	DISCRETIONARY OPERATIONS	99,733	0	99,733	181,300	1,045	49.00
50.00	18.12	DISCRETIONARY OPERATIONS	346,470	0	346,470	197,500	2,530	50.00
51.00	18.12	DISCRETIONARY OPERATIONS	547,962	0	547,962	211,500	3,930	51.00
52.00	18.12	DISCRETIONARY OPERATIONS	40,233	0	40,233	237,100	416	52.00
53.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	9,474	0	9,474	181,300	105	53.00
54.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	131,952	0	131,952	197,500	1,358	54.00
55.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	96	0	96	211,500	1	55.00
56.00	18.16	NURSING SCHOOL SPLIT	11	0	11	179,000	1	56.00
57.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	98,509	0	98,509	197,500	905	57.00
58.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	42,939	0	42,939	211,500	369	58.00
59.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	150,147	0	150,147	246,400	420	59.00
60.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	352,271	0	352,271	169,700	4,277	60.00
61.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	326,998	0	326,998	181,300	3,315	61.00
62.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,152,344	0	2,152,344	197,500	19,918	62.00
63.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,238,234	0	1,238,234	211,500	11,318	63.00
64.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	214,714	0	214,714	237,100	2,147	64.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2018 2:09 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	
65.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	437,489	0	437,489	246,400	2,105	65.00
66.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	48,946	0	48,946	271,900	313	66.00
67.00	23.11	PARAMED PHYSICIANS ASSISTANT	31,932	0	31,932	211,500	313	67.00
68.00	30.00	ADULTS & PEDIATRICS	137,603	0	137,603	169,700	1,562	68.00
69.00	30.00	ADULTS & PEDIATRICS	34,965	0	34,965	179,000	419	69.00
70.00	30.00	ADULTS & PEDIATRICS	84	0	84	197,500	1	70.00
71.00	35.00	MEDICAL INTENSIVE CARE UNIT	38,106	0	38,106	181,300	417	71.00
72.00	35.00	MEDICAL INTENSIVE CARE UNIT	557,824	0	557,824	197,500	3,272	72.00
73.00	35.00	MEDICAL INTENSIVE CARE UNIT	55,026	0	55,026	211,500	419	73.00
74.00	35.00	MEDICAL INTENSIVE CARE UNIT	329,301	0	329,301	246,400	858	74.00
75.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	62,782	0	62,782	169,700	539	75.00
76.00	35.02	PREMATURE INTENSIVE CARE UNIT	50,948	0	50,948	169,700	416	76.00
77.00	41.00	SUBPROVIDER - IRF	21,410	0	21,410	211,500	207	77.00
78.00	54.00	RADIOLOGY-DIAGNOSTIC	160,133	0	160,133	271,900	606	78.00
79.00	60.00	LABORATORY	160,272	0	160,272	169,700	1,479	79.00
80.00	60.00	LABORATORY	388,323	0	388,323	197,500	2,409	80.00
81.00	60.00	LABORATORY	529,044	0	529,044	211,500	1,009	81.00
82.00	69.00	ELECTROCARDIOLOGY	55,748	0	55,748	169,700	417	82.00
83.00	69.00	ELECTROCARDIOLOGY	38,590	0	38,590	197,500	230	83.00
84.00	69.00	ELECTROCARDIOLOGY	40,128	0	40,128	211,500	412	84.00
85.00	90.00	CLINIC	38,601	0	38,601	183,100	344	85.00
86.00	90.00	CLINIC	18,296	0	18,296	197,500	212	86.00
87.00	91.00	EMERGENCY	198,574	0	198,574	211,500	1,776	87.00
88.00	105.00	KIDNEY ACQUISITION	2,476	0	2,476	169,700	31	88.00
89.00	105.00	KIDNEY ACQUISITION	19,814	0	19,814	181,300	246	89.00
90.00	105.00	KIDNEY ACQUISITION	132,665	0	132,665	197,500	1,106	90.00
91.00	105.00	KIDNEY ACQUISITION	182,269	0	182,269	246,400	1,260	91.00
92.00	107.00	LIVER ACQUISITION	11,849	0	11,849	181,300	145	92.00
93.00	107.00	LIVER ACQUISITION	162,813	0	162,813	197,500	1,260	93.00
94.00	107.00	LIVER ACQUISITION	5,510	0	5,510	211,500	44	94.00
95.00	107.00	LIVER ACQUISITION	142,798	0	142,798	246,400	713	95.00
96.00	109.00	PANCREAS ACQUISITION	1,643	0	1,643	181,300	22	96.00
97.00	109.00	PANCREAS ACQUISITION	12,977	0	12,977	197,500	88	97.00
98.00	109.00	PANCREAS ACQUISITION	33,513	0	33,513	246,400	243	98.00
200.00			19,039,972	0	19,037,972		138,615	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.03	RESEARCH ADMINISTRATION	89,990	4,500	0	0	0	1.00
2.00	5.03	RESEARCH ADMINISTRATION	87	4	0	0	0	2.00
3.00	5.03	RESEARCH ADMINISTRATION	58,395	2,920	0	0	0	3.00
4.00	5.03	RESEARCH ADMINISTRATION	26,031	1,302	0	0	0	4.00
5.00	5.06	ADMIN & GEN ANIMAL LAB	7,016	351	0	0	0	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	12,029	601	0	0	0	6.00
7.00	5.07	ADMIN & GEN PT SERVICE	475	24	0	0	0	7.00
8.00	5.07	ADMIN & GEN PT SERVICE	9,660	483	0	0	0	8.00
9.00	5.09	RESEARCH FACULTY	356,207	17,810	0	0	0	9.00
10.00	5.09	RESEARCH FACULTY	63,769	3,188	0	0	0	10.00
11.00	5.09	RESEARCH FACULTY	17,694	885	0	0	0	11.00
12.00	5.09	RESEARCH FACULTY	721,730	36,087	0	0	0	12.00
13.00	5.09	RESEARCH FACULTY	830,646	41,532	0	0	0	13.00
14.00	5.09	RESEARCH FACULTY	114	6	0	0	0	14.00
15.00	5.09	RESEARCH FACULTY	147,603	7,380	0	0	0	15.00
16.00	5.10	RESEARCH SPA	163	8	0	0	0	16.00
17.00	5.10	RESEARCH SPA	959	48	0	0	0	17.00
18.00	5.10	RESEARCH SPA	285	14	0	0	0	18.00
19.00	5.10	RESEARCH SPA	9,355	468	0	0	0	19.00
20.00	5.10	RESEARCH SPA	11,728	586	0	0	0	20.00
21.00	5.11	CORPORATE ADMINISTRATION	127,683	6,384	0	0	0	21.00
22.00	5.11	CORPORATE ADMINISTRATION	93,114	4,656	0	0	0	22.00
23.00	5.11	CORPORATE ADMINISTRATION	108,954	5,448	0	0	0	23.00
24.00	5.11	CORPORATE ADMINISTRATION	372,686	18,634	0	0	0	24.00
25.00	5.11	CORPORATE ADMINISTRATION	173,267	8,663	0	0	0	25.00
26.00	5.11	CORPORATE ADMINISTRATION	123,437	6,172	0	0	0	26.00
27.00	13.00	NURSING ADMINISTRATION	63,450	3,173	0	0	0	27.00
28.00	16.01	MEDICAL RECORDS & LIBRARY	82	4	0	0	0	28.00
29.00	16.01	MEDICAL RECORDS & LIBRARY	384,460	19,223	0	0	0	29.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2018 2:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
30.00	16.01	MEDICAL RECORDS & LIBRARY	62,942	3,147	0	0	0	30.00
31.00	16.01	MEDICAL RECORDS & LIBRARY	103,047	5,152	0	0	0	31.00
32.00	16.01	MEDICAL RECORDS & LIBRARY	37,079	1,854	0	0	0	32.00
33.00	18.00	CLINICAL LAB ADMIN MED	442,856	22,143	0	0	0	33.00
34.00	18.00	CLINICAL LAB ADMIN MED	21,150	1,058	0	0	0	34.00
35.00	18.02	CLINICAL LAB ADMIN OB	29,208	1,460	0	0	0	35.00
36.00	18.02	CLINICAL LAB ADMIN OB	29,625	1,481	0	0	0	36.00
37.00	18.02	CLINICAL LAB ADMIN OB	677,559	33,878	0	0	0	37.00
38.00	18.03	CLINICAL LAB ADMIN SURG	48,331	2,417	0	0	0	38.00
39.00	18.03	CLINICAL LAB ADMIN SURG	21,150	1,058	0	0	0	39.00
40.00	18.03	CLINICAL LAB ADMIN SURG	114	6	0	0	0	40.00
41.00	18.03	CLINICAL LAB ADMIN SURG	148,788	7,439	0	0	0	41.00
42.00	18.03	CLINICAL LAB ADMIN SURG	131	7	0	0	0	42.00
43.00	18.04	CLINICAL LAB ADMIN PSYCH	101,981	5,099	0	0	0	43.00
44.00	18.04	CLINICAL LAB ADMIN PSYCH	19,750	988	0	0	0	44.00
45.00	18.06	CLINICAL LAB ADMIN CARD	35,539	1,777	0	0	0	45.00
46.00	18.08	CLINICAL LAB ADMIN NEUR	260,918	13,046	0	0	0	46.00
47.00	18.09	CLINICAL LAB ADMIN OCLS	130,525	6,526	0	0	0	47.00
48.00	18.12	DISCRETIONARY OPERATIONS	82,239	4,112	0	0	0	48.00
49.00	18.12	DISCRETIONARY OPERATIONS	91,086	4,554	0	0	0	49.00
50.00	18.12	DISCRETIONARY OPERATIONS	240,228	12,011	0	0	0	50.00
51.00	18.12	DISCRETIONARY OPERATIONS	399,613	19,981	0	0	0	51.00
52.00	18.12	DISCRETIONARY OPERATIONS	47,420	2,371	0	0	0	52.00
53.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	9,152	458	0	0	0	53.00
54.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	128,945	6,447	0	0	0	54.00
55.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	102	5	0	0	0	55.00
56.00	18.16	NURSING SCHOOL SPLIT	86	4	0	0	0	56.00
57.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	85,931	4,297	0	0	0	57.00
58.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	37,521	1,876	0	0	0	58.00
59.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	49,754	2,488	0	0	0	59.00
60.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	348,946	17,447	0	0	0	60.00
61.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	288,947	14,447	0	0	0	61.00
62.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,891,252	94,563	0	0	0	62.00
63.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,150,845	57,542	0	0	0	63.00
64.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	244,737	12,237	0	0	0	64.00
65.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	249,361	12,468	0	0	0	65.00
66.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,916	2,046	0	0	0	66.00
67.00	23.11	PARAMED PHYSICIANS ASSISTANT	31,827	1,591	0	0	0	67.00
68.00	30.00	ADULTS & PEDIATRICS	127,438	6,372	0	0	0	68.00
69.00	30.00	ADULTS & PEDIATRICS	36,058	1,803	0	0	0	69.00
70.00	30.00	ADULTS & PEDIATRICS	95	5	0	0	0	70.00
71.00	35.00	MEDICAL INTENSIVE CARE UNIT	36,347	1,817	0	0	0	71.00
72.00	35.00	MEDICAL INTENSIVE CARE UNIT	310,683	15,534	0	0	0	72.00
73.00	35.00	MEDICAL INTENSIVE CARE UNIT	42,605	2,130	0	0	0	73.00
74.00	35.00	MEDICAL INTENSIVE CARE UNIT	101,640	5,082	0	0	0	74.00
75.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	43,975	2,199	0	0	0	75.00
76.00	35.02	PREMATURE INTENSIVE CARE UNIT	33,940	1,697	0	0	0	76.00
77.00	41.00	SUBPROVIDER - IRF	21,048	1,052	0	0	0	77.00
78.00	54.00	RADIOLOGY-DIAGNOSTIC	79,217	3,961	0	0	0	78.00
79.00	60.00	LABORATORY	120,667	6,033	0	0	0	79.00
80.00	60.00	LABORATORY	228,739	11,437	0	0	0	80.00
81.00	60.00	LABORATORY	102,598	5,130	0	0	0	81.00
82.00	69.00	ELECTROCARDIOLOGY	34,022	1,701	0	0	0	82.00
83.00	69.00	ELECTROCARDIOLOGY	21,839	1,092	0	0	0	83.00
84.00	69.00	ELECTROCARDIOLOGY	41,893	2,095	0	0	0	84.00
85.00	90.00	CLINIC	30,282	1,514	0	0	0	85.00
86.00	90.00	CLINIC	20,130	1,007	0	0	0	86.00
87.00	91.00	EMERGENCY	180,588	9,029	0	0	0	87.00
88.00	105.00	KIDNEY ACQUISITION	2,529	126	0	0	0	88.00
89.00	105.00	KIDNEY ACQUISITION	21,442	1,072	0	0	0	89.00
90.00	105.00	KIDNEY ACQUISITION	105,017	5,251	0	0	0	90.00

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	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	
91.00	105.00	KIDNEY ACQUISITION	149,261	7,463	0	0	0	91.00
92.00	107.00	LIVER ACQUISITION	12,639	632	0	0	0	92.00
93.00	107.00	LIVER ACQUISITION	119,639	5,982	0	0	0	93.00
94.00	107.00	LIVER ACQUISITION	4,474	224	0	0	0	94.00
95.00	107.00	LIVER ACQUISITION	84,463	4,223	0	0	0	95.00
96.00	109.00	PANCREAS ACQUISITION	1,918	96	0	0	0	96.00
97.00	109.00	PANCREAS ACQUISITION	8,356	418	0	0	0	97.00
98.00	109.00	PANCREAS ACQUISITION	28,786	1,439	0	0	0	98.00
200.00			13,552,998	677,651	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.03	RESEARCH ADMINISTRATION	0	89,990	12,742	12,742		1.00
2.00	5.03	RESEARCH ADMINISTRATION	0	87	0	0		2.00
3.00	5.03	RESEARCH ADMINISTRATION	0	58,395	26,855	26,855		3.00
4.00	5.03	RESEARCH ADMINISTRATION	0	26,031	0	0		4.00
5.00	5.06	ADMIN & GEN ANIMAL LAB	0	7,016	5,742	5,742		5.00
6.00	5.07	ADMIN & GEN PT SERVICE	0	12,029	5,999	5,999		6.00
7.00	5.07	ADMIN & GEN PT SERVICE	0	475	12,469	12,469		7.00
8.00	5.07	ADMIN & GEN PT SERVICE	0	9,660	0	0		8.00
9.00	5.09	RESEARCH FACULTY	0	356,207	124,807	124,807		9.00
10.00	5.09	RESEARCH FACULTY	0	63,769	15,633	15,633		10.00
11.00	5.09	RESEARCH FACULTY	0	17,694	7,013	9,013		11.00
12.00	5.09	RESEARCH FACULTY	0	721,730	240,271	240,271		12.00
13.00	5.09	RESEARCH FACULTY	0	830,646	235,744	235,744		13.00
14.00	5.09	RESEARCH FACULTY	0	114	66	66		14.00
15.00	5.09	RESEARCH FACULTY	0	147,603	114,273	114,273		15.00
16.00	5.10	RESEARCH SPA	0	163	22,359	22,359		16.00
17.00	5.10	RESEARCH SPA	0	959	15,543	15,543		17.00
18.00	5.10	RESEARCH SPA	0	285	35,665	35,665		18.00
19.00	5.10	RESEARCH SPA	0	9,355	27,601	27,601		19.00
20.00	5.10	RESEARCH SPA	0	11,728	42,665	42,665		20.00
21.00	5.11	CORPORATE ADMINISTRATION	0	127,683	29,823	29,823		21.00
22.00	5.11	CORPORATE ADMINISTRATION	0	93,114	3,844	3,844		22.00
23.00	5.11	CORPORATE ADMINISTRATION	0	108,954	18,306	18,306		23.00
24.00	5.11	CORPORATE ADMINISTRATION	0	372,686	141,445	141,445		24.00
25.00	5.11	CORPORATE ADMINISTRATION	0	173,267	44,926	44,926		25.00
26.00	5.11	CORPORATE ADMINISTRATION	0	123,437	947,143	947,143		26.00
27.00	13.00	NURSING ADMINISTRATION	0	63,450	19,152	19,152		27.00
28.00	16.01	MEDICAL RECORDS & LIBRARY	0	82	0	0		28.00
29.00	16.01	MEDICAL RECORDS & LIBRARY	0	384,460	0	0		29.00
30.00	16.01	MEDICAL RECORDS & LIBRARY	0	62,942	9,594	9,594		30.00
31.00	16.01	MEDICAL RECORDS & LIBRARY	0	103,047	58,428	58,428		31.00
32.00	16.01	MEDICAL RECORDS & LIBRARY	0	37,079	39,100	39,100		32.00
33.00	18.00	CLINICAL LAB ADMIN MED	0	442,856	222,458	222,458		33.00
34.00	18.00	CLINICAL LAB ADMIN MED	0	21,150	11,593	11,593		34.00
35.00	18.02	CLINICAL LAB ADMIN OB	0	29,208	79	79		35.00
36.00	18.02	CLINICAL LAB ADMIN OB	0	29,625	27,783	27,783		36.00
37.00	18.02	CLINICAL LAB ADMIN OB	0	677,559	361,197	361,197		37.00
38.00	18.03	CLINICAL LAB ADMIN SURG	0	48,331	13,335	13,335		38.00
39.00	18.03	CLINICAL LAB ADMIN SURG	0	21,150	28,988	28,988		39.00
40.00	18.03	CLINICAL LAB ADMIN SURG	0	114	72	72		40.00
41.00	18.03	CLINICAL LAB ADMIN SURG	0	148,788	118,661	118,661		41.00
42.00	18.03	CLINICAL LAB ADMIN SURG	0	131	109	109		42.00
43.00	18.04	CLINICAL LAB ADMIN PSYCH	0	101,981	20,129	20,129		43.00
44.00	18.04	CLINICAL LAB ADMIN PSYCH	0	19,750	0	0		44.00
45.00	18.06	CLINICAL LAB ADMIN CARD	0	35,539	446	446		45.00
46.00	18.08	CLINICAL LAB ADMIN NEUR	0	260,918	154,315	154,315		46.00
47.00	18.09	CLINICAL LAB ADMIN OCLS	0	130,525	0	0		47.00
48.00	18.12	DISCRETIONARY OPERATIONS	0	82,239	2,494	2,494		48.00
49.00	18.12	DISCRETIONARY OPERATIONS	0	91,086	8,647	8,647		49.00
50.00	18.12	DISCRETIONARY OPERATIONS	0	240,228	106,242	106,242		50.00
51.00	18.12	DISCRETIONARY OPERATIONS	0	399,613	148,349	148,349		51.00
52.00	18.12	DISCRETIONARY OPERATIONS	0	47,420	0	0		52.00
53.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	9,152	322	322		53.00
54.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	128,945	3,007	3,007		54.00
55.00	18.14	RUSH UNIVERSITY ADMIN SPLIT	0	102	0	0		55.00
56.00	18.16	NURSING SCHOOL SPLIT	0	86	0	0		56.00
57.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	85,931	12,578	12,578		57.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2018 2:09 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		
58.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	37,521	5,418	5,418		58.00
59.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	49,754	100,393	100,393		59.00
60.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	348,946	3,325	3,325		60.00
61.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	288,947	38,051	38,051		61.00
62.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,891,252	261,092	261,092		62.00
63.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,150,845	87,389	87,389		63.00
64.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	244,737	0	0		64.00
65.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	249,361	188,128	188,128		65.00
66.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	40,916	8,030	8,030		66.00
67.00	23.11	PARAMED PHYSICIANS ASSISTANT	0	31,827	105	105		67.00
68.00	30.00	ADULTS & PEDIATRICS	0	127,438	10,165	10,165		68.00
69.00	30.00	ADULTS & PEDIATRICS	0	36,058	0	0		69.00
70.00	30.00	ADULTS & PEDIATRICS	0	95	0	0		70.00
71.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	36,347	1,759	1,759		71.00
72.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	310,683	247,141	247,141		72.00
73.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	42,605	12,421	12,421		73.00
74.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	101,640	227,661	227,661		74.00
75.00	35.01	PEDIATRIC INTENSIVE CARE UNIT	0	43,975	18,807	18,807		75.00
76.00	35.02	PREMATURE INTENSIVE CARE UNIT	0	33,940	17,008	17,008		76.00
77.00	41.00	SUBPROVIDER - IRF	0	21,048	362	362		77.00
78.00	54.00	RADIOLOGY-DIAGNOSTIC	0	79,217	80,916	80,916		78.00
79.00	60.00	LABORATORY	0	120,667	39,605	39,605		79.00
80.00	60.00	LABORATORY	0	228,739	159,584	159,584		80.00
81.00	60.00	LABORATORY	0	102,598	426,446	426,446		81.00
82.00	69.00	ELECTROCARDIOLOGY	0	34,022	21,726	21,726		82.00
83.00	69.00	ELECTROCARDIOLOGY	0	21,839	16,751	16,751		83.00
84.00	69.00	ELECTROCARDIOLOGY	0	41,893	0	0		84.00
85.00	90.00	CLINIC	0	30,282	8,319	8,319		85.00
86.00	90.00	CLINIC	0	20,130	0	0		86.00
87.00	91.00	EMERGENCY	0	180,588	17,986	17,986		87.00
88.00	105.00	KIDNEY ACQUISITION	0	2,529	0	0		88.00
89.00	105.00	KIDNEY ACQUISITION	0	21,442	0	0		89.00
90.00	105.00	KIDNEY ACQUISITION	0	105,017	27,648	27,648		90.00
91.00	105.00	KIDNEY ACQUISITION	0	149,261	33,008	33,008		91.00
92.00	107.00	LIVER ACQUISITION	0	12,639	0	0		92.00
93.00	107.00	LIVER ACQUISITION	0	119,639	43,174	43,174		93.00
94.00	107.00	LIVER ACQUISITION	0	4,474	1,036	1,036		94.00
95.00	107.00	LIVER ACQUISITION	0	84,463	58,335	58,335		95.00
96.00	109.00	PANCREAS ACQUISITION	0	1,918	0	0		96.00
97.00	109.00	PANCREAS ACQUISITION	0	8,356	4,621	4,621		97.00
98.00	109.00	PANCREAS ACQUISITION	0	28,786	4,727	4,727		98.00
200.00			0	13,552,998	5,669,149	5,671,149		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	1,882,726	0	1,882,726			1.01
1.02	00102	DEPRECIATION DIRECT BLDG	6,654,941	0	0	6,654,941		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	4,713,987	0	0	0	4,713,987	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	5,385,003	0	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	7,522,482	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,322,080	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	878,093	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	346,506	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	920,080	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,550,985	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	806,740	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	495,705	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	29,340,055	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	775,170	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	68,881	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,580,333	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	17,984,963	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	00201	INTEREST GENERAL	0					2.01
2.02	00202	INTEREST DIRECT BLDG	0					2.02
2.03	00203	INTEREST ATRUM PAV	0					2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0					2.04
2.05	00205	INTEREST TOB	0					2.05
2.06	00206	INTEREST PRO BLDG III	0					2.06
2.07	00207	INTEREST TOWER	0					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	191,603,522	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	120,915	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	-4,187,146	0	0	4,445,908	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	5,944,518	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	5,219,467	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	3,408,513	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	-53,254	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	62,789,112	0	22,961	0	114,334	5.07
5.08	00596	PERSONNEL DEPARTMENT	7,642,103	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	16,844,616	0	0	0	3,656	5.09
5.10	00598	RESEARCH SPA	7,429,731	0	2,957	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	125,755,027	0	6,088	454,449	19,388	5.11
6.00	00600	MAINTENANCE & REPAIRS	54,341,629	0	875,424	0	955,398	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,792,520	0	18,364	0	6,086	8.00
9.00	00900	HOUSEKEEPING	21,547,697	0	8,822	0	225,926	9.00
10.00	01000	DIETARY	457,389	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	8,416,554	0	0	0	5,845	10.01
11.00	01100	CAFETERIA	-189,074	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,400,809	0	24,775	0	119,891	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116	0	0	0	0	14.00
15.00	01500	PHARMACY	14,705,883	0	69,256	0	12,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,926,762	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	13,380,822	0	15,432	0	6,471	16.01
18.00	01850	CLINICAL LAB ADMIN MED	467,787	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	185,649	0	41,896	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,646,963	0	71,641	0	32,763	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	2,732,448	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	-11,819	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	568,485	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	599,971	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	478,973	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	2,230,645	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	-1,314,252	0	35,932	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	10,198,077	0	0	0	272,881	18.14
18.16	01861	NURSING SCHOOL SPLIT	15,470,369	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-21,720,972	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	42,323,038	0	0	0	254,696	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,673,575	0	77,878	0	103,605	22.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	477,604	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-741,187	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-382,182	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-1,889,784	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-1,124,536	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	267,780	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	518,000	0	0	0	22,684	23.06
23.07	02307	PARAMED TECHNOLOGY	-634,971	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-313,170	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	456,777	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-163,982	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,782,438	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,448,205	0	73,381	0	596,062	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,750,947	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	17,008,891	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,023,323	0	0	0	271,125	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	11,525,191	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	6,854,880	0	0	0	443,456	40.00
41.00	04100	SUBPROVIDER - IRF	4,650,697	0	0	0	0	41.00
43.00	04300	NURSERY	2,950,697	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,138,469	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	5,055,804	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,663,951	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,546,758	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,201,771	0	45,276	0	101,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066,939	0	0	0	81,811	55.00
56.00	05600	RADIOISOTOPE	2,850,966	0	0	0	0	56.00
60.00	06000	LABORATORY	49,214,114	0	0	0	39,715	60.00
60.01	06002	LABORATORY - HLA	1,659,189	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,835,736	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	-1,000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,992,736	0	0	0	25,210	65.00
66.00	06600	PHYSICAL THERAPY	4,229,583	0	39,610	0	5,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,202,383	0	36,852	0	34,784	67.00
68.00	06800	SPEECH PATHOLOGY	2,248,463	0	16,525	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,466,109	0	0	0	55,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	989,393	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,488,318	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	81,739,138	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,501,263	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	125,336	0	0	0	52,777	74.00
76.00	03020	RENAL DIALYSIS ADULT	3,556,479	0	0	0	7,650	76.00
76.01	03550	PSYCH DAY HOSPITAL	2,534,340	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	56,161,483	0	0	0	30,959	90.00
91.00	09100	EMERGENCY	12,102,561	0	0	0	299,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,257,240	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,552,406	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	460,014	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,292,796,582	0	1,483,070	4,900,357	4,201,853	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,157,182	0	0	77,035	0	190.00
190.01	19001	FUND RAISING	7,632,300	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,978,885	0	0	0	0	190.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.00	19100	RESEARCH	41,012,917	0	0	1,677,549	601	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	30,093,868	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,768,054	0	0	0	14,674	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	221,741,711	0	378,608	0	469,773	192.00
194.00	07950	MEDICAL COLLEGE	22,520,889	0	21,048	0	27,086	194.00
194.01	07951	AFFIL CORP ARC VENTURES	47,875,705	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	1,728,744	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	32,938,418	0	0	0	0	194.03
194.04	07954	CON - GNE	1,185,194	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,708,430,449	0	1,882,726	6,654,941	4,713,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH	5,385,003					1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	7,522,482				1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,322,080			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	878,093		1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	346,506	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	50,511	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	3,300	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	39,835	0	123	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	20,415	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	64,241	41	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	94,513	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	977	198,282	3,893	13,189	2,379	5.07
5.08	00596	PERSONNEL DEPARTMENT	71,453	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	304	2,133	0	5.09
5.10	00598	RESEARCH SPA	156,220	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	66,696	37,883	41	0	130,748	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,672,107	1,798,007	143,917	216,840	71,184	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,822	19,912	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,899	75,024	1,687	1,671	1,862	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	476,453	0	0	0	10.01
11.00	01100	CAFETERIA	37,223	122,516	2,782	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	139,552	0	0	0	14.00
15.00	01500	PHARMACY	0	258,881	453	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	35,367	453	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	7,365	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	49,306	26,070	3,744	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	288,508	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	2,411	2,044	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	27,371	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	49,529	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	46,312	0	2,814	10,624	3,051	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,843	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	5,176	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	1,810	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	13,059	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	5,056	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,882	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,937,536	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	29,209	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	352,164	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,296	560,797	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	149,297	34,768	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,131	0	66,395	26,163	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	424,144	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	646,707	655,374	63,696	30,851	0	60.00
60.01	06002	LABORATORY - HLA	30,598	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	153,735	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,446	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,677	0	11,990	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	29,534	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,856	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	18,355	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	10,133	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	212,616	184,053	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,744,006	7,474,966	524,864	539,225	209,224	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,516	11,562	16,678	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,200,176	0	4,065	14,752	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,667	0	5,349	11,509	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	174,545	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	195,609	0	602,491	224,163	134,231	192.00
194.00	07950	MEDICAL COLLEGE	53,000	0	0	0	3,051	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	26,137	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.02	07952	AFFIL CORP ROOM 500	0	0	147,612	71,766	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,385,003	7,522,482	1,322,080	878,093	346,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	920,080					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,550,985				1.10
1.11	00111	DEPRECIATION JRB	0	0	806,740			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	495,705		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	29,340,055	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	420	0	0	0	143,189	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	3,658	5.02
5.03	00591	RESEARCH ADMINISTRATION	529	0	0	4,580	69,446	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	38,285	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	39,544	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,422	0	0	0	137,442	5.06
5.07	00595	ADMIN & GEN PT SERVICE	8,447	16,940	4,093	163,236	1,458,505	5.07
5.08	00596	PERSONNEL DEPARTMENT	29,548	0	0	0	112,767	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	11,658	5.09
5.10	00598	RESEARCH SPA	1,783	0	0	23	88,110	5.10
5.11	00560	CORPORATE ADMINISTRATION	73,516	55,698	23,380	112,240	1,667,080	5.11
6.00	00600	MAINTENANCE & REPAIRS	229,287	281,333	70,452	52,417	5,197,347	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	103,791	8.00
9.00	00900	HOUSEKEEPING	1,990	13,602	13,590	1,576	449,224	9.00
10.00	01000	DIETARY	0	0	0	11,334	70,842	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,781	0	216,776	10.01
11.00	01100	CAFETERIA	77,513	0	0	5,088	359,618	11.00
13.00	01300	NURSING ADMINISTRATION	9,261	0	7,259	0	104,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,844	0	320,813	14.00
15.00	01500	PHARMACY	0	0	0	0	149,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,099	0	0	0	105,651	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	2,251	0	77,145	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	371	0	0	0	16,411	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	46,896	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	2,411	5,384	0	0	55,152	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	43,439	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	123,941	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	4,570	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	11,758	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	13,190	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	238,330	0	0	1,667	793,426	18.14
18.16	01861	NURSING SCHOOL SPLIT	57,808	0	0	0	160,566	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,961	0	0	5,756	194,737	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,418	0	123	169,825	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	8,132	0	0	5,841	61,136	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,008	0	0	0	2,800	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	3,488	0	0	0	9,688	23.02
23.03	02303	PARAMED SPEECH	5,724	0	0	0	34,627	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	5,048	0	0	0	16,027	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	4,972	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	23,553	23.06
23.07	02307	PARAMED TECHNOLOGY	1,544	0	0	0	4,287	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,025	0	0	0	2,846	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	1,478	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	3,281	0	0	0	9,113	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	2,463	0	0	0	6,842	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	2,249,176	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	388,362	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	11,366	0	0	0	413,383	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	113,943	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	335,782	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	100,320	0	302,314	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	166,542	0	222,687	41.00
43.00	04300	NURSERY	0	0	0	0	134,067	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,292	6,709	0	0	1,120,779	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	195,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	194,737	52.00
53.00	05300	ANESTHESIOLOGY	2,066	7,527	0	0	146,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	93,029	0	0	740,254	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	202,683	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	46,933	56.00
60.00	06000	LABORATORY	6,765	10,657	0	2,370	838,689	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	13,145	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	66,044	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	60,506	65.00
66.00	06600	PHYSICAL THERAPY	0	0	41,165	0	108,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	38,231	0	106,509	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,046	0	76,324	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	107,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	22,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	20,014	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	9,888	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	28,530	1,127	140,078	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,875	408,000	31,518	0	1,045,413	90.00
91.00	09100	EMERGENCY	0	0	0	0	442,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,897	0	0	14,951	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,386	0	0	4,616	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	32	0	0	36	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	835,773	916,612	538,002	367,378	22,619,054	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,757	0	192,104	2,554	414,104	190.00
190.01	19001	FUND RAISING	0	0	0	26,463	165,401	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	59,649	190.02
191.00	19100	RESEARCH	18,585	1,581	1,856	26,147	1,529,812	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,713	19,901	3,377	1,203	126,514	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,842	5,633	13,692	1,197	234,163	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,389	588,312	47,803	70,179	3,692,401	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.00	07950	MEDICAL COLLEGE	50,021	6,877	9,906	584	226,035	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	12,069	0	0	42,691	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	230,231	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	920,080	1,550,985	806,740	495,705	29,340,055	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	775,170					1.14
1.15	00115	DEPRECIATION KIDSTON	0	68,881				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,580,333			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	17,984,963		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					0	2.00
2.01	00201	INTEREST GENERAL					0	2.01
2.02	00202	INTEREST DIRECT BLDG					0	2.02
2.03	00203	INTEREST ATRUM PAV					0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH					0	2.04
2.05	00205	INTEREST TOB					0	2.05
2.06	00206	INTEREST PRO BLDG III					0	2.06
2.07	00207	INTEREST TOWER					0	2.07
2.08	00208	INTEREST PRO BLDG NORTH					0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	27,665	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	6,071	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	42,077	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	149,912	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,544	0	606,537	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	5,610	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	23,896	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	271,034	10,938	65,783	40,648	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	85,482	14,722	83,981	2,995,278	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	21,316	0	0	143,609	0	8.00
9.00	00900	HOUSEKEEPING	130,465	201	10,027	163,742	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	86,145	0	10.01
11.00	01100	CAFETERIA	0	0	559	129,958	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	39,602	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	730,677	0	14.00
15.00	01500	PHARMACY	0	0	1,340	55,423	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,795	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	10,352	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	45	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	3,489	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	105,946	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	8,101	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,591	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,145	0	3,433,202	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,086,357	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,068,036	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	939,278	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,143,727	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	545,577	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	544,735	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	153,433	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,103,811	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,871	23,527	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	131,285	0	56.00
60.00	06000	LABORATORY	4,102	2,411	0	260,604	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	119,674	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	52,616	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,547	0	67.00
68.00	06800	SPEECH PATHOLOGY	40,192	0	0	1,123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	209,035	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	62,644	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	35,264	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	68,893	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	919,706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	512	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	152	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	688,380	58,173	371,644	17,976,823	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,333	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	375	76	1,049,766	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	222	4,030	825	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	5,433	0	127,547	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,760	4,942	12,765	2,807	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,660	17,786	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	775,170	68,881	1,580,333	17,984,963	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	0					2.06
2.07	00207	INTEREST TOWER	0	0				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	191,797,642		4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	120,915	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	915,951	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	878,134	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	764,433	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	353,883	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	7,342,372	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	1,100,248	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	3,108,249	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	1,656,072	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	13,037,624	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,447,503	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	158,053	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,368,339	0	9.00
10.00	01000	DIETARY	0	0	0	94,719	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	1,495,276	0	10.01
11.00	01100	CAFETERIA	0	0	0	429,072	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,302,851	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	2,693,696	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,162,183	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	2,606,620	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	169,871	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	70,099	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	502,387	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	482,863	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	36,698	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	1,382	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	20,026	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	237,068	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	216,257	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	404,352	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	1,690,795	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	3,132,222	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	771,873	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	9,884,038	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,563,730	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	684,541	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	92,065	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
23.02	02302	PARAMED DIETARY	0	0	0	97,331	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	278,044	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	184,729	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	64,375	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	122,851	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	137,438	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	55,831	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	115,466	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	121,941	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	169,912	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	12,247,279	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	3,305,034	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	3,598,647	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,195,141	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	2,517,970	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,581,376	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,047,901	0	41.00
43.00	04300	NURSERY	0	0	0	428,966	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	4,164,773	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,130,771	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,149,635	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	311,063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,366,888	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	776,702	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	168,541	0	56.00
60.00	06000	LABORATORY	0	0	0	5,607,493	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	131,838	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	457,510	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,252,268	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	979,137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	747,247	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	427,135	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	941,482	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	205,181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	17,138	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	551,055	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	5,418,272	0	90.00
91.00	09100	EMERGENCY	0	0	0	2,392,168	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	348,382	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	182,526	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	14,795	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	125,887,777	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	279,042	0	190.00
190.01	19001	FUND RAISING	0	0	0	1,441,679	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	381,711	0	190.02
191.00	19100	RESEARCH	0	0	0	5,137,923	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	4,413,843	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	551,799	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	45,704,751	120,915	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
194.00	07950	MEDICAL COLLEGE	0	0	0	3,589,053	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	1,683,777	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	209,670	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	2,336,170	0	194.03
194.04	07954	CON - GNE	0	0	0	180,447	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	191,797,642	120,915	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE	265,720					5.02
5.03	00591	RESEARCH ADMINISTRATION	0	7,002,647				5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	6,162,372			5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	4,318,849		5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	683,918	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	310,776	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	10,027	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	627	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,289	0	0	0	0	9.00
10.00	01000	DIETARY	126	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	1,951	0	0	0	0	10.01
11.00	01100	CAFETERIA	926	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,028	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	430	0	0	0	0	14.00
15.00	01500	PHARMACY	22,971	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,493	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	2,740	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	147	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	79	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	522	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	631	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	7	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	252	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	102	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	164	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	420	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	1,716	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	4,214	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,842	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,799	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,690	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	95	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	88	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	302	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	181	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	27	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	135	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	61	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	117	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	185	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,215	0	697,989	45,479	8	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,574	0	209,235	254	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	3,984	0	216,997	1,067	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,310	0	64,196	360	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	2,924	0	156,586	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	1,723	0	94,372	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,223	0	65,343	0	0	41.00
43.00	04300	NURSERY	0	0	16,256	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,110	0	735,205	341,942	0	50.00
51.00	05100	RECOVERY ROOM	1,386	0	52,859	41,107	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,394	0	57,477	8,143	0	52.00
53.00	05300	ANESTHESIOLOGY	1,673	0	183,361	93,986	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,966	0	480,394	433,265	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,976	0	19,430	213,976	0	55.00
56.00	05600	RADIOISOTOPE	580	0	12,783	52,820	0	56.00
60.00	06000	LABORATORY	10,915	0	673,190	721,682	0	60.00
60.01	06002	LABORATORY - HLA	313	0	1,391	11,684	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,811	0	131,348	33,810	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	116,464	7,734	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,796	0	129,502	3,172	0	65.00
66.00	06600	PHYSICAL THERAPY	1,061	0	58,394	24,157	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	788	0	52,444	8,427	0	67.00
68.00	06800	SPEECH PATHOLOGY	587	0	22,702	10,704	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,105	0	162,478	136,018	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234	0	50,596	7,601	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	231,236	86,478	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	607,310	168,704	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	683,223	1,020,931	0	73.00
74.00	07400	RENAL DIALYSIS	53	0	23	649	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	603	0	40,738	1,854	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	599	0	0	752	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,886	0	3,287	583,280	0	90.00
91.00	09100	EMERGENCY	3,008	0	111,586	258,813	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	957	0	18,167	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	310	0	4,476	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	80	0	1,334	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,528	0	6,162,372	4,318,849	310,784	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	720	0	0	0	0	190.00
190.01	19001	FUND RAISING	1,565	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	389	0	0	0	0	190.02
191.00	19100	RESEARCH	6,769	3,838,123	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	5,045	2,860,306	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	5,427	304,218	0	0	365,422	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,910	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	5,608	0	0	0	7,712	194.00
194.01	07951	AFFIL CORP ARC VENTURES	8,246	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	515	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	5,775	0	0	0	0	194.03
194.04	07954	CON - GNE	223	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
		5.02	5.03	5.04	5.05	5.06	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	265,720	7,002,647	6,162,372	4,318,849	683,918	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE	72,750,801					5.07
5.08	00596	PERSONNEL DEPARTMENT	0	8,956,119				5.08
5.09	00597	RESEARCH FACULTY	0	0	20,287,002			5.09
5.10	00598	RESEARCH SPA	0	0	0	9,358,792		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	141,828,261	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	247,714	0	0	72,790,049	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	17,064	0	0	3,285,164	8.00
9.00	00900	HOUSEKEEPING	0	459,790	0	0	27,487,423	9.00
10.00	01000	DIETARY	0	9,534	0	0	643,944	10.00
10.01	01001	PATIENT FOOD SERVICE	0	157,997	0	0	10,858,778	10.01
11.00	01100	CAFETERIA	0	52,512	0	0	1,028,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	107,123	0	0	17,118,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,196,432	14.00
15.00	01500	PHARMACY	0	148,357	0	0	18,118,435	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	79,688	0	0	8,338,671	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	151,256	0	0	16,288,909	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	2,887	0	0	640,692	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	2,345	0	0	316,850	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	15,992	0	0	2,324,529	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	20,423	0	0	3,378,477	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	1,285	0	0	69,610	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	71	0	0	982,639	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	448	0	0	620,547	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	8,556	0	0	733,786	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	11,561	0	0	2,498,012	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	33,091	0	0	-825,971	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	104,035	0	0	13,302,700	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	138,953	0	0	18,964,132	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	22,096	0	0	793,969	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-21,720,972	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	840,129	0	0	53,669,672	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	55,977	0	0	9,712,731	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	25,808	0	0	1,266,595	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	3,606	0	0	-641,613	23.01
23.02	02302	PARAMED DIETARY	0	4,514	0	0	-267,073	23.02
23.03	02303	PARAMED SPEECH	0	12,940	0	0	-1,544,870	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	9,652	0	0	-907,089	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	4,207	0	0	354,393	23.05
23.06	02306	PARAMED PASTORAL CARE	0	11,054	0	0	705,816	23.06
23.07	02307	PARAMED TECHNOLOGY	0	6,894	0	0	-484,673	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	2,451	0	0	-250,956	23.08
23.09	02309	PARAMED PHARMACY	0	10,488	0	0	588,091	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	5,456	0	0	-24,074	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	8,084	0	0	-1,594,952	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,823,237	830,041	0	0	83,396,955	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,342,853	208,789	0	0	22,295,405	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,398,850	207,316	0	0	23,928,537	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	414,174	75,092	0	0	8,187,873	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,003,492	156,807	0	0	16,638,030	35.02
40.00	04000	SUBPROVIDER - IPF	604,788	114,535	0	0	10,097,764	40.00
41.00	04100	SUBPROVIDER - IRF	418,755	68,375	0	0	6,641,523	41.00
43.00	04300	NURSERY	104,177	24,842	0	0	4,011,169	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,350,113	256,635	0	0	43,924,847	50.00
51.00	05100	RECOVERY ROOM	655,215	65,405	0	0	7,743,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	431,031	66,218	0	0	8,117,321	52.00
53.00	05300	ANESTHESIOLOGY	1,898,646	19,456	0	0	7,548,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,414,187	201,282	0	0	30,438,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,771,842	41,682	0	0	12,627,583	55.00
56.00	05600	RADIOISOTOPE	488,563	8,014	0	0	3,760,485	56.00
60.00	06000	LABORATORY	9,870,167	369,555	0	0	69,029,057	60.00
60.01	06002	LABORATORY - HLA	98,867	7,389	0	0	1,954,414	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,102,044	32,844	0	0	11,814,882	62.00
64.00	06400	INTRAVENOUS THERAPY	805,908	0	0	0	929,106	64.00
65.00	06500	RESPIRATORY THERAPY	854,344	84,036	0	0	11,544,690	65.00
66.00	06600	PHYSICAL THERAPY	560,194	61,481	0	0	6,190,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	400,964	45,395	0	0	4,707,105	67.00
68.00	06800	SPEECH PATHOLOGY	227,894	24,194	0	0	3,099,889	68.00
69.00	06900	ELECTROCARDIOLOGY	2,088,408	51,440	0	0	8,251,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	382,759	16,699	0	0	1,737,502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,147,657	0	0	0	36,953,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,190,780	0	0	0	87,705,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,241,799	0	0	0	133,447,216	73.00
74.00	07400	RENAL DIALYSIS	5,146	919	0	0	222,055	74.00
76.00	03020	RENAL DIALYSIS ADULT	275,351	0	0	0	3,910,918	76.00
76.01	03550	PSYCH DAY HOSPITAL	5,791	39,208	0	0	3,346,877	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,511,533	468,652	0	0	69,143,720	90.00
91.00	09100	EMERGENCY	2,707,612	151,869	0	0	19,389,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	116,423	20,482	0	0	5,788,011	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	28,685	8,179	0	0	1,784,736	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	8,552	306	0	0	485,149	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,750,801	6,521,175	0	0	1,172,437,765	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,480	0	0	4,218,067	190.00
190.01	19001	FUND RAISING	0	74,962	0	0	9,342,370	190.01
190.02	19002	RUSH DAY SCHOOL	0	25,031	0	0	2,445,665	190.02
191.00	19100	RESEARCH	0	322,617	0	5,362,490	61,206,180	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	297,233	0	3,996,302	41,859,907	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	21,460	20,287,002	0	25,884,108	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,325,630	0	0	275,457,150	192.00
194.00	07950	MEDICAL COLLEGE	0	125,059	0	0	26,665,375	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	99,628	0	0	49,748,253	194.01
194.02	07952	AFFIL CORP ROOM 500	0	30,793	0	0	2,419,331	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	94,159	0	0	35,374,522	194.03
194.04	07954	CON - GNE	0	5,892	0	0	1,371,756	194.04
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
		5.07	5.08	5.09	5.10	5A.10	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	72,750,801	8,956,119	20,287,002	9,358,792	1,708,430,449	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	141,828,261					5.11
6.00	00600	MAINTENANCE & REPAIRS	6,473,073	79,263,122				6.00
6.01	00601	RENTED SPACE COSTS	0	0	0			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	292,143	438,099	0	4,015,406		8.00
9.00	00900	HOUSEKEEPING	2,444,402	1,896,168	0	0	31,827,993	9.00
10.00	01000	DIETARY	57,265	299,022	0	0	123,715	10.00
10.01	01001	PATIENT FOOD SERVICE	965,649	915,009	0	0	378,569	10.01
11.00	01100	CAFETERIA	91,480	1,517,944	0	0	628,023	11.00
13.00	01300	NURSING ADMINISTRATION	1,522,335	439,562	0	0	181,861	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	106,396	1,354,148	0	0	560,255	14.00
15.00	01500	PHARMACY	1,611,236	632,351	0	0	261,625	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	741,541	445,953	0	0	184,506	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,448,540	325,628	0	0	134,723	16.01
18.00	01850	CLINICAL LAB ADMIN MED	56,975	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	28,177	69,269	0	0	28,659	18.01
18.02	01851	CLINICAL LAB ADMIN OB	206,716	197,949	0	0	81,898	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	300,441	203,840	0	0	84,335	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	6,190	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	87,384	523,154	0	0	216,446	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	55,184	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	65,254	19,291	0	0	7,981	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	222,143	49,632	0	0	20,534	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	55,677	0	0	23,035	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	1,182,983	3,349,040	0	0	1,385,608	18.14
18.16	01861	NURSING SCHOOL SPLIT	1,686,442	677,748	0	0	280,406	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	70,606	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,772,737	821,984	0	0	340,082	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	863,734	451,729	0	0	186,895	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	112,636	258,054	0	0	106,765	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	11,821	0	0	4,891	23.01
23.02	02302	PARAMED DIETARY	0	40,891	0	0	16,918	23.02
23.03	02303	PARAMED SPEECH	0	146,161	0	0	60,472	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	67,652	0	0	27,990	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	31,515	20,985	0	0	8,682	23.05
23.06	02306	PARAMED PASTORAL CARE	62,767	99,417	0	0	41,132	23.06
23.07	02307	PARAMED TECHNOLOGY	0	18,097	0	0	7,487	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	12,013	0	0	4,970	23.08
23.09	02309	PARAMED PHARMACY	52,298	6,238	0	0	2,581	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	38,466	0	0	15,914	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	28,878	0	0	11,948	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,416,324	9,386,084	0	1,144,499	3,883,331	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,982,686	1,639,270	0	102,778	678,220	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,127,917	1,744,886	0	196,569	721,917	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	728,131	480,954	0	0	198,986	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,479,587	1,417,333	0	49,064	586,397	35.02
40.00	04000	SUBPROVIDER - IPF	897,974	1,276,061	0	171,624	527,948	40.00
41.00	04100	SUBPROVIDER - IRF	590,617	939,960	0	193,271	388,892	41.00
43.00	04300	NURSERY	356,705	565,893	0	115,006	234,129	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,906,149	4,730,795	0	310,581	1,957,285	50.00
51.00	05100	RECOVERY ROOM	688,584	823,254	0	0	340,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	721,857	821,984	0	0	340,082	52.00
53.00	05300	ANESTHESIOLOGY	671,278	618,490	0	0	255,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,706,796	3,044,089	0	401,412	1,259,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,122,946	855,521	0	7,845	353,957	55.00
56.00	05600	RADIOISOTOPE	334,412	198,103	0	120,996	81,962	56.00
60.00	06000	LABORATORY	6,138,616	3,373,413	0	146,389	1,395,692	60.00
60.01	06002	LABORATORY - HLA	173,802	55,484	0	0	22,956	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,050,674	278,769	0	0	115,336	62.00
64.00	06400	INTRAVENOUS THERAPY	82,624	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,026,646	255,397	0	0	105,666	65.00
66.00	06600	PHYSICAL THERAPY	550,473	456,350	0	53,071	188,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	418,593	449,573	0	9,350	186,003	67.00
68.00	06800	SPEECH PATHOLOGY	275,667	322,163	0	0	133,289	68.00
69.00	06900	ELECTROCARDIOLOGY	733,804	452,345	0	0	187,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	154,513	94,527	0	0	39,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,286,218	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,799,513	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,867,194	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,747	84,478	0	0	34,951	74.00
76.00	03020	RENAL DIALYSIS ADULT	347,790	41,738	0	0	17,269	76.00
76.01	03550	PSYCH DAY HOSPITAL	297,631	283,659	0	0	117,359	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,148,813	4,412,675	0	0	1,825,669	90.00
91.00	09100	EMERGENCY	1,724,251	1,867,290	0	892,882	772,559	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	514,716	63,108	0	0	26,110	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	158,713	19,483	0	0	8,061	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	43,143	154	0	0	64	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,163,346	56,485,153	0	3,915,337	22,403,998	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	375,104	1,376,056	0	100,069	569,320	190.00
190.01	19001	FUND RAISING	830,798	698,155	0	0	288,850	190.01
190.02	19002	RUSH DAY SCHOOL	217,488	0	0	0	0	190.02
191.00	19100	RESEARCH	5,442,943	5,929,387	0	0	2,453,182	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	3,722,518	369,446	0	0	152,852	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,301,822	891,291	0	0	368,756	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,496,012	11,410,275	0	0	4,720,806	192.00
194.00	07950	MEDICAL COLLEGE	2,371,298	951,357	0	0	393,608	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,424,013	180,199	0	0	74,554	194.01
194.02	07952	AFFIL CORP ROOM 500	215,146	971,803	0	0	402,067	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	3,145,785	0	0	0	0	194.03
194.04	07954	CON - GNE	121,988	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	141,828,261	79,263,122	0	4,015,406	31,827,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,123,946					10.00
10.01	01001	PATIENT FOOD SERVICE	899,944	14,017,949				10.01
11.00	01100	CAFETERIA	224,002	0	3,490,142			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	48,157	19,310,651		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,217,231	14.00
15.00	01500	PHARMACY	0	0	66,694	0	8,984	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	35,824	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	67,997	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	1,298	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	1,054	0	23	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	7,189	0	1	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	9,181	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	577	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	32	0	3	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	201	0	26	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	3,846	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	5,197	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	14,876	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	46,769	0	745	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	62,467	0	68	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	9,933	223,192	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	377,681	0	1,229	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	25,165	0	399	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	11,602	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,621	0	2	23.01
23.02	02302	PARAMED DIETARY	0	0	2,029	0	4	23.02
23.03	02303	PARAMED SPEECH	0	0	5,817	0	102	23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	4,339	0	1	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	1,891	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	4,969	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	3,099	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	1,102	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	4,715	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	2,453	0	6	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	3,634	0	805	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,507,382	373,146	5,965,938	234,269	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	999,250	93,861	1,820,767	74,770	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	1,023,930	93,199	1,701,731	68,295	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	283,912	33,758	652,553	40,011	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	70,493	1,476,159	35,697	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,299,741	51,489	656,600	4,546	40.00
41.00	04100	SUBPROVIDER - IRF	0	903,734	30,738	450,668	8,341	41.00
43.00	04300	NURSERY	0	0	11,168	250,927	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	115,371	1,533,891	1,177,845	50.00
51.00	05100	RECOVERY ROOM	0	0	29,403	565,776	10,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	29,768	509,115	27,159	52.00
53.00	05300	ANESTHESIOLOGY	0	0	8,747	0	88,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	90,487	190,576	180,732	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	18,738	5,595	6,959	55.00
56.00	05600	RADIOISOTOPE	0	0	3,603	0	664	56.00
60.00	06000	LABORATORY	0	0	166,134	485,546	119,821	60.00
60.01	06002	LABORATORY - HLA	0	0	3,322	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	14,765	34,282	11,329	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	37,779	0	47,487	65.00
66.00	06600	PHYSICAL THERAPY	0	0	27,639	0	5,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	20,407	0	3,286	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,876	0	11,755	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	23,125	214,621	251,209	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,507	0	2,846	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	413	6,904	1,605	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	12,876	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	17,626	11,427	9	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	194,875	1,343,673	74,388	90.00
91.00	09100	EMERGENCY	0	0	68,273	1,112,863	53,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	9,208	67,255	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	3,677	30,592	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	138	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,123,946	14,017,949	2,491,142	19,310,651	2,579,383	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5,610	0	50	190.00
190.01	19001	FUND RAISING	0	0	33,699	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	11,253	0	24	190.02
191.00	19100	RESEARCH	0	0	145,033	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	133,621	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	9,647	0	13,601	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	522,665	0	103,927	192.00
194.00	07950	MEDICAL COLLEGE	0	0	56,220	0	65	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	24,603	0	14,321	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	13,843	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	40,157	0	505,860	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
194.04	07954	CON - GNE	0	0	2,649	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,123,946	14,017,949	3,490,142	19,310,651	3,217,231	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	20,699,325					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,746,495				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	51	5,380,065	23,645,913			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	698,965		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	444,032	18.01
18.02	01851	CLINICAL LAB ADMIN OB	3	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	268	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	384	0	2,677,840	0	87,431	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	802,731	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	832,509	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	246,288	0	311,707	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	600,743	0	982	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	362,058	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	250,688	0	0	41.00
43.00	04300	NURSERY	0	0	62,366	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26	0	2,824,555	0	0	50.00
51.00	05100	RECOVERY ROOM	5	0	202,792	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	220,511	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,458	0	703,464	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,504	0	1,843,033	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	112	0	74,542	0	0	55.00
56.00	05600	RADIOISOTOPE	3	0	49,042	0	0	56.00
60.00	06000	LABORATORY	0	0	2,582,699	104,460	40,081	60.00
60.01	06002	LABORATORY - HLA	0	0	5,336	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,678	0	503,918	53,002	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	446,817	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	379	0	496,836	167,884	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	224,027	61,566	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9	0	201,201	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	87,098	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	853	0	623,347	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	194,110	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	887,140	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,329,949	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,711,444	0	2,621,190	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	88	0	3,831	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	156,293	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	2	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,690,905	0	12,611	11,242	0	90.00
91.00	09100	EMERGENCY	182	4,366,430	428,099	300,811	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	69,697	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	17,173	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	5,120	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,448,272	9,746,495	23,645,913	698,965	444,032	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	48	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	41,816	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,201,283	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.00	07950	MEDICAL COLLEGE	3	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	7,903	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,699,325	9,746,495	23,645,913	698,965	444,032	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	2,818,285					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	3,976,274				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	76,377			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	1,809,658		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	675,958	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	126,262	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	382,737	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	1,504,006	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	238,630	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,466,457	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	373,735	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	636,084	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	111,178	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,150,162	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	238,180	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	45,791	0	0	0	56.00
60.00	06000	LABORATORY	56,828	163,837	0	1,809,658	231,710	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,025	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	135,151	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	444,248	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,134	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	63,218	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	117,036	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	46,734	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,751	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,818,285	3,976,274	76,377	1,809,658	675,958	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,818,285	3,976,274	76,377	1,809,658	675,958	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	830,158				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	2,795,518			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	-732,383		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	19,268,113	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	7,428,222	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	467,985	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	418,082	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	262,873	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,026,344	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	638,714	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	589,794	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	240,279	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	296,076	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	1,036,757	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	95,753	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	2,360,957	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	87,190	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	347,371	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	126,653	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	607,752	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	830,158	2,795,518	0	12,405,126	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	647,948	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	6,215,039	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	-732,383	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	830,158	2,795,518	-732,383	19,268,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	29,099,485					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,223,962				19.00
20.00	02000	NURSING SCHOOL	25,994,570		4,273,598			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			59,983,393		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				11,240,653	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	3,238,771	10,927,670	2,047,802	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	13,040	1,833,510	343,593	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	3,227,923	604,900	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	653,048	122,379	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	162,902	675,438	126,574	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	322,495	1,220,267	228,673	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	182,365	608,268	113,987	41.00
43.00	04300	NURSERY	0	0	0	125,634	23,543	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	4,082,483	765,041	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	593,341	111,190	52.00
53.00	05300	ANESTHESIOLOGY	0	1,223,962	354,025	4,051,385	759,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,669,604	875,066	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	777,438	145,689	55.00
56.00	05600	RADIOISOTOPE	0	0	0	529,902	99,302	56.00
60.00	06000	LABORATORY	0	0	0	2,664,436	499,305	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	210,219	39,394	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	776,194	145,456	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	893,121	167,367	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	1,919,339	359,677	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	8,646,356	1,620,293	90.00
91.00	09100	EMERGENCY	0	0	0	3,367,240	631,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	124,390	23,310	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,994,570	1,223,962	4,273,598	52,577,206	9,852,763	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,084,545	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	3,533,923	662,243	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,862,313	723,782	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	9,951	1,865	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

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		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	20,370	0	0	0	0	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,099,485	1,223,962	4,273,598	59,983,393	11,240,653	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,223,637					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		-205,196				23.01
23.02	02302	PARAMED DIETARY			55,642			23.02
23.03	02303	PARAMED SPEECH				-305,974		23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					-168,393	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	309,460	0	37,739	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	77,796	0	3,966	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	86,731	0	4,064	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	28,526	0	1,127	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	63,653	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	37,508	0	5,159	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	26,623	0	3,587	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	459,603	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	30,174	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,352	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,414	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,880	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,015	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	12,626	0	0	0	0	56.00
60.00	06000	LABORATORY	237,614	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	6,819	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	39,420	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,106	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,091	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,149	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,774	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	89,372	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,092	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,145	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	13,117	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	13,034	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	258,746	0	0	0	0	90.00
91.00	09100	EMERGENCY	65,483	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	20,825	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,749	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,740	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,223,637	0	55,642	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-205,196	0	-305,974	-168,393	201.00
202.00		TOTAL (sum lines 118 through 201)	2,223,637	-205,196	55,642	-305,974	-168,393	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	417,466					23.05
23.06	02306	PARAMED PASTORAL CARE		914,101				23.06
23.07	02307	PARAMED TECHNOLOGY			133,804			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				7,408		23.08
23.09	02309	PARAMED PHARMACY					653,923	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	127,247	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	31,989	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	35,663	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	11,730	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	26,174	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	15,423	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	10,947	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	188,744	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,407	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,481	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,973	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	208,733	53,405	0	3,704	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	208,733	17,687	0	3,704	0	55.00
56.00	05600	RADIOISOTOPE	0	5,192	0	0	0	56.00
60.00	06000	LABORATORY	0	97,705	133,804	0	0	60.00
60.01	06002	LABORATORY - HLA	0	2,804	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,209	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,080	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,495	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,052	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,253	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,749	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,094	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	653,923	73.00
74.00	07400	RENAL DIALYSIS	0	471	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	5,394	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	5,359	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	106,394	0	0	0	90.00
91.00	09100	EMERGENCY	0	26,926	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	8,563	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,775	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	716	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	417,466	914,101	133,804	7,408	653,923	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	417,466	914,101	133,804	7,408	653,923	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	328,841					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		-512,930				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	141,145,009	-12,975,472	128,169,537	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	32,793,632	-2,177,103	30,616,529	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	36,398,771	-3,832,823	32,565,948	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	11,980,983	-775,427	11,205,556	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	24,913,232	-802,012	24,111,220	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	17,175,330	-1,448,940	15,726,390	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	11,344,209	-722,255	10,621,954	41.00
43.00	04300	NURSERY	0	0	5,995,170	-149,177	5,845,993	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	67,539,426	-4,847,524	62,691,902	50.00
51.00	05100	RECOVERY ROOM	0	0	10,820,369	0	10,820,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,171,245	-704,531	11,466,714	52.00
53.00	05300	ANESTHESIOLOGY	0	0	16,475,743	-4,810,599	11,665,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	47,256,682	-5,544,670	41,712,012	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	16,508,244	-923,127	15,585,117	55.00
56.00	05600	RADIOISOTOPE	0	0	5,242,083	-629,204	4,612,879	56.00
60.00	06000	LABORATORY	0	0	91,837,762	-3,163,741	88,674,021	60.00
60.01	06002	LABORATORY - HLA	0	0	2,312,127	0	2,312,127	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	14,532,248	-249,613	14,282,635	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,458,547	0	1,458,547	64.00
65.00	06500	RESPIRATORY THERAPY	328,841	0	14,066,791	0	14,066,791	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,789,966	0	7,789,966	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,031,753	0	6,031,753	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,093,915	0	4,093,915	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,230,137	-921,650	11,308,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,363,953	0	2,363,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	41,140,503	0	41,140,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	97,835,394	0	97,835,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	164,300,967	0	164,300,967	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,436,176	-1,060,488	375,688	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	4,505,395	0	4,505,395	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	6,373,133	-2,279,016	4,094,117	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	98,161,330	-10,266,649	87,894,681	90.00
91.00	09100	EMERGENCY	0	0	35,066,691	-3,998,248	31,068,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	6,832,229	-147,700	6,684,529	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,078,693	0	2,078,693	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	537,975	0	537,975	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	328,841	0	1,072,745,813	-62,429,969	1,010,315,844	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,376,769	0	10,376,769	190.00
190.01	19001	FUND RAISING	0	0	11,193,872	0	11,193,872	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,674,478	0	2,674,478	190.02
191.00	19100	RESEARCH	0	0	75,176,725	0	75,176,725	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	46,238,344	0	46,238,344	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	33,707,207	-4,196,166	29,511,041	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	322,498,213	-4,586,095	317,912,118	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.00	07950	MEDICAL COLLEGE	0	0	36,664,781	-11,816	36,652,965	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	54,473,846	0	54,473,846	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	4,022,190	0	4,022,190	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	39,066,324	0	39,066,324	194.03
194.04	07954	CON - GNE	0	0	1,516,763	0	1,516,763	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-512,930	-1,924,876	0	-1,924,876	201.00
202.00		TOTAL (sum lines 118 through 201)	328,841	-512,930	1,708,430,449	-71,224,046	1,637,206,403	202.00

COST ALLOCATION STATISTICS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2018 2:09 pm

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	4,445,908	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	22,961	0	114,334	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	3,656	5.09
5.10	00598	RESEARCH SPA	0	0	2,957	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	6,088	454,449	19,388	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	875,424	0	955,398	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	18,364	0	6,086	8.00
9.00	00900	HOUSEKEEPING	0	0	8,822	0	225,926	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	5,845	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	24,775	0	119,891	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	69,256	0	12,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	15,432	0	6,471	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	41,896	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	71,641	0	32,763	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	35,932	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	272,881	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	254,696	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	77,878	0	103,605	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	22,684	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	73,381	0	596,062	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	271,125	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	443,456	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	45,276	0	101,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	81,811	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	39,715	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,210	65.00
66.00	06600	PHYSICAL THERAPY	0	0	39,610	0	5,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	36,852	0	34,784	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	16,525	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	55,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	52,777	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	7,650	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	30,959	90.00
91.00	09100	EMERGENCY	0	0	0	0	299,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,483,070	4,900,357	4,201,853	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	77,035	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	1,677,549	601	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	14,674	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	378,608	0	469,773	192.00
194.00	07950	MEDICAL COLLEGE	0	0	21,048	0	27,086	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,882,726	6,654,941	4,713,987	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	50,511	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	3,300	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	39,835	0	123	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	20,415	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	64,241	41	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	94,513	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	977	198,282	3,893	13,189	2,379	5.07
5.08	00596	PERSONNEL DEPARTMENT	71,453	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	304	2,133	0	5.09
5.10	00598	RESEARCH SPA	156,220	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	66,696	37,883	41	0	130,748	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,672,107	1,798,007	143,917	216,840	71,184	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,822	19,912	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,899	75,024	1,687	1,671	1,862	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	476,453	0	0	0	10.01
11.00	01100	CAFETERIA	37,223	122,516	2,782	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	139,552	0	0	0	14.00
15.00	01500	PHARMACY	0	258,881	453	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	35,367	453	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	7,365	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	49,306	26,070	3,744	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	288,508	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	2,411	2,044	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	27,371	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	49,529	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	46,312	0	2,814	10,624	3,051	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,843	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	5,176	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	1,810	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	13,059	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	5,056	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,882	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,937,536	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	29,209	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	352,164	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,296	560,797	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	149,297	34,768	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,131	0	66,395	26,163	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	424,144	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	646,707	655,374	63,696	30,851	0	60.00
60.01	06002	LABORATORY - HLA	30,598	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	153,735	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,446	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,677	0	11,990	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	29,534	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,856	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	18,355	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	10,133	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	212,616	184,053	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,744,006	7,474,966	524,864	539,225	209,224	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,516	11,562	16,678	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,200,176	0	4,065	14,752	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,667	0	5,349	11,509	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	174,545	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	195,609	0	602,491	224,163	134,231	192.00
194.00	07950	MEDICAL COLLEGE	53,000	0	0	0	3,051	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	26,137	0	0	194.01

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.02	07952	AFFIL CORP ROOM 500	0	0	147,612	71,766	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,385,003	7,522,482	1,322,080	878,093	346,506	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	420	0	0	0	143,189	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	3,658	5.02
5.03	00591	RESEARCH ADMINISTRATION	529	0	0	4,580	69,446	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	38,285	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	39,544	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	1,422	0	0	0	137,442	5.06
5.07	00595	ADMIN & GEN PT SERVICE	8,447	16,940	4,093	163,236	1,458,505	5.07
5.08	00596	PERSONNEL DEPARTMENT	29,548	0	0	0	112,767	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	11,658	5.09
5.10	00598	RESEARCH SPA	1,783	0	0	23	88,110	5.10
5.11	00560	CORPORATE ADMINISTRATION	73,516	55,698	23,380	112,240	1,667,080	5.11
6.00	00600	MAINTENANCE & REPAIRS	229,287	281,333	70,452	52,417	5,197,347	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	103,791	8.00
9.00	00900	HOUSEKEEPING	1,990	13,602	13,590	1,576	449,224	9.00
10.00	01000	DIETARY	0	0	0	11,334	70,842	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,781	0	216,776	10.01
11.00	01100	CAFETERIA	77,513	0	0	5,088	359,618	11.00
13.00	01300	NURSING ADMINISTRATION	9,261	0	7,259	0	104,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,844	0	320,813	14.00
15.00	01500	PHARMACY	0	0	0	0	149,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,099	0	0	0	105,651	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	2,251	0	77,145	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	371	0	0	0	16,411	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	46,896	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	2,411	5,384	0	0	55,152	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	43,439	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	123,941	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	4,570	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	11,758	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	13,190	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	238,330	0	0	1,667	793,426	18.14
18.16	01861	NURSING SCHOOL SPLIT	57,808	0	0	0	160,566	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,961	0	0	5,756	194,737	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,418	0	123	169,825	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	8,132	0	0	5,841	61,136	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,008	0	0	0	2,800	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	3,488	0	0	0	9,688	23.02
23.03	02303	PARAMED SPEECH	5,724	0	0	0	34,627	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	5,048	0	0	0	16,027	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	4,972	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	23,553	23.06
23.07	02307	PARAMED TECHNOLOGY	1,544	0	0	0	4,287	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,025	0	0	0	2,846	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	1,478	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	3,281	0	0	0	9,113	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	2,463	0	0	0	6,842	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	2,249,176	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	388,362	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	11,366	0	0	0	413,383	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	113,943	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	335,782	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	100,320	0	302,314	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	166,542	0	222,687	41.00
43.00	04300	NURSERY	0	0	0	0	134,067	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,292	6,709	0	0	1,120,779	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	195,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	194,737	52.00
53.00	05300	ANESTHESIOLOGY	2,066	7,527	0	0	146,527	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	93,029	0	0	740,254	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	202,683	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	46,933	56.00
60.00	06000	LABORATORY	6,765	10,657	0	2,370	838,689	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	13,145	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	66,044	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	60,506	65.00
66.00	06600	PHYSICAL THERAPY	0	0	41,165	0	108,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	38,231	0	106,509	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,046	0	76,324	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	107,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	22,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	20,014	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	9,888	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	28,530	1,127	140,078	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,875	408,000	31,518	0	1,045,413	90.00
91.00	09100	EMERGENCY	0	0	0	0	442,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,897	0	0	14,951	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,386	0	0	4,616	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	32	0	0	36	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	835,773	916,612	538,002	367,378	22,619,054	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,757	0	192,104	2,554	414,104	190.00
190.01	19001	FUND RAISING	0	0	0	26,463	165,401	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	59,649	190.02
191.00	19100	RESEARCH	18,585	1,581	1,856	26,147	1,529,812	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,713	19,901	3,377	1,203	126,514	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,842	5,633	13,692	1,197	234,163	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,389	588,312	47,803	70,179	3,692,401	192.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.00	07950	MEDICAL COLLEGE	50,021	6,877	9,906	584	226,035	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	12,069	0	0	42,691	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	230,231	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	920,080	1,550,985	806,740	495,705	29,340,055	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	27,665	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	6,071	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	42,077	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	149,912	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	5,544	0	606,537	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	5,610	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	23,896	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	271,034	10,938	65,783	40,648	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	85,482	14,722	83,981	2,995,278	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	21,316	0	0	143,609	0	8.00
9.00	00900	HOUSEKEEPING	130,465	201	10,027	163,742	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	86,145	0	10.01
11.00	01100	CAFETERIA	0	0	559	129,958	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	39,602	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	730,677	0	14.00
15.00	01500	PHARMACY	0	0	1,340	55,423	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,795	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	10,352	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	45	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	3,489	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	105,946	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	8,101	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,591	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,145	0	3,433,202	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,086,357	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,068,036	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	939,278	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,143,727	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	545,577	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	544,735	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	153,433	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,103,811	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,871	23,527	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	131,285	0	56.00
60.00	06000	LABORATORY	4,102	2,411	0	260,604	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	119,674	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	52,616	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,547	0	67.00
68.00	06800	SPEECH PATHOLOGY	40,192	0	0	1,123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	209,035	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	62,644	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	35,264	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	68,893	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	919,706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	512	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	152	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	688,380	58,173	371,644	17,976,823	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,333	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	375	76	1,049,766	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	222	4,030	825	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	5,433	0	127,547	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,760	4,942	12,765	2,807	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,660	17,786	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	775,170	68,881	1,580,333	17,984,963	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	194,120	194,120	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	4,452,866	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	142,178	926	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	64,771	888	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	145,903	773	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	383,289	358	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	2,619,317	7,422	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	213,768	1,112	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	23,361	3,142	5.09
5.10	00598	RESEARCH SPA	0	0	0	272,989	1,674	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	3,035,610	13,178	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	14,743,176	3,485	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	316,900	160	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,107,308	4,416	9.00
10.00	01000	DIETARY	0	0	0	82,176	96	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	787,000	1,511	10.01
11.00	01100	CAFETERIA	0	0	0	735,257	434	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	304,925	2,328	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,195,886	0	14.00
15.00	01500	PHARMACY	0	0	0	547,528	2,723	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	168,545	1,175	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	147,471	2,635	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	172	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	58,678	71	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	158,665	508	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	142,112	488	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	43,439	37	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	412,449	1	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	20	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	9,025	240	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	39,129	219	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	49,122	409	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	1,309,793	1,709	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	218,374	3,166	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	780	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	612,625	9,991	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	417,650	1,581	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	76,952	692	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	3,808	93	23.01

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		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.02	02302	PARAMED DIETARY	0	0	0	13,176	98	23.02
23.03	02303	PARAMED SPEECH	0	0	0	53,628	281	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	22,885	187	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	18,031	65	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	53,884	124	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	5,831	139	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	3,871	56	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	5,360	117	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	12,394	123	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	9,305	172	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,290,502	12,380	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,474,719	3,341	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,492,785	3,638	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	414,277	1,208	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,275,060	2,545	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	846,090	1,598	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	389,229	1,059	41.00
43.00	04300	NURSERY	0	0	0	486,231	434	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	3,916,600	4,210	50.00
51.00	05100	RECOVERY ROOM	0	0	0	740,615	1,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	739,472	1,162	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	493,618	314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,334,307	3,403	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	735,036	785	55.00
56.00	05600	RADIOISOTOPE	0	0	0	178,218	170	56.00
60.00	06000	LABORATORY	0	0	0	2,561,941	5,668	60.00
60.01	06002	LABORATORY - HLA	0	0	0	43,743	133	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	219,779	462	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	226,836	1,266	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	276,090	990	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	249,457	755	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	138,210	432	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	401,624	952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	85,039	207	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	72,791	17	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	35,893	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	215,132	557	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	1,985,327	5,477	90.00
91.00	09100	EMERGENCY	0	0	0	1,661,671	2,418	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	26,360	352	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	8,154	184	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	68	15	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	67,449,404	127,250	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	768,643	282	190.00
190.01	19001	FUND RAISING	0	0	0	191,864	1,457	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	59,649	386	190.02
191.00	19100	RESEARCH	0	0	0	5,525,341	5,193	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	193,310	4,462	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	580,726	558	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,512,233	46,447	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
194.00	07950	MEDICAL COLLEGE	0	0	0	417,054	3,628	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	80,897	1,702	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	449,609	212	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	2,361	194.03
194.04	07954	CON - GNE	0	0	0	0	182	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	82,228,730	194,120	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT	0					5.01
5.02	00540	PARKING GARAGE	0	265,720				5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	143,104			5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	65,659		5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	146,676	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	10,027	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	627	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	4,289	0	0	0	9.00
10.00	01000	DIETARY	0	126	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	1,951	0	0	0	10.01
11.00	01100	CAFETERIA	0	926	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,028	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	430	0	0	0	14.00
15.00	01500	PHARMACY	0	22,971	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,493	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	2,740	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	147	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	79	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	522	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	631	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	7	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	252	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	102	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	164	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	420	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	1,716	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	4,214	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	9,842	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,799	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	1,690	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	95	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	88	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	302	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	181	0	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	27	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	135	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	61	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	117	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	185	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	14,215	0	7,355	1,541	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3,574	0	2,205	9	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	3,984	0	2,287	36	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,310	0	676	12	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	2,924	0	1,650	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,723	0	994	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,223	0	689	0	41.00
43.00	04300	NURSERY	0	0	0	171	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,110	0	8,472	11,589	50.00
51.00	05100	RECOVERY ROOM	0	1,386	0	557	1,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,394	0	606	276	52.00
53.00	05300	ANESTHESIOLOGY	0	1,673	0	1,932	3,185	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,966	0	5,062	14,684	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,976	0	205	7,252	55.00
56.00	05600	RADIOISOTOPE	0	580	0	135	1,790	56.00
60.00	06000	LABORATORY	0	10,915	0	7,093	24,459	60.00
60.01	06002	LABORATORY - HLA	0	313	0	15	396	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,811	0	1,384	1,146	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,227	262	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,796	0	1,365	108	65.00
66.00	06600	PHYSICAL THERAPY	0	1,061	0	615	819	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	788	0	553	286	67.00
68.00	06800	SPEECH PATHOLOGY	0	587	0	239	363	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,105	0	1,712	4,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	234	0	533	258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,437	2,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,399	5,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,199	34,903	73.00
74.00	07400	RENAL DIALYSIS	0	53	0	0	22	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	603	0	429	63	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	599	0	0	25	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,886	0	35	19,768	90.00
91.00	09100	EMERGENCY	0	3,008	0	1,176	8,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	957	0	191	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	310	0	47	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	80	0	14	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	173,528	0	65,659	146,676	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	720	0	0	0	190.00
190.01	19001	FUND RAISING	0	1,565	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	389	0	0	0	190.02
191.00	19100	RESEARCH	0	6,769	78,428	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	5,045	58,458	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	5,427	6,218	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	51,910	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	5,608	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	8,246	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	515	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	5,775	0	0	0	194.03
194.04	07954	CON - GNE	0	223	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers	0	4,187,146	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	4,452,866	143,104	65,659	146,676	202.00

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		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	355,932					5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	2,626,739				5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	214,880			5.08
5.09	00597	RESEARCH FACULTY	161,738	0	0	188,241		5.09
5.10	00598	RESEARCH SPA	0	0	0	0	274,663	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	5,943	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	409	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	11,032	0	0	9.00
10.00	01000	DIETARY	0	0	229	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	3,791	0	0	10.01
11.00	01100	CAFETERIA	0	0	1,260	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,570	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	3,559	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,912	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,629	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	69	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	56	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	384	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	490	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	31	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	2	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	11	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	205	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	277	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	794	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	2,496	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	3,334	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	530	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	20,157	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,343	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	619	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	87	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	108	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	310	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	232	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	101	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	265	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	165	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	59	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	252	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	131	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	194	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4	174,214	19,915	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	48,503	5,009	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	50,526	4,974	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	14,960	1,802	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	36,246	3,762	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	21,845	2,748	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	15,125	1,640	0	0	41.00
43.00	04300	NURSERY	0	3,763	596	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	265,484	6,157	0	0	50.00
51.00	05100	RECOVERY ROOM	0	23,666	1,569	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,569	1,589	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	68,578	467	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	231,678	4,829	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	63,998	1,000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	17,647	192	0	0	56.00
60.00	06000	LABORATORY	0	356,507	8,867	0	0	60.00
60.01	06002	LABORATORY - HLA	0	3,571	177	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	39,805	788	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	29,109	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	30,859	2,016	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,234	1,475	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,483	1,089	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,231	580	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	75,433	1,234	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,825	401	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,573	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	187,489	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	441,174	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	186	22	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	9,946	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	209	941	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	162,955	11,244	0	0	90.00
91.00	09100	EMERGENCY	0	97,798	3,644	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	4,205	491	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,036	196	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	309	7	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	161,742	2,626,739	156,457	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	299	0	0	190.00
190.01	19001	FUND RAISING	0	0	1,799	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	601	0	0	190.02
191.00	19100	RESEARCH	0	0	7,740	0	157,379	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	7,131	0	117,284	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	190,177	0	515	188,241	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	31,809	0	0	192.00
194.00	07950	MEDICAL COLLEGE	4,013	0	3,000	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,390	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	739	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	2,259	0	0	194.03
194.04	07954	CON - GNE	0	0	141	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
		5.06	5.07	5.08	5.09	5.10	
201.00	Negative Cost Centers	27,715	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	383,647	2,626,739	214,880	188,241	274,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	3,048,788					5.11
6.00	00600	MAINTENANCE & REPAIRS	139,175	14,901,806				6.00
6.01	00601	RENTED SPACE COSTS	0	0	0			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	6,281	82,364	0	406,741		8.00
9.00	00900	HOUSEKEEPING	52,556	356,488	0	0	1,536,089	9.00
10.00	01000	DIETARY	1,231	56,217	0	0	5,971	10.00
10.01	01001	PATIENT FOOD SERVICE	20,762	172,026	0	0	18,271	10.01
11.00	01100	CAFETERIA	1,967	285,380	0	0	30,310	11.00
13.00	01300	NURSING ADMINISTRATION	32,731	82,639	0	0	8,777	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,288	254,586	0	0	27,039	14.00
15.00	01500	PHARMACY	34,642	118,885	0	0	12,627	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,944	83,841	0	0	8,905	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	31,144	61,220	0	0	6,502	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,225	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	606	13,023	0	0	1,383	18.01
18.02	01851	CLINICAL LAB ADMIN OB	4,444	37,215	0	0	3,953	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	6,460	38,323	0	0	4,070	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	133	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	1,879	98,355	0	0	10,446	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	1,186	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	1,403	3,627	0	0	385	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	4,776	9,331	0	0	991	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	10,467	0	0	1,112	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	25,435	629,634	0	0	66,872	18.14
18.16	01861	NURSING SCHOOL SPLIT	36,259	127,419	0	0	13,533	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,518	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	102,616	154,536	0	0	16,413	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,571	84,927	0	0	9,020	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,422	48,515	0	0	5,153	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	2,222	0	0	236	23.01
23.02	02302	PARAMED DIETARY	0	7,688	0	0	817	23.02
23.03	02303	PARAMED SPEECH	0	27,479	0	0	2,918	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	12,719	0	0	1,351	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	678	3,945	0	0	419	23.05
23.06	02306	PARAMED PASTORAL CARE	1,350	18,691	0	0	1,985	23.06
23.07	02307	PARAMED TECHNOLOGY	0	3,402	0	0	361	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	2,259	0	0	240	23.08
23.09	02309	PARAMED PHARMACY	1,124	1,173	0	0	125	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	7,232	0	0	768	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	5,429	0	0	577	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	159,455	1,764,624	0	115,933	187,418	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,629	308,190	0	10,411	32,732	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	45,751	328,046	0	19,911	34,841	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	15,655	90,421	0	0	9,604	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	31,812	266,465	0	4,970	28,301	35.02
40.00	04000	SUBPROVIDER - IPF	19,307	239,905	0	17,385	25,480	40.00
41.00	04100	SUBPROVIDER - IRF	12,699	176,716	0	19,577	18,769	41.00
43.00	04300	NURSERY	7,669	106,390	0	11,650	11,300	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,984	889,410	0	31,460	94,463	50.00
51.00	05100	RECOVERY ROOM	14,805	154,775	0	0	16,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,520	154,536	0	0	16,413	52.00
53.00	05300	ANESTHESIOLOGY	14,433	116,279	0	0	12,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,198	572,302	0	40,661	60,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,144	160,842	0	795	17,083	55.00
56.00	05600	RADIOISOTOPE	7,190	37,244	0	12,256	3,956	56.00
60.00	06000	LABORATORY	131,984	634,216	0	14,828	67,359	60.00
60.01	06002	LABORATORY - HLA	3,737	10,431	0	0	1,108	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	22,590	52,410	0	0	5,566	62.00
64.00	06400	INTRAVENOUS THERAPY	1,776	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,073	48,016	0	0	5,100	65.00
66.00	06600	PHYSICAL THERAPY	11,835	85,796	0	5,376	9,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,000	84,522	0	947	8,977	67.00
68.00	06800	SPEECH PATHOLOGY	5,927	60,568	0	0	6,433	68.00
69.00	06900	ELECTROCARDIOLOGY	15,777	85,043	0	0	9,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,322	17,772	0	0	1,887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,655	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,694	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	255,151	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	425	15,882	0	0	1,687	74.00
76.00	03020	RENAL DIALYSIS ADULT	7,478	7,847	0	0	833	76.00
76.01	03550	PSYCH DAY HOSPITAL	6,399	53,329	0	0	5,664	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	132,203	829,602	0	0	88,111	90.00
91.00	09100	EMERGENCY	37,072	351,059	0	90,445	37,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,067	11,865	0	0	1,260	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,412	3,663	0	0	389	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	928	29	0	0	3	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,024,562	10,619,452	0	396,605	1,081,267	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,065	258,704	0	10,136	27,477	190.00
190.01	19001	FUND RAISING	17,863	131,256	0	0	13,941	190.01
190.02	19002	RUSH DAY SCHOOL	4,676	0	0	0	0	190.02
191.00	19100	RESEARCH	117,026	1,114,750	0	0	118,396	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	80,036	69,457	0	0	7,377	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	49,490	167,566	0	0	17,797	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	526,082	2,145,181	0	0	227,835	192.00
194.00	07950	MEDICAL COLLEGE	50,984	178,859	0	0	18,996	194.00
194.01	07951	AFFIL CORP ARC VENTURES	95,119	33,878	0	0	3,598	194.01
194.02	07952	AFFIL CORP ROOM 500	4,626	182,703	0	0	19,405	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	67,636	0	0	0	0	194.03
194.04	07954	CON - GNE	2,623	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,048,788	14,901,806	0	406,741	1,536,089	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	146,046					10.00
10.01	01001	PATIENT FOOD SERVICE	116,939	1,122,251				10.01
11.00	01100	CAFETERIA	29,107	0	1,028,901			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	14,197	451,195		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,480,229	14.00
15.00	01500	PHARMACY	0	0	19,662	0	4,134	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	10,561	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	20,046	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	383	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	311	0	10	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	2,119	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	2,707	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	170	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	9	0	2	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	59	0	12	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	1,134	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	1,532	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	4,386	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	13,788	0	343	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	18,415	0	32	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	2,928	5,215	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	111,341	0	565	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	7,419	0	184	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	3,420	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	478	0	1	23.01
23.02	02302	PARAMED DIETARY	0	0	598	0	2	23.02
23.03	02303	PARAMED SPEECH	0	0	1,715	0	47	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	1,279	0	1	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	558	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	1,465	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	914	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	325	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	1,390	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	723	0	3	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	1,071	0	370	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	761,144	110,004	139,394	107,786	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	79,998	27,671	42,542	34,401	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	81,974	27,475	39,761	31,422	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	22,729	9,952	15,247	18,409	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	20,781	34,491	16,424	35.02
40.00	04000	SUBPROVIDER - IPF	0	104,055	15,179	15,342	2,092	40.00
41.00	04100	SUBPROVIDER - IRF	0	72,351	9,062	10,530	3,838	41.00
43.00	04300	NURSERY	0	0	3,292	5,863	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	34,011	35,839	541,919	50.00
51.00	05100	RECOVERY ROOM	0	0	8,668	13,219	4,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	8,776	11,896	12,496	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,579	0	40,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	26,676	4,453	83,154	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,524	131	3,202	55.00
56.00	05600	RADIOISOTOPE	0	0	1,062	0	305	56.00
60.00	06000	LABORATORY	0	0	48,977	11,345	55,129	60.00
60.01	06002	LABORATORY - HLA	0	0	979	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	4,353	801	5,212	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,137	0	21,849	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,148	0	2,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,016	0	1,512	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,206	0	5,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,817	5,015	115,580	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,213	0	1,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	122	161	738	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	5,924	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	5,196	267	4	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	57,450	31,395	34,225	90.00
91.00	09100	EMERGENCY	0	0	20,127	26,002	24,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,714	1,571	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,084	715	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	41	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,046	1,122,251	734,395	451,195	1,186,759	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,654	0	23	190.00
190.01	19001	FUND RAISING	0	0	9,935	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	3,317	0	11	190.02
191.00	19100	RESEARCH	0	0	42,756	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	39,392	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,844	0	6,258	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	154,081	0	47,816	192.00
194.00	07950	MEDICAL COLLEGE	0	0	16,574	0	30	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	7,253	0	6,589	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	4,081	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	11,838	0	232,743	194.03

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		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
194.04	07954	CON - GNE	0	0	781	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	55,740	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	146,046	1,122,251	1,084,641	451,195	1,480,229	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	766,731					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	292,376				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	2	161,392	436,781			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	1,996		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	74,217	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	10	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

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		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14	0	49,348	0	14,614	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	14,793	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	15,342	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,539	0	52,100	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	11,071	0	164	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,672	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,620	0	0	41.00
43.00	04300	NURSERY	0	0	1,149	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1	0	53,080	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	3,737	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,064	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,091	0	12,964	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	426	0	33,964	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4	0	1,374	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	904	0	0	56.00
60.00	06000	LABORATORY	0	0	47,595	298	6,699	60.00
60.01	06002	LABORATORY - HLA	0	0	98	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	99	0	9,286	151	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	8,234	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14	0	9,156	479	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,128	176	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,708	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,605	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32	0	11,487	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,577	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	16,348	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	42,937	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	581,957	0	48,304	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	2	0	640	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	2,880	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	136,729	0	232	32	0	90.00
91.00	09100	EMERGENCY	7	130,984	7,889	860	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,284	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	316	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	94	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,386	292,376	436,781	1,996	74,217	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	2	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,549	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,501	0	0	0	0	192.00

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		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	293	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	766,731	292,376	436,781	1,996	74,217	202.00

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB	207,810					18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	195,281				18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	37,945			18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	523,395		18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	1,390	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	6,201	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,222	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	110,900	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	17,596	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	72,021	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	18,355	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,902	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,460	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,486	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,697	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,249	0	0	0	56.00
60.00	06000	LABORATORY	4,190	8,046	0	523,395	476	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,974	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,637	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	563	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	31,408	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,748	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,295	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	86	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,810	195,281	37,945	523,395	1,390	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	5,872	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	207,810	195,281	43,817	523,395	1,390	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	16,183				18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	56,675			18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	68,006		18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	2,050,080	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	790,345	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	49,792	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	44,483	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	27,969	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	109,200	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	67,958	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	62,753	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	25,565	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	31,502	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	110,308	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,867	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	47,865	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	1,768	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,042	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,469	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,847	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,183	56,675	0	1,319,875	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	68,940	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	661,265	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	68,006	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	16,183	56,675	68,006	2,050,080	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT	1,215,091					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	17,172				19.00
20.00	02000	NURSING SCHOOL	1,085,440		178,448			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			1,038,086		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				542,494	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
60.01	06002	LABORATORY - HLA	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS ADULT	0					76.00
76.01	03550	PSYCH DAY HOSPITAL	0					76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0					92.01
93.00	04040	BEHAVIORAL HEALTH	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0					98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,085,440	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,800					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01

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		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.02	07952	AFFIL CORP ROOM 500	0					194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03
194.04	07954	CON - GNE	851					194.04
200.00		Cross Foot Adjustments		17,172	178,448	1,038,086	542,494	200.00
201.00		Negative Cost Centers	0	0	906,992	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,215,091	17,172	1,085,440	1,038,086	542,494	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	189,255					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		51,503				23.01
23.02	02302	PARAMED DIETARY			6,424			23.02
23.03	02303	PARAMED SPEECH				195,880		23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					106,793	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS ADULT						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
194.04	07954	CON - GNE						194.04
200.00		Cross Foot Adjustments	189,255	0	6,424	0	0	200.00
201.00		Negative Cost Centers	0	51,503	44,120	195,880	106,793	201.00
202.00		TOTAL (sum lines 118 through 201)	189,255	51,503	50,544	195,880	106,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	23,797					23.05
23.06	02306	PARAMED PASTORAL CARE		77,791				23.06
23.07	02307	PARAMED TECHNOLOGY			12,827			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				750		23.08
23.09	02309	PARAMED PHARMACY					9,541	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS ADULT						76.00
76.01	03550	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
194.04	07954	CON - GNE						194.04
200.00		Cross Foot Adjustments	23,797	77,791	12,827	750	9,541	200.00
201.00		Negative Cost Centers	0	0	60,873	31,686	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,797	77,791	73,700	32,436	9,541	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	35,360					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		127,611				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			11,958,082	0	11,958,082	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			2,130,727	0	2,130,727	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			2,182,753	0	2,182,753	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			672,901	0	672,901	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			1,847,566	0	1,847,566	35.02
40.00	04000	SUBPROVIDER - IPF			1,320,415	0	1,320,415	40.00
41.00	04100	SUBPROVIDER - IRF			737,127	0	737,127	41.00
43.00	04300	NURSERY			656,104	0	656,104	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			6,071,677	0	6,071,677	50.00
51.00	05100	RECOVERY ROOM			1,005,143	0	1,005,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,030,671	0	1,030,671	52.00
53.00	05300	ANESTHESIOLOGY			775,735	0	775,735	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			3,537,032	0	3,537,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,035,048	0	1,035,048	55.00
56.00	05600	RADIOISOTOPE			263,898	0	263,898	56.00
60.00	06000	LABORATORY			4,577,852	0	4,577,852	60.00
60.01	06002	LABORATORY - HLA			66,469	0	66,469	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			372,685	0	372,685	62.00
64.00	06400	INTRAVENOUS THERAPY			40,608	0	40,608	64.00
65.00	06500	RESPIRATORY THERAPY			382,070	0	382,070	65.00
66.00	06600	PHYSICAL THERAPY			428,316	0	428,316	66.00
67.00	06700	OCCUPATIONAL THERAPY			388,067	0	388,067	67.00
68.00	06800	SPEECH PATHOLOGY			238,426	0	238,426	68.00
69.00	06900	ELECTROCARDIOLOGY			739,367	0	739,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			133,046	0	133,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			176,135	0	176,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			410,237	0	410,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,368,688	0	1,368,688	73.00
74.00	07400	RENAL DIALYSIS			92,748	0	92,748	74.00
76.00	03020	RENAL DIALYSIS ADULT			71,896	0	71,896	76.00
76.01	03550	PSYCH DAY HOSPITAL			288,885	0	288,885	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			3,549,926	0	3,549,926	90.00
91.00	09100	EMERGENCY			2,504,651	0	2,504,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			68,065	0	68,065	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			21,801	0	21,801	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			1,674	0	1,674	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	51,146,491	0	51,146,491	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,273,743	0	1,273,743	190.00
190.01	19001	FUND RAISING			369,680	0	369,680	190.01
190.02	19002	RUSH DAY SCHOOL			69,031	0	69,031	190.02
191.00	19100	RESEARCH			7,173,778	0	7,173,778	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			581,952	0	581,952	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			1,217,366	0	1,217,366	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			9,787,895	0	9,787,895	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.00	07950	MEDICAL COLLEGE			1,360,011	0	1,360,011	194.00
194.01	07951	AFFIL CORP ARC VENTURES			239,965	0	239,965	194.01
194.02	07952	AFFIL CORP ROOM 500			661,890	0	661,890	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			322,612	0	322,612	194.03
194.04	07954	CON - GNE			4,801	0	4,801	194.04
200.00		Cross Foot Adjustments	35,360	0	2,131,945	0	2,131,945	200.00
201.00		Negative Cost Centers	17,633	127,611	5,887,570	0	5,887,570	201.00
202.00		TOTAL (sum lines 118 through 201)	52,993	127,611	82,228,730	0	82,228,730	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	75,765				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	6,654,941			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	195,966		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	253,601	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	4,445,908	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	0	1,876	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	4,451	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	924	0	4,753	46	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	3,365	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	152	0	5.09
5.10	00598	RESEARCH SPA	0	119	0	0	7,357	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	245	454,449	806	3,141	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	35,229	0	39,717	78,746	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	739	0	253	180	8.00
9.00	00900	HOUSEKEEPING	0	355	0	9,392	372	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	243	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,753	11.00
13.00	01300	NURSING ADMINISTRATION	0	997	0	4,984	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	2,787	0	514	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	621	0	269	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	1,686	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	2,883	0	1,362	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	2,322	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	13,587	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,289	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	1,446	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	11,344	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,588	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,134	0	4,307	2,181	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	943	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,953	0	24,779	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	11,271	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	18,435	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	2,039	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,822	0	4,209	7,447	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,401	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	1,651	30,456	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,441	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	7,240	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,048	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,594	0	246	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,483	0	1,446	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	665	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,310	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,194	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	318	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	1,287	0	90.00
91.00	09100	EMERGENCY	0	0	0	12,454	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	59,682	4,900,357	174,676	176,320	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	77,035	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	1,677,549	25	56,521	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	832	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	610	8,220	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,236	0	19,529	9,212	192.00
194.00	07950	MEDICAL COLLEGE	0	847	0	1,126	2,496	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,882,726	6,654,941	4,713,987	5,385,003	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	24.849548	1.000000	24.055127	21.234155	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	313,939					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	160,652				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	89,344			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	20,099		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	280,157	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,108	0	0	0	128	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	401	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	15	0	0	161	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	852	0	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	2,681	5	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	433	5.06
5.07	00595	ADMIN & GEN PT SERVICE	8,275	473	1,342	138	2,572	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	8,997	5.08
5.09	00597	RESEARCH FACULTY	0	37	217	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	543	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,581	5	0	7,584	22,385	5.11
6.00	00600	MAINTENANCE & REPAIRS	75,037	17,488	22,063	4,129	69,816	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	831	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,131	205	170	108	606	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	19,884	0	0	0	0	10.01
11.00	01100	CAFETERIA	5,113	338	0	0	23,602	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,824	0	0	0	0	14.00
15.00	01500	PHARMACY	10,804	55	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,248	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,476	55	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	113	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	895	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,088	455	0	0	734	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	293	208	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	72,570	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	17,602	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,067	0	0	0	597	21.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	342	1,081	177	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	224	0	0	2,476	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	307	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	1,062	23.02
23.03	02303	PARAMED SPEECH	0	629	0	0	1,743	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	220	0	0	1,537	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	211	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	470	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	312	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	999	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	750	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	80,860	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	3,461	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,219	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	14,697	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,404	0	0	0	12,573	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,451	0	0	0	629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,068	2,662	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,701	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	27,351	7,740	3,139	0	2,060	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	895	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	696	0	1,220	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,005	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	766	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,031	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	25,836	18,727	0	1,180	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,956	63,779	54,865	12,136	254,486	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,983	1,405	1,697	0	535	190.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	494	1,501	0	5,659	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	650	1,171	0	826	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	1,170	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	73,211	22,808	7,786	2,250	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	177	15,231	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,176	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	17,937	7,302	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,522,482	1,322,080	878,093	346,506	920,080	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.961604	8.229465	9.828226	17.239962	3.284159	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
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

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	193,280					1.10
1.11	00111	DEPRECIATION JRB	0	118,253				1.11
1.12	00112	DEPRECIATION TOB	0	0	169,827			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	3,216,392		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	136,259	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	15,697	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	401	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	1,569	7,613	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	0	4,197	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	0	4,335	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	15,067	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	2,111	600	55,925	159,888	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	12,362	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	1,278	0	5.09
5.10	00598	RESEARCH SPA	0	0	8	9,659	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,941	3,427	38,453	182,753	47,642	5.11
6.00	00600	MAINTENANCE & REPAIRS	35,059	10,327	17,958	569,757	15,026	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	11,378	3,747	8.00
9.00	00900	HOUSEKEEPING	1,695	1,992	540	49,246	22,933	9.00
10.00	01000	DIETARY	0	0	3,883	7,766	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	261	0	23,764	0	10.01
11.00	01100	CAFETERIA	0	0	1,743	39,423	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,064	0	11,416	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	710	0	35,169	0	14.00
15.00	01500	PHARMACY	0	0	0	16,423	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,582	10,335	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	330	0	8,457	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	1,799	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	5,141	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	671	0	0	6,046	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	4,762	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	13,587	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	501	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	1,289	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	1,446	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	571	86,979	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	17,602	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,972	21,348	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	426	0	42	18,617	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,001	6,702	0	23.00

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			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	307	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	1,062	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	3,796	1,424	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,757	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,582	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	470	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	312	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	999	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	750	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	246,565	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	42,574	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	45,317	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	12,491	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	36,810	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	14,705	0	33,141	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	24,412	0	24,412	0	41.00
43.00	04300	NURSERY	0	0	0	14,697	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	836	0	0	122,865	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,381	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,348	0	52.00
53.00	05300	ANESTHESIOLOGY	938	0	0	16,063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,593	0	0	81,150	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,219	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,145	0	56.00
60.00	06000	LABORATORY	1,328	0	812	91,941	721	60.00
60.01	06002	LABORATORY - HLA	0	0	0	1,441	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,240	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,633	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,034	0	11,852	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,604	0	11,676	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	593	0	8,367	7,065	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,748	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,455	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,194	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	1,084	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	4,182	386	15,356	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	50,844	4,620	0	114,603	12,110	90.00
91.00	09100	EMERGENCY	0	0	0	48,496	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,358	0	0	1,639	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	422	0	0	506	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,226	78,861	125,863	2,479,605	121,003	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,159	875	45,396	0	190.00
190.01	19001	FUND RAISING	0	0	9,066	18,132	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	19100	RESEARCH	197	272	8,958	167,705	66	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,480	495	412	13,869	39	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	702	2,007	410	25,670	955	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,314	7,007	24,043	404,778	14,196	192.00
194.00	07950	MEDICAL COLLEGE	857	1,452	200	24,779	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,504	0	0	4,680	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	25,239	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,550,985	806,740	495,705	29,340,055	775,170	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.024550	6.822153	2.918882	9.122040	5.688945	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON	37,966					1.15
1.16	00116	DEPRECIATION COHN	0	107,336				1.16
1.17	00117	DEPRECIATION TOWER	0	0	704,825			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	00201	INTEREST GENERAL				0	1,083,419	2.01
2.02	00202	INTEREST DIRECT BLDG				0	0	2.02
2.03	00203	INTEREST ATRUM PAV				0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	00205	INTEREST TOB				0	0	2.05
2.06	00206	INTEREST PRO BLDG III				0	0	2.06
2.07	00207	INTEREST TOWER				0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	1,879	0	0	3,916	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	3,346	0	0	0	3,346	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,649	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	10,182	0	0	15,067	5.06
5.07	00595	ADMIN & GEN PT SERVICE	3,056	0	23,770	0	11,489	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	12,362	5.08
5.09	00597	RESEARCH FACULTY	0	381	0	0	533	5.09
5.10	00598	RESEARCH SPA	0	1,623	0	0	9,643	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,029	4,468	1,593	0	92,300	5.11
6.00	00600	MAINTENANCE & REPAIRS	8,114	5,704	117,384	0	256,481	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,628	0	4,919	8.00
9.00	00900	HOUSEKEEPING	111	681	6,417	0	34,556	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	3,376	0	243	10.01
11.00	01100	CAFETERIA	0	38	5,093	0	1,791	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,552	0	8,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	28,635	0	0	14.00
15.00	01500	PHARMACY	0	91	2,172	0	3,392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	11,582	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,706	0	0	0	6,595	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	1,799	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	4,245	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	25	0	0	0	3,080	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	13,587	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,289	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	1,446	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	1,923	0	0	0	85,837	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	17,602	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,152	0	11,185	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	9,799	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	2,476	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	307	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	1,062	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	3,167	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,537	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,428	0	0	0	2,371	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	470	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	312	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	999	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	750	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	631	0	134,546	0	28,363	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	42,574	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	41,856	0	3,461	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	11,271	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	36,810	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	18,435	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	84,012	0	14,613	50.00
51.00	05100	RECOVERY ROOM	0	0	21,381	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	21,348	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,013	0	7,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	43,258	0	13,478	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	195	922	0	3,596	55.00
56.00	05600	RADIOISOTOPE	0	0	5,145	0	0	56.00
60.00	06000	LABORATORY	1,329	0	10,213	0	36,217	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,441	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	7,240	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,690	0	1,048	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,062	0	1,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	139	0	2,929	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	44	0	7,731	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,192	0	2,310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,455	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,194	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	318	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,382	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	14,577	90.00
91.00	09100	EMERGENCY	0	0	36,043	0	12,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	282	0	0	0	282	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	84	0	0	0	84	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,064	25,242	704,506	0	831,878	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	209	0	535	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
191.00	19100	RESEARCH	42	71,300	0	0	133,613	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,221	56	0	0	3,974	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	8,663	0	0	19,618	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,724	867	110	0	71,802	192.00
194.00	07950	MEDICAL COLLEGE	915	1,208	0	0	21,999	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	68,881	1,580,333	17,984,963	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.814281	14.723234	25.516920	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	3					2.02
2.03	00203	INTEREST ATRUM PAV	0	313,939				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	89,344			2.04
2.05	00205	INTEREST TOB	0	0	0	169,827		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	193,280	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,108	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	1	0	0	0	0	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	0	0	1,569	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	852	0	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	2,681	0	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	8,275	1,342	55,925	2,111	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	217	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	8	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	1	1,581	0	38,453	6,941	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	75,037	22,063	17,958	35,059	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	831	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,131	170	540	1,695	9.00
10.00	01000	DIETARY	0	0	0	3,883	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	19,884	0	0	0	10.01
11.00	01100	CAFETERIA	1	5,113	0	1,743	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,824	0	0	0	14.00
15.00	01500	PHARMACY	0	10,804	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	1,476	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,088	0	0	671	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	208	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	571	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,067	0	1,972	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,081	42	426	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	2,001	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	211	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	80,860	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,219	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	14,697	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	23,404	0	0	836	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,451	0	0	938	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,662	0	11,593	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,701	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	27,351	3,139	812	1,328	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	895	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	696	1,220	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,005	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,246	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	766	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,031	386	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	18,727	0	50,844	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,358	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	422	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3	311,956	54,865	125,863	114,226	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,983	1,697	875	0	190.00
190.01	19001	FUND RAISING	0	0	0	9,066	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	1,501	8,958	197	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	1,171	412	2,480	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	410	702	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	22,808	24,043	73,314	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	200	857	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,504	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	7,302	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	704,825					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	160,652				2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	797,814,452			4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	10,000		5.01
5.02	00540	PARKING GARAGE	0	401	0	0	1,608,629,556	5.02
5.03	00591	RESEARCH ADMINISTRATION	0	15	3,810,047	0	0	5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	0	3,652,741	0	0	5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	1,649	5	3,179,785	0	0	5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	1,472,035	0	0	5.06
5.07	00595	ADMIN & GEN PT SERVICE	23,770	473	30,541,805	0	0	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	4,576,663	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	37	12,929,275	0	0	5.09
5.10	00598	RESEARCH SPA	0	0	6,888,705	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,593	5	54,232,144	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	117,384	17,488	14,340,456	0	60,766,709	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,628	0	657,448	0	3,800,827	8.00
9.00	00900	HOUSEKEEPING	6,417	205	18,170,825	0	25,995,424	9.00
10.00	01000	DIETARY	0	0	393,999	0	764,169	10.00
10.01	01001	PATIENT FOOD SERVICE	3,376	0	6,219,848	0	11,822,542	10.01
11.00	01100	CAFETERIA	5,093	338	1,784,797	0	5,614,657	11.00
13.00	01300	NURSING ADMINISTRATION	1,552	0	9,579,086	0	18,352,627	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,635	0	0	0	2,603,795	14.00
15.00	01500	PHARMACY	2,172	55	11,204,871	0	139,218,579	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,834,290	0	9,045,826	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	55	10,842,663	0	16,607,899	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	706,606	0	893,799	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	291,588	0	476,390	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	895	2,089,760	0	3,160,982	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	455	2,008,549	0	3,825,370	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	152,650	0	42,575	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	5,750	0	1,529,496	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	83,301	0	619,974	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	293	986,123	0	991,964	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	899,557	0	2,543,950	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	1,681,969	0	10,398,453	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	7,033,140	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	13,028,994	0	25,537,515	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	3,210,734	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,152	0	41,114,283	0	59,645,652	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	342	6,504,591	0	10,903,365	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	224	2,847,460	0	10,242,947	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	382,958	0	578,399	23.01
23.02	02302	PARAMED DIETARY	0	0	404,865	0	534,746	23.02
23.03	02303	PARAMED SPEECH	0	629	1,156,569	0	1,827,457	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	220	768,410	0	1,098,103	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	267,780	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	511,017	0	163,657	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	571,696	0	819,290	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	232,239	0	372,420	23.08
23.09	02309	PARAMED PHARMACY	0	0	480,298	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	507,232	0	706,536	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	706,775	0	1,120,660	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,546	0	50,944,571	0	86,152,513	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,574	0	13,747,833	0	21,658,267	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	41,856	0	14,969,163	0	24,145,564	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,971,387	0	7,941,519	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	36,810	0	10,473,911	0	17,720,751	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,577,994	0	10,442,119	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,358,916	0	7,411,737	41.00
43.00	04300	NURSERY	0	0	1,784,354	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,012	0	17,324,058	0	127,936,583	50.00
51.00	05100	RECOVERY ROOM	21,381	0	4,703,627	0	8,400,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,348	0	4,782,098	0	8,449,984	52.00
53.00	05300	ANESTHESIOLOGY	6,013	0	1,293,916	0	10,137,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,258	8,068	14,005,124	0	36,158,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	922	0	3,230,818	0	11,975,122	55.00
56.00	05600	RADIOISOTOPE	5,145	0	701,072	0	3,515,057	56.00
60.00	06000	LABORATORY	10,213	7,740	23,325,292	0	66,150,776	60.00
60.01	06002	LABORATORY - HLA	0	0	548,401	0	1,898,420	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,903,089	0	10,974,408	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,690	0	5,209,016	0	10,887,081	65.00
66.00	06600	PHYSICAL THERAPY	2,062	0	4,072,882	0	6,428,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	139	0	3,108,296	0	4,774,346	67.00
68.00	06800	SPEECH PATHOLOGY	44	0	1,776,738	0	3,556,199	68.00
69.00	06900	ELECTROCARDIOLOGY	8,192	0	3,916,248	0	24,880,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,455	0	853,483	0	1,417,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	71,289	0	318,798	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	3,651,747	76.00
76.01	03550	PSYCH DAY HOSPITAL	1,382	0	2,292,205	0	3,628,512	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	25,836	22,538,196	0	72,033,927	90.00
91.00	09100	EMERGENCY	36,043	0	9,950,617	0	18,230,144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,449,151	0	5,797,595	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	759,247	0	1,878,964	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	61,544	0	484,446	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	704,506	63,779	523,650,913	0	1,051,664,299	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	209	1,405	1,160,720	0	4,364,810	190.00
190.01	19001	FUND RAISING	0	0	5,996,902	0	9,486,746	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,587,791	0	2,359,955	190.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
191.00	19100	RESEARCH	0	494	21,372,036	0	41,026,590	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	650	18,360,105	0	30,574,507	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,295,298	0	32,892,755	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	110	73,211	190,117,039	10,000	312,823,830	192.00
194.00	07950	MEDICAL COLLEGE	0	0	14,929,256	0	33,990,095	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,176	7,003,949	0	49,976,269	194.01
194.02	07952	AFFIL CORP ROOM 500	0	17,937	872,157	0	3,121,028	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	9,717,685	0	34,998,346	194.03
194.04	07954	CON - GNE	0	0	750,601	0	1,350,326	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	191,797,642	120,915	265,720	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.240404	12.091500	0.000165	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			194,120	0	4,452,866	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000243	0.000000	0.000165	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION	74,852,958					5.03
5.04	00592	ADMIN & GEN INPT SERVICE	0	2,094,938,354				5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE	0	0	1,763,670,931			5.05
5.06	00594	ADMIN & GEN ANIMAL LAB	0	0	0	1,976,888		5.06
5.07	00595	ADMIN & GEN PT SERVICE	0	0	0	0	3,858,609,285	5.07
5.08	00596	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00597	RESEARCH FACULTY	0	0	0	898,308	0	5.09
5.10	00598	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

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		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	237,249,904	18,570,436	23	255,820,340	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	71,119,934	103,814	0	71,223,748	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	73,758,202	435,600	0	74,193,802	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	21,820,531	146,892	0	21,967,423	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	53,224,356	0	0	53,224,356	35.02
40.00	04000	SUBPROVIDER - IPF	0	32,077,445	0	0	32,077,445	40.00
41.00	04100	SUBPROVIDER - IRF	0	22,210,335	75	0	22,210,410	41.00
43.00	04300	NURSERY	0	5,525,450	0	0	5,525,450	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	250,218,430	139,625,286	0	389,843,715	50.00
51.00	05100	RECOVERY ROOM	0	17,966,904	16,785,152	0	34,752,056	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,536,682	3,324,828	0	22,861,510	52.00
53.00	05300	ANESTHESIOLOGY	0	62,325,144	38,377,418	0	100,702,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	163,288,126	176,914,879	0	340,203,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,604,234	87,372,765	0	93,976,999	55.00
56.00	05600	RADIOISOTOPE	0	4,344,955	21,568,028	0	25,912,982	56.00
60.00	06000	LABORATORY	0	228,820,697	294,684,501	0	523,505,198	60.00
60.01	06002	LABORATORY - HLA	0	472,730	4,771,114	0	5,243,844	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	44,645,867	13,805,601	0	58,451,468	62.00
64.00	06400	INTRAVENOUS THERAPY	0	39,586,838	3,157,848	0	42,744,686	64.00
65.00	06500	RESPIRATORY THERAPY	0	44,018,439	1,295,246	0	45,313,686	65.00
66.00	06600	PHYSICAL THERAPY	0	19,848,239	9,863,949	0	29,712,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,825,889	3,440,909	0	21,266,798	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,716,641	4,370,652	0	12,087,293	68.00
69.00	06900	ELECTROCARDIOLOGY	0	55,226,958	55,540,401	0	110,767,359	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,197,677	3,103,512	0	20,301,189	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	78,598,349	35,311,549	0	113,909,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	206,427,682	68,886,819	0	275,314,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	232,230,871	417,032,750	0	649,263,621	73.00
74.00	07400	RENAL DIALYSIS	0	7,753	265,169	0	272,922	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	13,847,135	757,227	0	14,604,364	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	165	306,966	0	307,131	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,117,282	238,170,563	0	239,287,845	90.00
91.00	09100	EMERGENCY	0	37,928,460	105,680,982	0	143,609,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,175,000	0	0	6,175,000	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,521,450	0	0	1,521,450	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	453,600	0	0	453,600	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,094,938,354	1,763,670,931	898,331	3,858,609,285	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	41,026,590	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	30,574,507	0	0	0	0	191.01

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		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,251,861	0	0	1,056,266	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	22,291	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,002,647	6,162,372	4,318,849	683,918	72,750,801	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.093552	0.002942	0.002449	0.345957	0.018854	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	143,104	65,659	146,676	383,647	2,626,739	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001912	0.000031	0.000083	0.180047	0.000681	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT	759,981					5.08
5.09	00597	RESEARCH FACULTY	0	10,000				5.09
5.10	00598	RESEARCH SPA	0	0	71,601,097			5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	-141,828,261	1,594,864,431	5.11
6.00	00600	MAINTENANCE & REPAIRS	21,020	0	0	0	72,790,049	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,448	0	0	0	3,285,164	8.00
9.00	00900	HOUSEKEEPING	39,016	0	0	0	27,487,423	9.00
10.00	01000	DIETARY	809	0	0	0	643,944	10.00
10.01	01001	PATIENT FOOD SERVICE	13,407	0	0	0	10,858,778	10.01
11.00	01100	CAFETERIA	4,456	0	0	0	1,028,693	11.00
13.00	01300	NURSING ADMINISTRATION	9,090	0	0	0	17,118,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,196,432	14.00
15.00	01500	PHARMACY	12,589	0	0	0	18,118,435	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,762	0	0	0	8,338,671	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	12,835	0	0	0	16,288,909	16.01
18.00	01850	CLINICAL LAB ADMIN MED	245	0	0	0	640,692	18.00
18.01	01080	CLINICAL LAB ADMIN PED	199	0	0	0	316,850	18.01
18.02	01851	CLINICAL LAB ADMIN OB	1,357	0	0	0	2,324,529	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	1,733	0	0	0	3,378,477	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	109	0	0	0	69,610	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	6	0	0	0	982,639	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	38	0	0	0	620,547	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	726	0	0	0	733,786	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	981	0	0	0	2,498,012	18.09
18.12	01859	DISCRETIONARY OPERATIONS	2,808	0	0	825,971	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	8,828	0	0	0	13,302,700	18.14
18.16	01861	NURSING SCHOOL SPLIT	11,791	0	0	0	18,964,132	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,875	0	0	0	793,969	19.00
20.00	02000	NURSING SCHOOL	0	0	0	21,720,972	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	71,290	0	0	0	53,669,672	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,750	0	0	0	9,712,731	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,190	0	0	0	1,266,595	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	306	0	0	641,613	0	23.01
23.02	02302	PARAMED DIETARY	383	0	0	267,073	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	1,098	0	0	1,544,870	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	819	0	0	907,089	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	357	0	0	0	354,393	23.05
23.06	02306	PARAMED PASTORAL CARE	938	0	0	0	705,816	23.06
23.07	02307	PARAMED TECHNOLOGY	585	0	0	484,673	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	208	0	0	250,956	0	23.08
23.09	02309	PARAMED PHARMACY	890	0	0	0	588,091	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	463	0	0	24,074	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	686	0	0	1,594,952	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,434	0	0	0	83,396,955	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,717	0	0	0	22,295,405	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	17,592	0	0	0	23,928,537	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,372	0	0	0	8,187,873	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	13,306	0	0	0	16,638,030	35.02
40.00	04000	SUBPROVIDER - IPF	9,719	0	0	0	10,097,764	40.00
41.00	04100	SUBPROVIDER - IRF	5,802	0	0	0	6,641,523	41.00
43.00	04300	NURSERY	2,108	0	0	0	4,011,169	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,777	0	0	0	43,924,847	50.00
51.00	05100	RECOVERY ROOM	5,550	0	0	0	7,743,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,619	0	0	0	8,117,321	52.00
53.00	05300	ANESTHESIOLOGY	1,651	0	0	0	7,548,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,080	0	0	0	30,438,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,537	0	0	0	12,627,583	55.00
56.00	05600	RADIOISOTOPE	680	0	0	0	3,760,485	56.00
60.00	06000	LABORATORY	31,359	0	0	0	69,029,057	60.00
60.01	06002	LABORATORY - HLA	627	0	0	0	1,954,414	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,787	0	0	0	11,814,882	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	929,106	64.00
65.00	06500	RESPIRATORY THERAPY	7,131	0	0	0	11,544,690	65.00
66.00	06600	PHYSICAL THERAPY	5,217	0	0	0	6,190,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,852	0	0	0	4,707,105	67.00
68.00	06800	SPEECH PATHOLOGY	2,053	0	0	0	3,099,889	68.00
69.00	06900	ELECTROCARDIOLOGY	4,365	0	0	0	8,251,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,417	0	0	0	1,737,502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	36,953,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	87,705,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	133,447,216	73.00
74.00	07400	RENAL DIALYSIS	78	0	0	0	222,055	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	3,910,918	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,327	0	0	0	3,346,877	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	39,768	0	0	0	69,143,720	90.00
91.00	09100	EMERGENCY	12,887	0	0	0	19,389,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,738	0	0	0	5,788,011	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	694	0	0	0	1,784,736	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	26	0	0	0	485,149	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	553,361	0	0	-113,566,018	1,058,871,747	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,059	0	0	0	4,218,067	190.00
190.01	19001	FUND RAISING	6,361	0	0	0	9,342,370	190.01
190.02	19002	RUSH DAY SCHOOL	2,124	0	0	0	2,445,665	190.02
191.00	19100	RESEARCH	27,376	0	41,026,590	0	61,206,180	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	25,222	0	30,574,507	0	41,859,907	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,821	10,000	0	0	25,884,108	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	112,488	0	0	0	275,457,150	192.00
194.00	07950	MEDICAL COLLEGE	10,612	0	0	0	26,665,375	194.00
194.01	07951	AFFIL CORP ARC VENTURES	8,454	0	0	0	49,748,253	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
194.02	07952	AFFIL CORP ROOM 500	2,613	0	0	0	2,419,331	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	7,990	0	0	0	35,374,522	194.03
194.04	07954	CON - GNE	500	0	0	0	1,371,756	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,956,119	20,287,002	9,358,792		141,828,261	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.784662	2,028.700200	0.130707		0.088928	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	214,880	188,241	274,663		3,048,788	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.282744	18.824100	0.003836		0.001912	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS	2,058,568					6.00
6.01	00601	RENTED SPACE COSTS	0	10,000				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,378	0	1,902,961			8.00
9.00	00900	HOUSEKEEPING	49,246	0	0	1,997,944		9.00
10.00	01000	DIETARY	7,766	0	0	7,766	10,000	10.00
10.01	01001	PATIENT FOOD SERVICE	23,764	0	0	23,764	8,007	10.01
11.00	01100	CAFETERIA	39,423	0	0	39,423	1,993	11.00
13.00	01300	NURSING ADMINISTRATION	11,416	0	0	11,416	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,169	0	0	35,169	0	14.00
15.00	01500	PHARMACY	16,423	0	0	16,423	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,582	0	0	11,582	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	8,457	0	0	8,457	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	1,799	0	0	1,799	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	5,141	0	0	5,141	0	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	5,294	0	0	5,294	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	13,587	0	0	13,587	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	501	0	0	501	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	1,289	0	0	1,289	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	1,446	0	0	1,446	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	86,979	0	0	86,979	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	17,602	0	0	17,602	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21,348	0	0	21,348	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,732	0	0	11,732	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	6,702	0	0	6,702	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	307	0	0	307	0	23.01
23.02	02302	PARAMED DIETARY	1,062	0	0	1,062	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	3,796	0	0	3,796	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,757	0	0	1,757	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,582	0	0	2,582	0	23.06
23.07	02307	PARAMED TECHNOLOGY	470	0	0	470	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	312	0	0	312	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	999	0	0	999	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	750	0	0	750	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	243,769	0	542,396	243,769	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,574	0	48,708	42,574	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	45,317	0	93,157	45,317	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	12,491	0	0	12,491	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	36,810	0	23,252	36,810	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,141	0	81,335	33,141	0	40.00
41.00	04100	SUBPROVIDER - IRF	24,412	0	91,594	24,412	0	41.00
43.00	04300	NURSERY	14,697	0	54,503	14,697	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	122,865	0	147,189	122,865	0	50.00
51.00	05100	RECOVERY ROOM	21,381	0	0	21,381	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,348	0	0	21,348	0	52.00
53.00	05300	ANESTHESIOLOGY	16,063	0	0	16,063	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,059	0	190,235	79,059	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,219	0	3,718	22,219	0	55.00
56.00	05600	RADIOISOTOPE	5,145	0	57,342	5,145	0	56.00
60.00	06000	LABORATORY	87,612	0	69,376	87,612	0	60.00
60.01	06002	LABORATORY - HLA	1,441	0	0	1,441	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,240	0	0	7,240	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,633	0	0	6,633	0	65.00
66.00	06600	PHYSICAL THERAPY	11,852	0	25,151	11,852	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,676	0	4,431	11,676	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,367	0	0	8,367	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,748	0	0	11,748	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,455	0	0	2,455	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,194	0	0	2,194	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	1,084	0	0	1,084	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	7,367	0	0	7,367	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	114,603	0	0	114,603	0	90.00
91.00	09100	EMERGENCY	48,496	0	423,150	48,496	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,639	0	0	1,639	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	506	0	0	506	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,466,994	0	1,855,537	1,406,370	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,738	0	47,424	35,738	0	190.00
190.01	19001	FUND RAISING	18,132	0	0	18,132	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	153,994	0	0	153,994	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	9,595	0	0	9,595	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	23,148	10,000	0	23,148	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	296,340	0	0	296,340	0	192.00
194.00	07950	MEDICAL COLLEGE	24,708	0	0	24,708	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,680	0	0	4,680	0	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
194.02	07952	AFFIL CORP ROOM 500	25,239	0	0	25,239	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	79,263,122	0	4,015,406	31,827,993	1,123,946	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.504010	0.000000	2.110083	15.930373	112.394600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	14,901,806	0	406,741	1,536,089	146,046	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.238919	0.000000	0.213741	0.768835	14.604600	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE	446,442					10.01
11.00	01100	CAFETERIA	0	658,789				11.00
13.00	01300	NURSING ADMINISTRATION	0	9,090	162,226			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	69,098,669		14.00
15.00	01500	PHARMACY	0	12,589	0	192,960	158,005,917	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,762	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	12,835	0	0	386	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	245	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	199	0	486	0	18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	1,357	0	11	26	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	1,733	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	109	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	6	0	74	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	38	0	561	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	726	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	981	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	2,808	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	8,828	0	16,005	2,044	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	11,791	0	1,471	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,875	1,875	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	71,290	0	26,393	59	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,750	0	8,575	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,190	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	306	0	51	0	23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	383	0	79	0	23.02
23.03	02303	PARAMED SPEECH	0	1,098	0	2,189	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	819	0	30	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	357	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	938	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	585	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	208	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	890	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	463	0	123	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	686	0	17,281	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	302,790	70,434	50,119	5,031,558	2,933	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	31,824	17,717	15,296	1,605,880	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	32,610	17,592	14,296	1,466,807	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,042	6,372	5,482	859,337	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	13,306	12,401	766,690	0	35.02
40.00	04000	SUBPROVIDER - IPF	41,394	9,719	5,516	97,648	0	40.00
41.00	04100	SUBPROVIDER - IRF	28,782	5,802	3,786	179,155	0	41.00
43.00	04300	NURSERY	0	2,108	2,108	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,777	12,886	25,297,391	201	50.00
51.00	05100	RECOVERY ROOM	0	5,550	4,753	224,866	40	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,619	4,277	583,318	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,651	0	1,905,157	224,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,080	1,601	3,881,691	87,815	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,537	47	149,472	855	55.00
56.00	05600	RADIOISOTOPE	0	680	0	14,254	22	56.00
60.00	06000	LABORATORY	0	31,359	4,079	2,573,479	0	60.00
60.01	06002	LABORATORY - HLA	0	627	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,787	288	243,324	20,443	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,131	0	1,019,916	2,895	65.00
66.00	06600	PHYSICAL THERAPY	0	5,217	0	114,899	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,852	0	70,573	68	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,053	0	252,462	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,365	1,803	5,395,376	6,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,417	0	61,115	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	289,007	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	119,931,357	73.00
74.00	07400	RENAL DIALYSIS	0	78	58	34,470	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	276,553	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	3,327	96	194	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	36,784	11,288	1,597,678	28,174,202	90.00
91.00	09100	EMERGENCY	0	12,887	9,349	1,140,599	1,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,738	565	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	694	257	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	26	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	446,442	470,221	162,226	55,399,158	148,456,115	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,059	0	1,084	0	190.00
190.01	19001	FUND RAISING	0	6,361	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,124	0	523	370	190.02
191.00	19100	RESEARCH	0	27,376	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	25,222	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	1,821	0	292,121	319,196	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	98,656	0	2,232,103	9,169,887	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
194.00	07950	MEDICAL COLLEGE	0	10,612	0	1,402	25	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	4,644	0	307,591	60,324	194.01
194.02	07952	AFFIL CORP ROOM 500	0	2,613	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	7,580	0	10,864,687	0	194.03
194.04	07954	CON - GNE	0	500	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,017,949	3,490,142	19,310,651	3,217,231	20,699,325	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.399261	5.297815	119.035488	0.046560	0.131003	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,122,251	1,084,641	451,195	1,480,229	766,731	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.513767	1.561807	2.781274	0.021422	0.004853	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,520	2,094,938,354				16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	28,973			18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	9,040		18.01
18.02	01851	CLINICAL LAB ADMIN OB	0	0	0	0	24,896	18.02
18.03	01852	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	237,249,904	0	1,780	3,381	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	71,119,934	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	73,758,202	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	21,820,531	0	6,346	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	53,224,356	0	20	13,286	35.02
40.00	04000	SUBPROVIDER - IPF	0	32,077,445	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	22,210,335	0	0	0	41.00
43.00	04300	NURSERY	0	5,525,450	0	0	2,108	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	250,218,430	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	17,966,904	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,536,682	0	0	5,619	52.00
53.00	05300	ANESTHESIOLOGY	0	62,325,144	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	163,288,126	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,604,234	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,344,955	0	0	0	56.00
60.00	06000	LABORATORY	0	228,820,697	4,330	816	502	60.00
60.01	06002	LABORATORY - HLA	0	472,730	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	44,645,867	2,197	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	39,586,838	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	44,018,439	6,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,848,239	2,552	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,825,889	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,716,641	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	55,226,958	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,197,677	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	78,598,349	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	206,427,682	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	232,230,871	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,753	0	78	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	13,847,135	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	165	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,117,282	466	0	0	90.00
91.00	09100	EMERGENCY	4,480	37,928,460	12,469	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,175,000	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,521,450	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	453,600	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	2,094,938,354	28,973	9,040	24,896	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,746,495	23,645,913	698,965	444,032	2,818,285	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	974.649500	0.011287	24.124702	49.118584	113.202322	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	292,376	436,781	1,996	74,217	207,810	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	29.237600	0.000208	0.068892	8.209845	8.347124	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG	59,048					18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH	0	2,223				18.04
18.05	01854	CLINICAL LAB ADMIN PATH	0	0	2,525			18.05
18.06	01855	CLINICAL LAB ADMIN CARD	0	0	0	3,279		18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT	0	0	0	0	4,260	18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,875	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,777	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	5,550	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,651	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,080	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,537	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	680	0	0	0	0	56.00
60.00	06000	LABORATORY	2,433	0	2,525	1,124	1,473	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,787	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	350	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,007	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,155	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	33	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,840	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,738	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	694	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	26	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,048	2,223	2,525	3,279	4,260	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,976,274	76,377	1,809,658	675,958	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	67.339690	34.357625	716.696238	206.147606	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	195,281	43,817	523,395	1,390	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.307157	17.069276	207.285149	0.423910	0.000000	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR	9,242					18.08
18.09	01858	CLINICAL LAB ADMIN OCLS	0	20,103				18.09
18.12	01859	DISCRETIONARY OPERATIONS	0	0	609,311			18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT	0	0	8,828	98,073		18.14
18.16	01861	NURSING SCHOOL SPLIT	0	0	11,791	37,809	10,000	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,875	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,933	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	71,290	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,750	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,190	2,382	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	306	2,128	0	23.01
23.02	02302	PARAMED DIETARY	0	0	383	1,338	0	23.02
23.03	02303	PARAMED SPEECH	0	0	1,098	5,224	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	819	3,251	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	357	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	938	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	585	3,002	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	208	1,223	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	890	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	463	1,507	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	686	5,277	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	70,434	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	17,717	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	17,592	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	6,372	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	13,306	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	9,719	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,802	0	0	41.00
43.00	04300	NURSERY	0	0	2,108	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,066	0	21,777	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	5,550	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,619	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,651	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,080	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,537	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	680	0	0	56.00
60.00	06000	LABORATORY	0	16,978	31,359	0	0	60.00
60.01	06002	LABORATORY - HLA	0	627	627	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,498	2,787	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,131	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,217	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,852	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,053	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,365	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,410	0	1,417	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	78	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	3,327	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,766	0	36,784	0	0	90.00
91.00	09100	EMERGENCY	0	0	12,887	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,738	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	694	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	26	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,242	20,103	420,743	63,141	8,933	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,059	3,298	1,060	190.00
190.01	19001	FUND RAISING	0	0	6,361	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,124	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
191.00	19100	RESEARCH	0	0	27,376	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	25,222	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	1,821	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	98,656	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	10,612	31,634	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	4,644	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,613	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	7,580	0	0	194.03
194.04	07954	CON - GNE	0	0	500	0	7	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	830,158	2,795,518	-732,383	19,268,113	29,099,485	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	89.824497	139.059742	0.000000	196.467050	2,909.948500	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,183	56,675	68,006	2,050,080	1,215,091	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.751028	2.819231	0.111611	20.903613	121.509100	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00591	RESEARCH ADMINISTRATION						5.03
5.04	00592	ADMIN & GEN INPT SERVICE						5.04
5.05	00593	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00594	ADMIN & GEN ANIMAL LAB						5.06
5.07	00595	ADMIN & GEN PT SERVICE						5.07
5.08	00596	PERSONNEL DEPARTMENT						5.08
5.09	00597	RESEARCH FACULTY						5.09
5.10	00598	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01851	CLINICAL LAB ADMIN OB						18.02
18.03	01852	CLINICAL LAB ADMIN SURG						18.03
18.04	01853	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01854	CLINICAL LAB ADMIN PATH						18.05
18.06	01855	CLINICAL LAB ADMIN CARD						18.06
18.07	01856	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01857	CLINICAL LAB ADMIN NEUR						18.08
18.09	01858	CLINICAL LAB ADMIN OCLS						18.09
18.12	01859	DISCRETIONARY OPERATIONS						18.12
18.14	01860	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01861	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		21,958				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			48,222			21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				48,222		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					619,037,545	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	16,641	8,785	8,785	86,152,513	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	67	1,474	1,474	21,658,267	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	2,595	2,595	24,145,564	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	525	525	7,941,519	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	837	543	543	17,720,751	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,657	981	981	10,442,119	40.00
41.00	04100	SUBPROVIDER - IRF	0	937	489	489	7,411,737	41.00
43.00	04300	NURSERY	0	0	101	101	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	3,282	3,282	127,936,583	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	8,400,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	477	477	8,449,984	52.00
53.00	05300	ANESTHESIOLOGY	10,000	1,819	3,257	3,257	10,137,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,754	3,754	36,158,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	625	625	11,975,122	55.00
56.00	05600	RADIOISOTOPE	0	0	426	426	3,515,057	56.00
60.00	06000	LABORATORY	0	0	2,142	2,142	66,150,776	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,898,420	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	169	169	10,974,408	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	10,887,081	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,428,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	4,774,346	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,556,199	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	624	624	24,880,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,417,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	718	718	318,798	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	3,651,747	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	1,543	1,543	3,628,512	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	6,951	6,951	72,033,927	90.00
91.00	09100	EMERGENCY	0	0	2,707	2,707	18,230,144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	100	100	5,797,595	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,878,964	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	484,446	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	21,958	42,268	42,268	619,037,545	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,841	2,841	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,105	3,105	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	8	8	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,223,962	4,273,598	59,983,393	11,240,653	2,223,637	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	122.396200	194.626013	1,243.900979	233.102173	0.003592	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	17,172	1,085,440	1,038,086	542,494	189,255	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.717200	8.126788	21.527228	11.249927	0.000306	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000					23.01
23.02	02302	PARAMED DIETARY		446,442				23.02
23.03	02303	PARAMED SPEECH			10,000			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY				10,000		23.04
23.05	02305	PARAMED MEDICAL PHYSICS					10,000	23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	302,790	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	31,824	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	32,610	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	9,042	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	41,394	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	28,782	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	446,442	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-205,196	55,642	-305,974	-168,393	417,466	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.124634	0.000000	0.000000	41.746600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	51,503	50,544	195,880	106,793	23,797	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.150300	0.014389	19.588000	10.679300	2.379700	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	619,037,545					23.06
23.07	02307	PARAMED TECHNOLOGY		10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			10,000			23.08
23.09	02309	PARAMED PHARMACY				10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,152,513	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,658,267	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	24,145,564	0	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,941,519	0	0	0	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	17,720,751	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	10,442,119	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,411,737	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	127,936,583	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	8,400,377	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,449,984	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,137,459	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,158,040	0	5,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,975,122	0	5,000	0	0	55.00
56.00	05600	RADIOISOTOPE	3,515,057	0	0	0	0	56.00
60.00	06000	LABORATORY	66,150,776	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,898,420	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,974,408	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,887,081	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	6,428,475	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,774,346	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,556,199	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,880,977	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,417,638	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	318,798	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	3,651,747	0	0	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,628,512	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	72,033,927	0	0	0	0	90.00
91.00	09100	EMERGENCY	18,230,144	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,797,595	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,878,964	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	484,446	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	619,037,545	10,000	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	914,101	133,804	7,408	653,923	328,841	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001477	13.380400	0.740800	65.392300	32.884100	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,791	73,700	32,436	9,541	52,993	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000126	1.282700	0.075000	0.954100	3.536000	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: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)	
			23.11	
23.01	02301	PARAMED MEDICAL PERFUSION TECH		23.01
23.02	02302	PARAMED DIETARY		23.02
23.03	02303	PARAMED SPEECH		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY		23.04
23.05	02305	PARAMED MEDICAL PHYSICS		23.05
23.06	02306	PARAMED PASTORAL CARE		23.06
23.07	02307	PARAMED TECHNOLOGY		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND		23.08
23.09	02309	PARAMED PHARMACY		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	619,037,545	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	86,152,513	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,658,267	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	24,145,564	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,941,519	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	17,720,751	35.02
40.00	04000	SUBPROVIDER - IPF	10,442,119	40.00
41.00	04100	SUBPROVIDER - IRF	7,411,737	41.00
43.00	04300	NURSERY	0	43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	127,936,583	50.00
51.00	05100	RECOVERY ROOM	8,400,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,449,984	52.00
53.00	05300	ANESTHESIOLOGY	10,137,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,158,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,975,122	55.00
56.00	05600	RADIOISOTOPE	3,515,057	56.00
60.00	06000	LABORATORY	66,150,776	60.00
60.01	06002	LABORATORY - HLA	1,898,420	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,974,408	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,887,081	65.00
66.00	06600	PHYSICAL THERAPY	6,428,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,774,346	67.00
68.00	06800	SPEECH PATHOLOGY	3,556,199	68.00
69.00	06900	ELECTROCARDIOLOGY	24,880,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,417,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	318,798	74.00
76.00	03020	RENAL DIALYSIS ADULT	3,651,747	76.00
76.01	03550	PSYCH DAY HOSPITAL	3,628,512	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	72,033,927	90.00
91.00	09100	EMERGENCY	18,230,144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
		SPECIAL PURPOSE COST CENTERS		
105.00	10500	KIDNEY ACQUISITION	5,797,595	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	1,878,964	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	484,446	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	619,037,545	118.00
		NONREIMBURSABLE COST CENTERS		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	FUND RAISING	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	190.02
191.00	19100	RESEARCH	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS) 23.11		
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	MEDICAL COLLEGE	0		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0		194.01
194.02	07952	AFFIL CORP ROOM 500	0		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0		194.03
194.04	07954	CON - GNE	0		194.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-512,930		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	127,611		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000206		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		207.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-2 | Date/Time Prepared: 11/20/2018 2:09 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XVIII)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (PPS)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	128,169,537		128,169,537	10,165	128,179,702	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	30,616,529		30,616,529	0	30,616,529	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	32,565,948		32,565,948	488,982	33,054,930	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,205,556		11,205,556	18,807	11,224,363	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	24,111,220		24,111,220	17,008	24,128,228	35.02
40.00	04000	SUBPROVIDER - IPF	15,726,390		15,726,390	0	15,726,390	40.00
41.00	04100	SUBPROVIDER - IRF	10,621,954		10,621,954	362	10,622,316	41.00
43.00	04300	NURSERY	5,845,993		5,845,993	0	5,845,993	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,691,902		62,691,902	0	62,691,902	50.00
51.00	05100	RECOVERY ROOM	10,820,369		10,820,369	0	10,820,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,466,714		11,466,714	0	11,466,714	52.00
53.00	05300	ANESTHESIOLOGY	11,665,144		11,665,144	0	11,665,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,712,012		41,712,012	80,916	41,792,928	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,585,117		15,585,117	0	15,585,117	55.00
56.00	05600	RADIOISOTOPE	4,612,879		4,612,879	0	4,612,879	56.00
60.00	06000	LABORATORY	88,674,021		88,674,021	625,635	89,299,656	60.00
60.01	06002	LABORATORY - HLA	2,312,127		2,312,127	0	2,312,127	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,282,635		14,282,635	0	14,282,635	62.00
64.00	06400	INTRAVENOUS THERAPY	1,458,547		1,458,547	0	1,458,547	64.00
65.00	06500	RESPIRATORY THERAPY	14,066,791	0	14,066,791	0	14,066,791	65.00
66.00	06600	PHYSICAL THERAPY	7,789,966	0	7,789,966	0	7,789,966	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,031,753	0	6,031,753	0	6,031,753	67.00
68.00	06800	SPEECH PATHOLOGY	4,093,915	0	4,093,915	0	4,093,915	68.00
69.00	06900	ELECTROCARDIOLOGY	11,308,487		11,308,487	38,477	11,346,964	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,363,953		2,363,953	0	2,363,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,140,503		41,140,503	0	41,140,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,835,394		97,835,394	0	97,835,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	164,300,967		164,300,967	0	164,300,967	73.00
74.00	07400	RENAL DIALYSIS	375,688		375,688	0	375,688	74.00
76.00	03020	RENAL DIALYSIS ADULT	4,505,395		4,505,395	0	4,505,395	76.00
76.01	03550	PSYCH DAY HOSPITAL	4,094,117		4,094,117	0	4,094,117	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	87,894,681		87,894,681	8,319	87,903,000	90.00
91.00	09100	EMERGENCY	31,068,443		31,068,443	17,986	31,086,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,997,511		9,997,511		9,997,511	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,684,529		6,684,529		6,684,529	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	2,078,693		2,078,693		2,078,693	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	537,975		537,975		537,975	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,020,313,355	0	1,020,313,355	1,306,657	1,021,620,012	200.00
201.00		Less Observation Beds	9,997,511		9,997,511		9,997,511	201.00
202.00		Total (see instructions)	1,010,315,844	0	1,010,315,844	1,306,657	1,011,622,501	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 2:09 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	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	237,249,904		237,249,904			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	71,119,934		71,119,934			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	73,758,202		73,758,202			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	21,820,531		21,820,531			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	53,224,356		53,224,356			35.02
40.00	04000	SUBPROVIDER - IPF	32,077,445		32,077,445			40.00
41.00	04100	SUBPROVIDER - IRF	22,210,335		22,210,335			41.00
43.00	04300	NURSERY	5,525,450		5,525,450			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	250,218,430	139,625,286	389,843,716	0.160813	0.000000	50.00
51.00	05100	RECOVERY ROOM	17,966,904	16,785,152	34,752,056	0.311359	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,536,682	3,324,828	22,861,510	0.501573	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	62,325,144	38,377,418	100,702,562	0.115838	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,288,126	176,914,879	340,203,005	0.122609	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,604,234	87,372,764	93,976,998	0.165840	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,344,955	21,568,028	25,912,983	0.178014	0.000000	56.00
60.00	06000	LABORATORY	228,820,697	294,684,501	523,505,198	0.169385	0.000000	60.00
60.01	06002	LABORATORY - HLA	472,730	4,771,114	5,243,844	0.440922	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,645,867	13,805,601	58,451,468	0.244350	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	39,586,838	3,157,848	42,744,686	0.034122	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	44,018,438	1,295,246	45,313,684	0.310431	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,848,239	9,863,949	29,712,188	0.262181	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,825,889	3,440,909	21,266,798	0.283623	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	7,716,641	4,370,652	12,087,293	0.338696	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	55,226,958	55,540,401	110,767,359	0.102092	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,197,677	3,103,512	20,301,189	0.116444	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,598,349	35,311,549	113,909,898	0.361167	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,427,682	68,886,819	275,314,501	0.355359	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	232,230,871	417,032,750	649,263,621	0.253057	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,752	265,169	272,921	1.376545	0.000000	74.00
76.00	03020	RENAL DIALYSIS ADULT	13,847,135	757,227	14,604,362	0.308497	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	165	306,966	307,131	13.330198	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,117,282	238,170,563	239,287,845	0.367318	0.000000	90.00
91.00	09100	EMERGENCY	37,928,460	105,680,982	143,609,442	0.216340	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,256,818	19,256,818	0.519167	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,175,000	0	6,175,000			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	1,521,450	0	1,521,450			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	453,600	0	453,600			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	2,094,938,352	1,763,670,931	3,858,609,283			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,094,938,352	1,763,670,931	3,858,609,283			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 2:09 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.160813		50.00
51.00	05100	RECOVERY ROOM	0.311359		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501573		52.00
53.00	05300	ANESTHESIOLOGY	0.115838		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122847		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165840		55.00
56.00	05600	RADIOISOTOPE	0.178014		56.00
60.00	06000	LABORATORY	0.170580		60.00
60.01	06002	LABORATORY - HLA	0.440922		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244350		62.00
64.00	06400	INTRAVENOUS THERAPY	0.034122		64.00
65.00	06500	RESPIRATORY THERAPY	0.310431		65.00
66.00	06600	PHYSICAL THERAPY	0.262181		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283623		67.00
68.00	06800	SPEECH PATHOLOGY	0.338696		68.00
69.00	06900	ELECTROCARDIOLOGY	0.102440		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116444		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361167		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355359		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253057		73.00
74.00	07400	RENAL DIALYSIS	1.376545		74.00
76.00	03020	RENAL DIALYSIS ADULT	0.308497		76.00
76.01	03550	PSYCH DAY HOSPITAL	13.330198		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.367353		90.00
91.00	09100	EMERGENCY	0.216465		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.519167		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 2:09 pm

Title XIX | Hospital

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	141,145,009		141,145,009	10,165	141,155,174	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	32,793,632		32,793,632	0	32,793,632	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	36,398,771		36,398,771	488,982	36,887,753	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,980,983		11,980,983	18,807	11,999,790	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	24,913,232		24,913,232	17,008	24,930,240	35.02
40.00	04000	SUBPROVIDER - IPF	17,175,330		17,175,330	0	17,175,330	40.00
41.00	04100	SUBPROVIDER - IRF	11,344,209		11,344,209	362	11,344,571	41.00
43.00	04300	NURSERY	5,995,170		5,995,170	0	5,995,170	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,539,426		67,539,426	0	67,539,426	50.00
51.00	05100	RECOVERY ROOM	10,820,369		10,820,369	0	10,820,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,171,245		12,171,245	0	12,171,245	52.00
53.00	05300	ANESTHESIOLOGY	16,475,743		16,475,743	0	16,475,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,256,682		47,256,682	80,916	47,337,598	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,508,244		16,508,244	0	16,508,244	55.00
56.00	05600	RADIOISOTOPE	5,242,083		5,242,083	0	5,242,083	56.00
60.00	06000	LABORATORY	91,837,762		91,837,762	625,635	92,463,397	60.00
60.01	06002	LABORATORY - HLA	2,312,127		2,312,127	0	2,312,127	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,532,248		14,532,248	0	14,532,248	62.00
64.00	06400	INTRAVENOUS THERAPY	1,458,547		1,458,547	0	1,458,547	64.00
65.00	06500	RESPIRATORY THERAPY	14,066,791	0	14,066,791	0	14,066,791	65.00
66.00	06600	PHYSICAL THERAPY	7,789,966	0	7,789,966	0	7,789,966	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,031,753	0	6,031,753	0	6,031,753	67.00
68.00	06800	SPEECH PATHOLOGY	4,093,915	0	4,093,915	0	4,093,915	68.00
69.00	06900	ELECTROCARDIOLOGY	12,230,137		12,230,137	38,477	12,268,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,363,953		2,363,953	0	2,363,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,140,503		41,140,503	0	41,140,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,835,394		97,835,394	0	97,835,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	164,300,967		164,300,967	0	164,300,967	73.00
74.00	07400	RENAL DIALYSIS	1,436,176		1,436,176	0	1,436,176	74.00
76.00	03020	RENAL DIALYSIS ADULT	4,505,395		4,505,395	0	4,505,395	76.00
76.01	03550	PSYCH DAY HOSPITAL	6,373,133		6,373,133	0	6,373,133	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	98,161,330		98,161,330	8,319	98,169,649	90.00
91.00	09100	EMERGENCY	35,066,691		35,066,691	17,986	35,084,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,997,511		9,997,511		9,997,511	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,832,229		6,832,229		6,832,229	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	2,078,693		2,078,693		2,078,693	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	537,975		537,975		537,975	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,082,743,324	0	1,082,743,324	1,306,657	1,084,049,981	200.00
201.00		Less Observation Beds	9,997,511		9,997,511		9,997,511	201.00
202.00		Total (see instructions)	1,072,745,813	0	1,072,745,813	1,306,657	1,074,052,470	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 2:09 pm

Title XIX | Hospital

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	237,249,904		237,249,904			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	71,119,934		71,119,934			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	73,758,202		73,758,202			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	21,820,531		21,820,531			35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	53,224,356		53,224,356			35.02
40.00	04000	SUBPROVIDER - IPF	32,077,445		32,077,445			40.00
41.00	04100	SUBPROVIDER - IRF	22,210,335		22,210,335			41.00
43.00	04300	NURSERY	5,525,450		5,525,450			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	250,218,430	139,625,286	389,843,716	0.173247	0.000000	50.00
51.00	05100	RECOVERY ROOM	17,966,904	16,785,152	34,752,056	0.311359	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,536,682	3,324,828	22,861,510	0.532390	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	62,325,144	38,377,418	100,702,562	0.163608	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,288,126	176,914,879	340,203,005	0.138907	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,604,234	87,372,764	93,976,998	0.175663	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,344,955	21,568,028	25,912,983	0.202296	0.000000	56.00
60.00	06000	LABORATORY	228,820,697	294,684,501	523,505,198	0.175429	0.000000	60.00
60.01	06002	LABORATORY - HLA	472,730	4,771,114	5,243,844	0.440922	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,645,867	13,805,601	58,451,468	0.248621	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	39,586,838	3,157,848	42,744,686	0.034122	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	44,018,438	1,295,246	45,313,684	0.310431	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,848,239	9,863,949	29,712,188	0.262181	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,825,889	3,440,909	21,266,798	0.283623	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	7,716,641	4,370,652	12,087,293	0.338696	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	55,226,958	55,540,401	110,767,359	0.110413	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,197,677	3,103,512	20,301,189	0.116444	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,598,349	35,311,549	113,909,898	0.361167	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,427,682	68,886,819	275,314,501	0.355359	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	232,230,871	417,032,750	649,263,621	0.253057	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,752	265,169	272,921	5.262241	0.000000	74.00
76.00	03020	RENAL DIALYSIS ADULT	13,847,135	757,227	14,604,362	0.308497	0.000000	76.00
76.01	03550	PSYCH DAY HOSPITAL	165	306,966	307,131	20.750536	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,117,282	238,170,563	239,287,845	0.410223	0.000000	90.00
91.00	09100	EMERGENCY	37,928,460	105,680,982	143,609,442	0.244181	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,256,818	19,256,818	0.519167	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,175,000	0	6,175,000			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	1,521,450	0	1,521,450			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	453,600	0	453,600			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	2,094,938,352	1,763,670,931	3,858,609,283			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,094,938,352	1,763,670,931	3,858,609,283			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/20/2018 2:09 pm

Title XIX | Hospital

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part I Date/Time Prepared: 11/20/2018 2:09 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	11,958,082	0	11,958,082	107,082	111.67	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,130,727		2,130,727	15,912	133.91	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	2,182,753		2,182,753	16,305	133.87	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	672,901		672,901	4,521	148.84	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	1,847,566		1,847,566	14,352	128.73	35.02
40.00	SUBPROVIDER - IPF	1,320,415	0	1,320,415	13,798	95.70	40.00
41.00	SUBPROVIDER - IRF	737,127	0	737,127	9,594	76.83	41.00
43.00	NURSERY	656,104		656,104	3,818	171.84	43.00
200.00	Total (lines 30 through 199)	21,505,675		21,505,675	185,382		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	35,793	3,997,004		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,236	701,153		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	7,616	1,019,554		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	6	893		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	SUBPROVIDER - IPF	4,676	447,493		40.00
41.00	SUBPROVIDER - IRF	4,070	312,698		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30 through 199)	57,397	6,478,795		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part II Date/Time Prepared: 11/20/2018 2:09 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	6,071,677	389,843,716	0.015575	72,127,031	1,123,379	50.00
51.00	05100	RECOVERY ROOM	1,005,143	34,752,056	0.028923	7,336,781	212,202	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,030,671	22,861,510	0.045083	89,665	4,042	52.00
53.00	05300	ANESTHESIOLOGY	775,735	100,702,562	0.007703	19,701,034	151,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,537,032	340,203,005	0.010397	61,137,213	635,644	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,035,048	93,976,998	0.011014	2,273,084	25,036	55.00
56.00	05600	RADIOISOTOPE	263,898	25,912,983	0.010184	1,991,472	20,281	56.00
60.00	06000	LABORATORY	4,577,852	523,505,198	0.008745	77,510,093	677,826	60.00
60.01	06002	LABORATORY - HLA	66,469	5,243,844	0.012676	130,992	1,660	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	372,685	58,451,468	0.006376	14,931,811	95,205	62.00
64.00	06400	INTRAVENOUS THERAPY	40,608	42,744,686	0.000950	14,132,702	13,426	64.00
65.00	06500	RESPIRATORY THERAPY	382,070	45,313,684	0.008432	11,550,548	97,394	65.00
66.00	06600	PHYSICAL THERAPY	428,316	29,712,188	0.014415	5,330,856	76,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	388,067	21,266,798	0.018248	4,561,484	83,238	67.00
68.00	06800	SPEECH PATHOLOGY	238,426	12,087,293	0.019725	2,197,331	43,342	68.00
69.00	06900	ELECTROCARDIOLOGY	739,367	110,767,359	0.006675	20,546,305	137,147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,046	20,301,189	0.006554	4,881,200	31,991	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,135	113,909,898	0.001546	26,705,846	41,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,237	275,314,501	0.001490	77,248,946	115,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,368,688	649,263,621	0.002108	71,068,123	149,812	73.00
74.00	07400	RENAL DIALYSIS	92,748	272,921	0.339835	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	71,896	14,604,362	0.004923	7,368,833	36,277	76.00
76.01	03550	PSYCH DAY HOSPITAL	288,885	307,131	0.940592	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,549,926	239,287,845	0.014835	617,118	9,155	90.00
91.00	09100	EMERGENCY	2,504,651	143,609,442	0.017441	14,225,151	248,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	932,688	19,256,818	0.048434	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	30,481,964	3,333,473,076		517,663,619	4,030,147	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part III Date/Time Prepared: 11/20/2018 2:09 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	3,238,771	0	474,446	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	13,040	0	113,751	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	126,458	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	41,383	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	162,902	0	89,827	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	322,495	0	58,090	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	182,365	0	41,157	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	3,919,573	0	945,112	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	3,713,217	107,082	34.68	35,793	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		126,791	15,912	7.97	5,236	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		126,458	16,305	7.76	7,616	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		41,383	4,521	9.15	6	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		252,729	14,352	17.61	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	380,585	13,798	27.58	4,676	40.00
41.00	04100	SUBPROVIDER - IRF	0	223,522	9,594	23.30	4,070	41.00
43.00	04300	NURSERY		0	3,818	0.00	0	43.00
200.00		Total (lines 30 through 199)		4,864,685	185,382		57,397	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost	
			9.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	1,241,301	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	41,731	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	59,100	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	55	0	35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	128,964	0	40.00
41.00	04100	SUBPROVIDER - IRF	94,831	0	41.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30 through 199)	1,565,982	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/20/2018 2:09 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	648,347	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	42,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	42,833	52.00
53.00	05300	ANESTHESIOLOGY	0	0	354,025	0	51,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	395,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	273,139	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	17,818	56.00
60.00	06000	LABORATORY	0	0	0	0	469,123	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	9,623	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	55,629	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	384,027	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	32,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	24,201	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	18,027	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	126,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	7,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	653,923	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,616	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	18,511	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	18,393	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	365,140	90.00
91.00	09100	EMERGENCY	0	0	0	0	92,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		252,607		37,001	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	606,632	0	3,785,343	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII Hospital 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	648,347	648,347	389,843,716	0.001663	50.00
51.00	05100	RECOVERY ROOM	0	42,581	42,581	34,752,056	0.001225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,833	42,833	22,861,510	0.001874	52.00
53.00	05300	ANESTHESIOLOGY	0	405,412	405,412	100,702,562	0.004026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	395,722	395,722	340,203,005	0.001163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	273,139	273,139	93,976,998	0.002906	55.00
56.00	05600	RADIOISOTOPE	0	17,818	17,818	25,912,983	0.000688	56.00
60.00	06000	LABORATORY	0	469,123	469,123	523,505,198	0.000896	60.00
60.01	06002	LABORATORY - HLA	0	9,623	9,623	5,243,844	0.001835	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	55,629	55,629	58,451,468	0.000952	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	42,744,686	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	384,027	384,027	45,313,684	0.008475	65.00
66.00	06600	PHYSICAL THERAPY	0	32,586	32,586	29,712,188	0.001097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,201	24,201	21,266,798	0.001138	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,027	18,027	12,087,293	0.001491	68.00
69.00	06900	ELECTROCARDIOLOGY	0	126,121	126,121	110,767,359	0.001139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,186	7,186	20,301,189	0.000354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	113,909,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,314,501	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	653,923	653,923	649,263,621	0.001007	73.00
74.00	07400	RENAL DIALYSIS	0	1,616	1,616	272,921	0.005921	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	18,511	18,511	14,604,362	0.001267	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	18,393	18,393	307,131	0.059886	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	365,140	365,140	239,287,845	0.001526	90.00
91.00	09100	EMERGENCY	0	92,409	92,409	143,609,442	0.000643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	289,608	289,608	19,256,818	0.015039	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	4,391,975	4,391,975	3,333,473,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII Hospital 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 before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.001663	72,127,031	119,947	30,018,489	0	50.00
51.00	05100	RECOVERY ROOM	0.001225	7,336,781	8,988	7,574,935	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001874	89,665	168	28,426	0	52.00
53.00	05300	ANESTHESIOLOGY	0.004026	19,701,034	79,316	9,295,707	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001163	61,137,213	71,103	52,174,099	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002906	2,273,084	6,606	32,849,647	0	55.00
56.00	05600	RADIOISOTOPE	0.000688	1,991,472	1,370	9,454,564	0	56.00
60.00	06000	LABORATORY	0.000896	77,510,093	69,449	81,061,119	0	60.00
60.01	06002	LABORATORY - HLA	0.001835	130,992	240	2,528,817	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000952	14,931,811	14,215	3,895,292	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	14,132,702	0	1,130,433	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.008475	11,550,548	97,891	226,892	0	65.00
66.00	06600	PHYSICAL THERAPY	0.001097	5,330,856	5,848	2,551,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.001138	4,561,484	5,191	1,036,657	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.001491	2,197,331	3,276	1,136,834	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.001139	20,546,305	23,402	19,388,743	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000354	4,881,200	1,728	490,228	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	26,705,846	0	11,782,857	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	77,248,946	0	26,025,224	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001007	71,068,123	71,566	120,969,806	0	73.00
74.00	07400	RENAL DIALYSIS	0.005921	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.001267	7,368,833	9,336	475,855	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.059886	0	0	133,297	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.001526	617,118	942	66,034,595	0	90.00
91.00	09100	EMERGENCY	0.000643	14,225,151	9,147	15,385,234	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.015039	0	0	4,278,883	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		517,663,619	599,729	499,927,890	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII Hospital PPS

		Cost Center Description	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			13.00	13.01	21.00	24.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,921	0	0	0		50.00
51.00	05100	RECOVERY ROOM	9,279	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	37,425	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,678	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	95,461	0	0	0		55.00
56.00	05600	RADIOISOTOPE	6,505	0	0	0		56.00
60.00	06000	LABORATORY	72,631	0	0	0		60.00
60.01	06002	LABORATORY - HLA	4,640	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,708	0	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,923	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	2,799	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,180	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,695	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	22,084	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	174	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,817	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03020	RENAL DIALYSIS ADULT	603	0	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	7,983	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	100,769	0	0	0		90.00
91.00	09100	EMERGENCY	9,893	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	64,350	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
200.00		Total (lines 50 through 199)	675,571	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part V Date/Time Prepared: 11/20/2018 2:09 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	0.160813	30,018,489	0	0	4,827,363	50.00
51.00	05100	RECOVERY ROOM	0.311359	7,574,935	0	0	2,358,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501573	28,426	0	0	14,258	52.00
53.00	05300	ANESTHESIOLOGY	0.115838	9,295,707	0	0	1,076,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122609	52,174,099	0	0	6,397,014	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165840	32,849,647	0	0	5,447,785	55.00
56.00	05600	RADIOISOTOPE	0.178014	9,454,564	0	0	1,683,045	56.00
60.00	06000	LABORATORY	0.169385	81,061,119	4,003	0	13,730,538	60.00
60.01	06002	LABORATORY - HLA	0.440922	2,528,817	0	0	1,115,011	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244350	3,895,292	0	0	951,815	62.00
64.00	06400	INTRAVENOUS THERAPY	0.034122	1,130,433	0	0	38,573	64.00
65.00	06500	RESPIRATORY THERAPY	0.310431	226,892	0	0	70,434	65.00
66.00	06600	PHYSICAL THERAPY	0.262181	2,551,257	0	0	668,891	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283623	1,036,657	0	0	294,020	67.00
68.00	06800	SPEECH PATHOLOGY	0.338696	1,136,834	0	0	385,041	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102092	19,388,743	0	0	1,979,436	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116444	490,228	0	0	57,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361167	11,782,857	0	0	4,255,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355359	26,025,224	415,307	0	9,248,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253057	120,969,806	617,087	0	30,612,256	73.00
74.00	07400	RENAL DIALYSIS	1.376545	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.308497	475,855	0	0	146,800	76.00
76.01	03550	PSYCH DAY HOSPITAL	13.330198	133,297	0	0	1,776,875	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.367318	66,034,595	0	0	24,255,695	90.00
91.00	09100	EMERGENCY	0.216340	15,385,234	0	0	3,328,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.519167	4,278,883	0	0	2,221,455	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		499,927,890	1,036,397	0	116,941,028	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		499,927,890	1,036,397	0	116,941,028	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/20/2018 2:09 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
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	678	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,583	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	156,158	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	304,419	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	304,419	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part II
Date/Time Prepared:
11/20/2018 2:09 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	6,071,677	389,843,716	0.015575	0	0	50.00
51.00	05100	RECOVERY ROOM	1,005,143	34,752,056	0.028923	362,531	10,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,030,671	22,861,510	0.045083	0	0	52.00
53.00	05300	ANESTHESIOLOGY	775,735	100,702,562	0.007703	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,537,032	340,203,005	0.010397	383,115	3,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,035,048	93,976,998	0.011014	0	0	55.00
56.00	05600	RADIOISOTOPE	263,898	25,912,983	0.010184	6,166	63	56.00
60.00	06000	LABORATORY	4,577,852	523,505,198	0.008745	1,483,947	12,977	60.00
60.01	06002	LABORATORY - HLA	66,469	5,243,844	0.012676	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	372,685	58,451,468	0.006376	2,468	16	62.00
64.00	06400	INTRAVENOUS THERAPY	40,608	42,744,686	0.000950	135,711	129	64.00
65.00	06500	RESPIRATORY THERAPY	382,070	45,313,684	0.008432	46,817	395	65.00
66.00	06600	PHYSICAL THERAPY	428,316	29,712,188	0.014415	66,985	966	66.00
67.00	06700	OCCUPATIONAL THERAPY	388,067	21,266,798	0.018248	482,483	8,804	67.00
68.00	06800	SPEECH PATHOLOGY	238,426	12,087,293	0.019725	81,742	1,612	68.00
69.00	06900	ELECTROCARDIOLOGY	739,367	110,767,359	0.006675	315,860	2,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,046	20,301,189	0.006554	5,400	35	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,135	113,909,898	0.001546	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,237	275,314,501	0.001490	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,368,688	649,263,621	0.002108	1,314,002	2,770	73.00
74.00	07400	RENAL DIALYSIS	92,748	272,921	0.339835	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	71,896	14,604,362	0.004923	15,138	75	76.00
76.01	03550	PSYCH DAY HOSPITAL	288,885	307,131	0.940592	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,549,926	239,287,845	0.014835	4,648	69	90.00
91.00	09100	EMERGENCY	2,504,651	143,609,442	0.017441	734,321	12,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,256,818	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	29,549,276	3,333,473,076		5,441,334	57,294	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 2:09 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	648,347	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	42,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	42,833	52.00
53.00	05300	ANESTHESIOLOGY	0	0	354,025	0	51,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	395,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	273,139	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	17,818	56.00
60.00	06000	LABORATORY	0	0	0	0	469,123	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	9,623	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	55,629	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	384,027	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	32,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	24,201	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	18,027	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	126,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	7,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	653,923	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,616	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	18,511	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	18,393	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	365,140	90.00
91.00	09100	EMERGENCY	0	0	0	0	92,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	354,025	0	3,748,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 2:09 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	648,347	648,347	389,843,716	0.001663	50.00
51.00	05100	RECOVERY ROOM	0	42,581	42,581	34,752,056	0.001225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,833	42,833	22,861,510	0.001874	52.00
53.00	05300	ANESTHESIOLOGY	0	405,412	405,412	100,702,562	0.004026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	395,722	395,722	340,203,005	0.001163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	273,139	273,139	93,976,998	0.002906	55.00
56.00	05600	RADIOISOTOPE	0	17,818	17,818	25,912,983	0.000688	56.00
60.00	06000	LABORATORY	0	469,123	469,123	523,505,198	0.000896	60.00
60.01	06002	LABORATORY - HLA	0	9,623	9,623	5,243,844	0.001835	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	55,629	55,629	58,451,468	0.000952	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	42,744,686	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	384,027	384,027	45,313,684	0.008475	65.00
66.00	06600	PHYSICAL THERAPY	0	32,586	32,586	29,712,188	0.001097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,201	24,201	21,266,798	0.001138	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,027	18,027	12,087,293	0.001491	68.00
69.00	06900	ELECTROCARDIOLOGY	0	126,121	126,121	110,767,359	0.001139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,186	7,186	20,301,189	0.000354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	113,909,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,314,501	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	653,923	653,923	649,263,621	0.001007	73.00
74.00	07400	RENAL DIALYSIS	0	1,616	1,616	272,921	0.005921	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	18,511	18,511	14,604,362	0.001267	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	18,393	18,393	307,131	0.059886	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	365,140	365,140	239,287,845	0.001526	90.00
91.00	09100	EMERGENCY	0	92,409	92,409	143,609,442	0.000643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	19,256,818	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	4,102,367	4,102,367	3,333,473,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 2:09 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 before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.001663	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.001225	362,531	444	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001874	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.004026	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001163	383,115	446	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002906	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000688	6,166	4	0	0	56.00
60.00	06000	LABORATORY	0.000896	1,483,947	1,330	0	0	60.00
60.01	06002	LABORATORY - HLA	0.001835	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000952	2,468	2	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	135,711	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.008475	46,817	397	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.001097	66,985	73	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.001138	482,483	549	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.001491	81,742	122	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.001139	315,860	360	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000354	5,400	2	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001007	1,314,002	1,323	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.005921	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.001267	15,138	19	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.059886	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.001526	4,648	7	0	0	90.00
91.00	09100	EMERGENCY	0.000643	734,321	472	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		5,441,334	5,550	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			13.00	13.01	21.00	24.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part II
Date/Time Prepared:
11/20/2018 2:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,071,677	389,843,716	0.015575	71,082	1,107	50.00
51.00	05100	RECOVERY ROOM	1,005,143	34,752,056	0.028923	17,491	506	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,030,671	22,861,510	0.045083	0	0	52.00
53.00	05300	ANESTHESIOLOGY	775,735	100,702,562	0.007703	9,761	75	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,537,032	340,203,005	0.010397	440,851	4,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,035,048	93,976,998	0.011014	367,050	4,043	55.00
56.00	05600	RADIOISOTOPE	263,898	25,912,983	0.010184	5,888	60	56.00
60.00	06000	LABORATORY	4,577,852	523,505,198	0.008745	1,200,492	10,498	60.00
60.01	06002	LABORATORY - HLA	66,469	5,243,844	0.012676	1,278	16	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	372,685	58,451,468	0.006376	157,503	1,004	62.00
64.00	06400	INTRAVENOUS THERAPY	40,608	42,744,686	0.000950	441,031	419	64.00
65.00	06500	RESPIRATORY THERAPY	382,070	45,313,684	0.008432	117,579	991	65.00
66.00	06600	PHYSICAL THERAPY	428,316	29,712,188	0.014415	2,736,958	39,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	388,067	21,266,798	0.018248	2,471,905	45,107	67.00
68.00	06800	SPEECH PATHOLOGY	238,426	12,087,293	0.019725	838,967	16,549	68.00
69.00	06900	ELECTROCARDIOLOGY	739,367	110,767,359	0.006675	38,012	254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,046	20,301,189	0.006554	12,804	84	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	176,135	113,909,898	0.001546	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,237	275,314,501	0.001490	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,368,688	649,263,621	0.002108	1,986,709	4,188	73.00
74.00	07400	RENAL DIALYSIS	92,748	272,921	0.339835	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	71,896	14,604,362	0.004923	217,609	1,071	76.00
76.01	03550	PSYCH DAY HOSPITAL	288,885	307,131	0.940592	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,549,926	239,287,845	0.014835	1,481	22	90.00
91.00	09100	EMERGENCY	2,504,651	143,609,442	0.017441	5,351	93	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,256,818	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	29,549,276	3,333,473,076		11,139,802	130,124	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII | Subprovider - IRF | 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	648,347	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	42,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	42,833	52.00
53.00	05300	ANESTHESIOLOGY	0	0	354,025	0	51,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	395,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	273,139	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	17,818	56.00
60.00	06000	LABORATORY	0	0	0	0	469,123	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	9,623	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	55,629	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	384,027	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	32,586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	24,201	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	18,027	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	126,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	7,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	653,923	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,616	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0	18,511	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0	18,393	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	365,140	90.00
91.00	09100	EMERGENCY	0	0	0	0	92,409	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	354,025	0	3,748,342	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII | Subprovider - IRF | 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	648,347	648,347	389,843,716	0.001663	50.00
51.00	05100	RECOVERY ROOM	0	42,581	42,581	34,752,056	0.001225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,833	42,833	22,861,510	0.001874	52.00
53.00	05300	ANESTHESIOLOGY	0	405,412	405,412	100,702,562	0.004026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	395,722	395,722	340,203,005	0.001163	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	273,139	273,139	93,976,998	0.002906	55.00
56.00	05600	RADIOISOTOPE	0	17,818	17,818	25,912,983	0.000688	56.00
60.00	06000	LABORATORY	0	469,123	469,123	523,505,198	0.000896	60.00
60.01	06002	LABORATORY - HLA	0	9,623	9,623	5,243,844	0.001835	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	55,629	55,629	58,451,468	0.000952	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	42,744,686	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	384,027	384,027	45,313,684	0.008475	65.00
66.00	06600	PHYSICAL THERAPY	0	32,586	32,586	29,712,188	0.001097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,201	24,201	21,266,798	0.001138	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,027	18,027	12,087,293	0.001491	68.00
69.00	06900	ELECTROCARDIOLOGY	0	126,121	126,121	110,767,359	0.001139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,186	7,186	20,301,189	0.000354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	113,909,898	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,314,501	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	653,923	653,923	649,263,621	0.001007	73.00
74.00	07400	RENAL DIALYSIS	0	1,616	1,616	272,921	0.005921	74.00
76.00	03020	RENAL DIALYSIS ADULT	0	18,511	18,511	14,604,362	0.001267	76.00
76.01	03550	PSYCH DAY HOSPITAL	0	18,393	18,393	307,131	0.059886	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	365,140	365,140	239,287,845	0.001526	90.00
91.00	09100	EMERGENCY	0	92,409	92,409	143,609,442	0.000643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	19,256,818	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	4,102,367	4,102,367	3,333,473,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII | Subprovider - IRF | 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 before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
			9.00	10.00	11.00	12.00	12.01	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.001663	71,082	118	0	0	50.00
51.00	05100	RECOVERY ROOM	0.001225	17,491	21	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.001874	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.004026	9,761	39	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001163	440,851	513	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.002906	367,050	1,067	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000688	5,888	4	0	0	56.00
60.00	06000	LABORATORY	0.000896	1,200,492	1,076	0	0	60.00
60.01	06002	LABORATORY - HLA	0.001835	1,278	2	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000952	157,503	150	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	441,031	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.008475	117,579	996	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.001097	2,736,958	3,002	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.001138	2,471,905	2,813	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.001491	838,967	1,251	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.001139	38,012	43	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000354	12,804	5	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001007	1,986,709	2,001	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.005921	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.001267	217,609	276	0	0	76.00
76.01	03550	PSYCH DAY HOSPITAL	0.059886	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.001526	1,481	2	0	0	90.00
91.00	09100	EMERGENCY	0.000643	5,351	3	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		11,139,802	13,382	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			13.00	13.01	21.00	24.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03020	RENAL DIALYSIS ADULT	0	0	0	0		76.00
76.01	03550	PSYCH DAY HOSPITAL	0	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 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)	107,082	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	107,082	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.	89,637	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	9,093	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	35,793	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)	32,699	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)	128,179,702	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)	128,179,702	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	242,775,354	28.00
29.00	Private room charges (excluding swing-bed charges)	207,448,533	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	35,326,821	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.527977	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,314.32	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	3,885.06	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)	128,179,702	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)	1,197.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	42,844,937	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)	42,844,937	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	30,616,529	15,912	1,924.12	5,236	10,074,692	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	33,054,930	16,305	2,027.29	7,616	15,439,841	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	11,224,363	4,521	2,482.72	6	14,896	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	24,128,228	14,352	1,681.18	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	112,216,982	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	180,591,348	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)	7,060,791	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,629,876	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	11,690,667	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	168,900,681	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)	8,352	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,197.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	9,997,511	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,958,082	128,179,702	0.093292	9,997,511	932,688	90.00
91.00	Nursing School cost	3,238,771	128,179,702	0.025267	9,997,511	252,607	91.00
92.00	Allied health cost	474,446	128,179,702	0.003701	9,997,511	37,001	92.00
93.00	All other Medical Education	0	128,179,702	0.000000	9,997,511	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 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)	13,798	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,798	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	13,361	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	437	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)	4,676	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	4,833	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)	15,726,390	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)	15,726,390	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	32,077,445	28.00
29.00	Private room charges (excluding swing-bed charges)	31,011,770	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,065,675	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.490263	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,321.07	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,438.62	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)	15,726,390	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,139.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,329,518	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	5,329,518	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 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						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,146,865	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,476,383	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)	576,457	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	62,844	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	639,301	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,837,082	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,320,415	15,726,390	0.083962	0	0	90.00
91.00	Nursing School cost	322,495	15,726,390	0.020507	0	0	91.00
92.00	Allied health cost	58,090	15,726,390	0.003694	0	0	92.00
93.00	All other Medical Education	0	15,726,390	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,594	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,594	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.	6,633	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,961	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)	4,070	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)	2,958	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)	10,622,316	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)	10,622,316	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	22,210,335	28.00
29.00	Private room charges (excluding swing-bed charges)	15,355,395	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	6,854,940	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.478260	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,315.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,315.08	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)	10,622,316	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)	1,107.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,506,223	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)	4,506,223	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,709,255	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,215,478	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)	407,529	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	143,506	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	551,035	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,664,443	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	737,127	10,622,316	0.069394	0	0	90.00
91.00	Nursing School cost	182,365	10,622,316	0.017168	0	0	91.00
92.00	Allied health cost	41,157	10,622,316	0.003875	0	0	92.00
93.00	All other Medical Education	0	10,622,316	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/20/2018 2:09 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		84,044,777		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		23,003,848		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		34,397,896		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		29,202		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.160813	72,127,031	11,598,964	50.00
51.00	05100	RECOVERY ROOM	0.311359	7,336,781	2,284,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501573	89,665	44,974	52.00
53.00	05300	ANESTHESIOLOGY	0.115838	19,701,034	2,282,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122847	61,137,213	7,510,523	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165840	2,273,084	376,968	55.00
56.00	05600	RADIOISOTOPE	0.178014	1,991,472	354,510	56.00
60.00	06000	LABORATORY	0.170580	77,510,093	13,221,672	60.00
60.01	06002	LABORATORY - HLA	0.440922	130,992	57,757	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244350	14,931,811	3,648,588	62.00
64.00	06400	INTRAVENOUS THERAPY	0.034122	14,132,702	482,236	64.00
65.00	06500	RESPIRATORY THERAPY	0.310431	11,550,548	3,585,648	65.00
66.00	06600	PHYSICAL THERAPY	0.262181	5,330,856	1,397,649	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283623	4,561,484	1,293,742	67.00
68.00	06800	SPEECH PATHOLOGY	0.338696	2,197,331	744,227	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102440	20,546,305	2,104,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116444	4,881,200	568,386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361167	26,705,846	9,645,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355359	77,248,946	27,451,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253057	71,068,123	17,984,286	73.00
74.00	07400	RENAL DIALYSIS	1.376545	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.308497	7,368,833	2,273,263	76.00
76.01	03550	PSYCH DAY HOSPITAL	13.330198	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.367353	617,118	226,700	90.00
91.00	09100	EMERGENCY	0.216465	14,225,151	3,079,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.519167	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		517,663,619	112,216,982	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)		517,663,619		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D-3
Date/Time Prepared: 11/20/2018 2:09 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		10,848,200		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	0.160813	0	0	50.00
51.00	05100	RECOVERY ROOM	0.311359	362,531	112,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501573	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115838	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122847	383,115	47,065	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165840	0	0	55.00
56.00	05600	RADIOISOTOPE	0.178014	6,166	1,098	56.00
60.00	06000	LABORATORY	0.170580	1,483,947	253,132	60.00
60.01	06002	LABORATORY - HLA	0.440922	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244350	2,468	603	62.00
64.00	06400	INTRAVENOUS THERAPY	0.034122	135,711	4,631	64.00
65.00	06500	RESPIRATORY THERAPY	0.310431	46,817	14,533	65.00
66.00	06600	PHYSICAL THERAPY	0.262181	66,985	17,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283623	482,483	136,843	67.00
68.00	06800	SPEECH PATHOLOGY	0.338696	81,742	27,686	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102440	315,860	32,357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116444	5,400	629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361167	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355359	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253057	1,314,002	332,517	73.00
74.00	07400	RENAL DIALYSIS	1.376545	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.308497	15,138	4,670	76.00
76.01	03550	PSYCH DAY HOSPITAL	13.330198	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.367353	4,648	1,707	90.00
91.00	09100	EMERGENCY	0.216465	734,321	158,955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.519167	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,441,334	1,146,865	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		5,441,334		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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

Period: From 07/01/2017 To 06/30/2018

Worksheet D-3
Date/Time Prepared: 11/20/2018 2:09 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02120	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		9,439,807		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.160813	71,082	11,431	50.00
51.00	05100	RECOVERY ROOM	0.311359	17,491	5,446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501573	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.115838	9,761	1,131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122847	440,851	54,157	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165840	367,050	60,872	55.00
56.00	05600	RADIOISOTOPE	0.178014	5,888	1,048	56.00
60.00	06000	LABORATORY	0.170580	1,200,492	204,780	60.00
60.01	06002	LABORATORY - HLA	0.440922	1,278	563	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244350	157,503	38,486	62.00
64.00	06400	INTRAVENOUS THERAPY	0.034122	441,031	15,049	64.00
65.00	06500	RESPIRATORY THERAPY	0.310431	117,579	36,500	65.00
66.00	06600	PHYSICAL THERAPY	0.262181	2,736,958	717,578	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283623	2,471,905	701,089	67.00
68.00	06800	SPEECH PATHOLOGY	0.338696	838,967	284,155	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102440	38,012	3,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116444	12,804	1,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361167	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.355359	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.253057	1,986,709	502,751	73.00
74.00	07400	RENAL DIALYSIS	1.376545	0	0	74.00
76.00	03020	RENAL DIALYSIS ADULT	0.308497	217,609	67,132	76.00
76.01	03550	PSYCH DAY HOSPITAL	13.330198	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.367353	1,481	544	90.00
91.00	09100	EMERGENCY	0.216465	5,351	1,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.519167	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,139,802	2,709,255	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)		11,139,802		202.00

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 2:09 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	115,900	1,197.02	50	59,851	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	54,525	1,924.12	11	21,165	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,027.29	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,482.72	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,681.18	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		170,425		61	81,016	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	0.160813	1,142,364	183,707	8.00
9.00	RECOVERY ROOM	51.00	0.311359	222,030	69,131	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.501573	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115838	238,564	27,635	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.122609	1,377,698	168,918	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.165840	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.178014	3,123,064	555,949	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.169385	7,094,524	1,201,706	18.00
18.01	LABORATORY - HLA	60.01	0.440922	3,284,115	1,448,039	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244350	238,818	58,355	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.034122	21,147	722	22.00
23.00	RESPIRATORY THERAPY	65.00	0.310431	31,306	9,718	23.00
24.00	PHYSICAL THERAPY	66.00	0.262181	1,210	317	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.283623	388	110	25.00
26.00	SPEECH PATHOLOGY	68.00	0.338696	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.102092	1,000,370	102,130	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.116444	1,667	194	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.361167	339,289	122,540	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.355359	90,654	32,215	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253057	907,167	229,565	31.00
32.00	RENAL DIALYSIS	74.00	1.376545	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS ADULT	76.00	0.308497	16,893	5,211	34.00
34.01	PSYCH DAY HOSPITAL	76.01	13.330198	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.367318	489,525	179,811	37.00
38.00	EMERGENCY	91.00	0.216340	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.519167	92,334	47,937	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.000000	0	0	39.01
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8 through 40)			19,713,127	4,443,910	41.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	Kidney		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	50	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	11	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			61	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	489,525	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	92,334	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		581,859		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,524,926		19,883,552		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)	6,684,529		6,175,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	11,209,455		26,058,552		61.00
62.00	Total Usable Organs (see instructions)		131			62.00
63.00	Medicare Usable Organs (see instructions)		105			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.801527			64.00
65.00	Medicare Cost/Charges (see instructions)	8,984,681		20,886,633		65.00
66.00	Revenue for Organs Sold	167,252		167,252		66.00
67.00	Subtotal (line 65 minus line 66)	8,817,429		20,719,381		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,817,429	0	20,719,381	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)	24	32		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	5	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	70		73.00
74.00	Total (sum of lines 70 through 73)	29	102		74.00
75.00	Organs Transplanted	24	70	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	32	90,435	77.00
78.00	Organs Sold to Transplant Hospitals	5	0	76,817	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	29	102		84.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 2:09 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	48,615	1,197.02	21	25,137	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	26,381	1,924.12	5	9,621	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,027.29	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,482.72	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,681.18	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		74,996		26	34,758	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	0.160813	101,783	16,368	8.00
9.00	RECOVERY ROOM	51.00	0.311359	23,374	7,278	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.501573	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115838	23,593	2,733	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.122609	219,767	26,945	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.165840	4,542	753	13.00
14.00	RADIOISOTOPE	56.00	0.178014	8,818	1,570	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.169385	975,416	165,221	18.00
18.01	LABORATORY - HLA	60.01	0.440922	3,259	1,437	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244350	32,261	7,883	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.034122	6,511	222	22.00
23.00	RESPIRATORY THERAPY	65.00	0.310431	16,379	5,085	23.00
24.00	PHYSICAL THERAPY	66.00	0.262181	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.283623	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.338696	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.102092	125,056	12,767	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.116444	886	103	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.361167	9,878	3,568	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.355359	4,741	1,685	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253057	71,142	18,003	31.00
32.00	RENAL DIALYSIS	74.00	1.376545	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS ADULT	76.00	0.308497	932	288	34.00
34.01	PSYCH DAY HOSPITAL	76.01	13.330198	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.367318	65,482	24,053	37.00
38.00	EMERGENCY	91.00	0.216340	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.519167	679	353	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.000000	0	0	39.01
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8 through 40)			1,694,499	296,315	41.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 2:09 pm

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	21	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	5	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			26	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	65,482	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	679	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		66,161		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	331,073		1,769,495		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)	2,078,693		1,521,450		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)	2,409,766		3,290,945		61.00
62.00	Total Usable Organs (see instructions)		40			62.00
63.00	Medicare Usable Organs (see instructions)		26			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.650000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,566,348		2,139,114		65.00
66.00	Revenue for Organs Sold	48,043		48,043		66.00
67.00	Subtotal (line 65 minus line 66)	1,518,305		2,091,071		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,518,305	0	2,091,071	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	17		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	23		73.00
74.00	Total (sum of lines 70 through 73)	0	40		74.00
75.00	Organs Transplanted	0	23	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	17	48,043	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	40		84.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 2:09 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	0	1,197.02	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	1,552	1,924.12	1	1,924	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,027.29	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,482.72	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,681.18	0	0	6.02
7.00	TOTAL (sum of lines 1 through 6)		1,552		1	1,924	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	0.160813	5,987	963	8.00
9.00	RECOVERY ROOM	51.00	0.311359	5,719	1,781	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.501573	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.115838	1,388	161	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.122609	34,938	4,284	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.165840	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.178014	38,786	6,904	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.169385	100,155	16,965	18.00
18.01	LABORATORY - HLA	60.01	0.440922	36,612	16,143	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244350	2,232	545	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.034122	1,092	37	22.00
23.00	RESPIRATORY THERAPY	65.00	0.310431	942	292	23.00
24.00	PHYSICAL THERAPY	66.00	0.262181	242	63	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.283623	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.338696	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.102092	30,407	3,104	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.116444	52	6	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.361167	2,171	784	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.355359	1,536	546	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.253057	15,502	3,923	31.00
32.00	RENAL DIALYSIS	74.00	1.376545	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS ADULT	76.00	0.308497	1,947	601	34.00
34.01	PSYCH DAY HOSPITAL	76.01	13.330198	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.367318	8,253	3,031	37.00
38.00	EMERGENCY	91.00	0.216340	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.519167	3,536	1,836	39.00
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.000000	0	0	39.01
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8 through 40)			291,497	61,969	41.00

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

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

Provider CCN: 14-0119
Component CCN:

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/20/2018 2:09 pm

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	8,253	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,536	0.000000	0	53.00
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		11,789		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	63,893		293,049		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)	537,975		453,600		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	601,868		746,649		61.00
62.00	Total Usable Organs (see instructions)		10			62.00
63.00	Medicare Usable Organs (see instructions)		7			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.700000			64.00
65.00	Medicare Cost/Charges (see instructions)	421,308		522,654		65.00
66.00	Revenue for Organs Sold	2,826		2,826		66.00
67.00	Subtotal (line 65 minus line 66)	418,482		519,828		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	418,482	0	519,828	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	1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	9		73.00
74.00	Total (sum of lines 70 through 73)	0	10		74.00
75.00	Organs Transplanted	0	9	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	1	2,826	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	10		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Hospital	PPS

		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	28,947,727	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,649,242	77,193,940	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)	1,886,269	3,772,537	2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
3.00	Managed Care Simulated Payments	7,971,833	15,943,666	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	555.19		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)	470.39		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	17.61		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	85.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 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)	537.78		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	556.71		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	537.78		12.00
13.00	Total allowable FTE count for the prior year.	459.38		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	459.38		14.00
15.00	Sum of lines 12 through 14 divided by 3.	485.51		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	485.51		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.874493		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.874826		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.874493		21.00
22.00	IME payment adjustment (see instructions)	15,099,597	30,199,196	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	3,118,677	6,237,353	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).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	18.93		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	15,099,597	30,199,196	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	3,118,677	6,237,353	29.01
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.25		30.00
31.00	Percentage of Medicaid patient days (see instructions)	28.99		31.00
32.00	Sum of lines 30 and 31	37.24		32.00
33.00	Allowable disproportionate share percentage (see instructions)	20.27	20.27	33.00
34.00	Disproportionate share adjustment (see instructions)	1,955,901	3,911,803	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 2:09 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)	8,571,364	8,494,845	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,160,455	6,353,677	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,514,132		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	9,092		40.00

		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	307	629	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	307	629	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	10.29		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	7,889		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.204060		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81	447.81	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	504,682		46.00
47.00	Subtotal (see instructions)	60,203,873	121,431,153	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	0	48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	190,991,056	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	13,698,377	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).	10,583,205	52.00
53.00	Nursing and Allied Health Managed Care payment	421,180	53.00
54.00	Special add-on payments for new technologies	2,077	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	10,754,216	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	1,342,187	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	599,729	58.00
59.00	Total (sum of amounts on lines 49 through 58)	228,392,027	59.00
60.00	Primary payer payments	196,969	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	228,195,058	61.00
62.00	Deductibles billed to program beneficiaries	7,950,212	62.00
63.00	Coinsurance billed to program beneficiaries	723,235	63.00
64.00	Allowable bad debts (see instructions)	2,754,601	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,790,491	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,805,541	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	221,312,102	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural 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)	850,724	70.93
70.94	HRR adjustment amount (see instructions)	-417,692	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/20/2018 2:09 pm
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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		221,745,134	71.00
71.01	Sequestration adjustment (see instructions)		4,434,903	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		223,382,159	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)		-6,071,928	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		15,906,147	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

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet DSH | Date/Time Prepared: 11/20/2018 2:09 pm

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.25	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.99	0.00			28.99	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	37.24	0.00			28.99	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	555.19	0.00			555.19	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	20.27	0.00			13.13	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.25	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	8.32	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	13,156	0			13,156	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	3,334	0			3,334	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	664	0			664	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	28,020	0			28,020	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	45,174	0			45,174	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	153,638	0			153,638	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,200	0			2,200	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	155,838	0			155,838	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.99	0.00			28.99	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	19.94		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		19.94		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		19.94		0.00		31.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 11/20/2018 2:09 pm
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	13.13		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	13.13		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	13.13		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	304,419	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	116,265,457	2.00
3.00	OPPS payments	102,715,259	3.00
4.00	Outlier payment (see instructions)	854,115	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.818	5.00
6.00	Line 2 times line 5	95,105,144	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	675,571	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	304,419	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,036,397	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,036,397	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,036,397	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	731,978	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)	304,419	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)	104,244,945	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	83,061	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,308,718	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)	87,157,585	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	6,057,055	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	2,818	29.00
30.00	Subtotal (sum of lines 27 through 29)	93,217,458	30.00
31.00	Primary payer payments	9,798	31.00
32.00	Subtotal (line 30 minus line 31)	93,207,660	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	18,488	33.00
34.00	Allowable bad debts (see instructions)	4,959,386	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	3,223,601	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,406,619	36.00
37.00	Subtotal (see instructions)	96,449,749	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)	96,449,749	40.00
40.01	Sequestration adjustment (see instructions)	1,928,995	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	92,424,347	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	2,096,407	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 2:09 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)	0	2.00
3.00	OPPS payments	0	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/20/2018 2:09 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		211,514,982		92,240,103	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/25/2018	11,867,177	06/25/2018	184,244	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)		11,867,177		184,244	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)		223,382,159		92,424,347	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		2,096,407	6.01
6.02	SETTLEMENT TO PROGRAM		6,071,928		0	6.02
7.00	Total Medicare program liability (see instructions)		217,310,231		94,520,754	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/20/2018 2:09 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		4,343,650		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/25/2018	34,609		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		34,609		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,378,259		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		283,417		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,661,676		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,064,724		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/25/2018	480,501		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)		480,501		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)		7,545,225		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		257,534		0	6.02
7.00	Total Medicare program liability (see instructions)		7,287,691		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/20/2018 2:09 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
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment		108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-S119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/20/2018 2:09 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)	4,419,607	1.00
2.00	Net IPF PPS Outlier Payments	25,074	2.00
3.00	Net IPF PPS ECT Payments	98,945	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	11.57	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	6.25	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)	6.25	8.00
9.00	Average Daily Census (see instructions)	37.802740	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.081986	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	362,346	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	4,905,972	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)	4,905,972	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	4,905,972	18.00
19.00	Deductibles	194,928	19.00
20.00	Subtotal (line 18 minus line 19)	4,711,044	20.00
21.00	Coinsurance	88,746	21.00
22.00	Subtotal (line 20 minus line 21)	4,622,298	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	4,622,298	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)	134,514	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)	4,756,812	31.00
31.01	Sequestration adjustment (see instructions)	95,136	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	4,378,259	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)	283,417	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	25,074	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0119 Component CCN: 14-T119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,314,933	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0832	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	549,399	3.00
4.00	Outlier Payments	194,498	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5.11	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	1.56	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	1.56	9.00
10.00	Average Daily Census (see instructions)	26.284932	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.060346	11.00
12.00	Teaching Adjustment (see instructions)	381,081	12.00
13.00	Total PPS Payment (see instructions)	7,439,911	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	7,439,911	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	7,439,911	19.00
20.00	Deductibles	32,140	20.00
21.00	Subtotal (line 19 minus line 20)	7,407,771	21.00
22.00	Coinsurance	79,565	22.00
23.00	Subtotal (line 21 minus line 22)	7,328,206	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	7,328,206	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	108,213	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	7,436,419	32.00
32.01	Sequestration adjustment (see instructions)	148,728	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	7,545,225	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-257,534	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	194,498	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/20/2018 2:09 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.			440.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			579.39	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	190.53	316.06	506.59	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.	162.96	270.32	433.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	162.96	270.32		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	165.35	277.21		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	164.99	277.55		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	164.43	275.03		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	164.43	275.03		17.00
18.00	Per resident amount	100,280.49	99,699.74		18.00
19.00	Approved amount for resident costs	16,489,121	27,420,419	43,909,540	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			83.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			43,909,540	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	57,397	10,572		26.00
27.00	Total Inpatient Days (see instructions)	175,412	175,412		27.00
28.00	Ratio of inpatient days to total inpatient days	0.327213	0.060270		28.00
29.00	Program direct GME amount	14,367,772	2,646,428		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		373,940		30.00
31.00	Net Program direct GME amount			16,640,260	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/20/2018 2:09 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)	1,616	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	272,921	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.005921	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	475,855	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	2,818	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	194,283,209	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	10,754,216	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	196,969	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	204,840,456	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	117,245,447	42.00
43.00	Primary payer payments (see instructions)	9,798	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	117,235,649	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	322,076,105	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.636000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.364000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	16,640,260	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	10,583,205	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	6,057,055	50.00

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

Provider CCN: 14-0119

Period: From 07/01/2017 To 06/30/2018

Worksheet G

Date/Time Prepared: 11/20/2018 2:09 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	136,561,781	0	0	0	1.00
2.00	Temporary investments	841,453,093	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	356,931,277	0	0	0	4.00
5.00	Other receivable	61,887,896	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-81,859,337	0	0	0	6.00
7.00	Inventory	29,865,787	0	0	0	7.00
8.00	Prepaid expenses	24,648,733	0	0	0	8.00
9.00	Other current assets	20,346,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,389,835,230	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	59,586,701	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,719,399,838	0	0	0	15.00
16.00	Accumulated depreciation	-1,246,489,899	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	155,123,878	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	588,415,165	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	13,661,615	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)	1,289,697,298	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	114,616,771	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	31,500,360	584,799,470	1,526,116	34.00
35.00	Total other assets (sum of lines 31-34)	114,616,771	31,500,360	584,799,470	1,526,116	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,794,149,299	31,500,360	584,799,470	1,526,116	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	50,168,776	0	0	0	37.00
38.00	Salaries, wages, and fees payable	262,061,272	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	10,600,000	0	0	0	40.00
41.00	Deferred income	21,474,059	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	166,517,804	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	510,821,911	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	167,517,000	0	0	0	46.00
47.00	Notes payable	499,426,606	0	0	0	47.00
48.00	Unsecured loans	24,391,654	0	0	0	48.00
49.00	Other long term liabilities	162,124,201	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	853,459,461	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,364,281,372	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,429,867,927				52.00
53.00	Specific purpose fund		31,500,360			53.00
54.00	Donor created - endowment fund balance - restricted			584,799,470		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				1,526,116	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,429,867,927	31,500,360	584,799,470	1,526,116	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,794,149,299	31,500,360	584,799,470	1,526,116	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-1 | Date/Time Prepared: 11/20/2018 2:09 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		1,275,739,651		39,476,419		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		99,760,224				2.00
3.00	Total (sum of line 1 and line 2)		1,375,499,875		39,476,419		3.00
4.00	ADDITIONS	54,368,052		0		41,805,485	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		54,368,052		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,429,867,927		39,476,419		11.00
12.00	DEDUCTIONS	0		7,976,059		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		7,976,059		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,429,867,927		31,500,360		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	542,993,985		1,964,264		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)	542,993,985		1,964,264		3.00
4.00	ADDITIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	41,805,485		0		10.00
11.00	Subtotal (line 3 plus line 10)	584,799,470		1,964,264		11.00
12.00	DEDUCTIONS		438,148			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		438,148		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	584,799,470		1,526,116		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/20/2018 2:09 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	242,775,354		242,775,354	1.00
2.00	SUBPROVIDER - IPF	32,077,445		32,077,445	2.00
3.00	SUBPROVIDER - IRF	22,210,335		22,210,335	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	297,063,134		297,063,134	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	71,119,934		71,119,934	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	73,758,202		73,758,202	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	21,820,531		21,820,531	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	53,224,356		53,224,356	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	219,923,023		219,923,023	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	516,986,157		516,986,157	17.00
18.00	Ancillary services	1,577,952,197	19,256,817	1,597,209,014	18.00
19.00	Outpatient services	0	174,414,114	174,414,114	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	137,165,655	2,516,660,712	2,653,826,367	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,232,104,009	2,710,331,643	4,942,435,652	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,922,416,474		29.00
30.00	OAK PARK	131,473,908			30.00
31.00	OAK PARK MEDICAL OFFICE BLDG	5,443,303			31.00
32.00	FUND VARIANCE	1,270,418			32.00
33.00	WOMANS BOARD	1,866,934			33.00
34.00	MINORITY OWNED JV	60,565			34.00
35.00	UNLOCATED	42			35.00
36.00	Total additions (sum of lines 30-35)		140,115,170		36.00
37.00	CONSOLIDATION ENTRY	75,059,334			37.00
38.00	PHILANTHROPHY	9,486,746			38.00
39.00	ROOM 500	3,121,028			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		87,667,108		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,974,864,536		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet G-3 Date/Time Prepared: 11/20/2018 2:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,942,435,652	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,245,589,836	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,696,845,816	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,974,864,536	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-278,018,720	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	73,408,916	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH AND OTHER	123,439,724	24.00
24.01	NON-OPERATING REVENUES	11,417,603	24.01
24.02	MEDICAID TAX REVENUE	84,139,594	24.02
24.03	OTHER OPERATING REVENUE	85,373,107	24.03
25.00	Total other income (sum of lines 6-24)	377,778,944	25.00
26.00	Total (line 5 plus line 25)	99,760,224	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)	99,760,224	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

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

Period:
From 07/01/2017
To 06/30/2018

Worksheet I-1
Date/Time Prepared:
11/20/2018 2:09 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	40,840	Hours of Service	973.00	0.47	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	8.00	0.00	3.00
4.00	TECHNICIANS	14,454	Hours of Service	454.00	0.22	4.00
5.00	SOCIAL WORKERS	0	Hours of Service	0.00	0.00	5.00
6.00	DIETICIANS	0	Hours of Service	0.00	0.00	6.00
7.00	PHYSICIANS	0	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	15,995	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	71,289				9.00
10.00	EMPLOYEE BENEFITS	0	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	0	Percentage of Time			13.00
14.00	SUPPLIES	0	Requisitions			14.00
15.00	DRUGS	0	Requisitions			15.00
16.00	OTHER	54,047	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	125,336				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	72,791	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	17,138	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	26,537	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	119,429	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	1,616				23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,605	Requisitions			24.00
25.00	PHARMACY	0	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	11,236	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	375,688				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	Charges	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	Charges	0		29.00
30.00	RENAL DIALYSIS ADULT	0	Charges	0		30.00
30.01	PSYCH DAY HOSPITAL	0	CHARGES	0		30.01
31.00	TOTAL COSTS (SUM OF LINES 27-30)	375,688				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

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

Period: From 07/01/2017 To 06/30/2018

Worksheet I-2
Date/Time Prepared: 11/20/2018 2:09 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	192,220	0	40,840	14,454	17,138	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	192,220	0	40,840	14,454	17,138	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	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)	192,220	0	40,840	14,454	17,138	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,605	0	266,257	107,815	374,072		1.00
	MAINTENANCE							
2.00	Hemodialysis	1,605	0	266,257	107,815	374,072		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,605	0	266,257	107,815	374,072		17.00
18.00	Medical Educational Program Costs					1,616		18.00
19.00	Total Renal Costs (line 17 + line 18)					375,688		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet I-3
Date/Time Prepared: 11/20/2018 2:09 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		192,220	0	40,840	14,454	17,138	1.00
	MAINTENANCE							
2.00	Hemodialysis		2,194	100.00	973.00	454.00	71,289	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	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		2,194	100.00	973.00	454.00	71,289	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		87.611668	0.000000	41.973279	31.837004	0.240402	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	0	1,605	0	266,257	107,815		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	34,470	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	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	0	34,470	0		266,257		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.046562	0.000000		0.404928		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

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

Period: From 07/01/2017 To 06/30/2018

Worksheet I-4
Date/Time Prepared: 11/20/2018 2:09 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	512	374,072	730.61	117	85,481	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	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	0	0	0.00	0	0	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	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	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)	512	374,072		117	85,481	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	512					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	31,947	273.05	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	0	0.00	5.00
6.00	Training - CCPD	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	0	0.00	9.00
10.00	Home Program - CCPD	0	0.00	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)	31,947		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 14-0119 | Period: From 07/01/2017 To 06/30/2018 | Worksheet I-5 | Date/Time Prepared: 11/20/2018 2:09 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)	85,481		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	31,947	31,947	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)	31,947	31,947	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	28,443	28,443	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)	28,443	28,443	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	18,488		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-28,443	8.00
9.00	Program payment (see instructions)	25,558	25,558	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	18,488		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	374,072		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	374,072		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0119	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/20/2018 2:09 pm
	Title XVIII	Hospital	PPS

		Urban	Rural	
		1.00	1.01	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,138,921	6,277,843	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	0	1.01
2.00	Capital DRG outlier payments	367,064		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)	416.49		3.00
4.00	Number of interns & residents (see instructions)	485.51		4.00
5.00	Indirect medical education percentage (see instructions)	38.96		5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	3,668,771		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.25		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	28.99		8.00
9.00	Sum of lines 7 and 8	37.24		9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.83		10.00
11.00	Disproportionate share adjustment (see instructions)	245,778		11.00
12.00	Total prospective capital payments (see instructions)	13,698,377		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