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

FORM APPROVED
OMB NO. 0938-0050

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S Parts I-III Date/Time Prepared: 6/2/2014 7:47 am |
|---|---|---|---|

PART I - COST REPORT STATUS

Provider use only

1. [ X ] Electronically filed cost report — Date: 6/2/2014 Time: 7:47 am
2. [ ] Manually submitted cost report
3. [ 0 ] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [ F ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH ( 150056 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

| | Cost Center Description | Title V | Title XVIII Part A | Title XVIII Part B | HIT | Title XIX | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | PART III - SETTLEMENT SUMMARY | | | | | | |
| 1.00 | Hospital | 0 | 7,598,023 | 3,627,336 | 172,300 | 0 | 1.00 |
| 2.00 | Subprovider - IPF | 0 | 58,684 | 39 | | 0 | 2.00 |
| 3.00 | Subprovider - IRF | 0 | 0 | 0 | | 0 | 3.00 |
| 4.00 | SUBPROVIDER I | 0 | 0 | 0 | | 0 | 4.00 |
| 5.00 | Swing bed - SNF | 0 | 0 | 0 | | 0 | 5.00 |
| 6.00 | Swing bed - NF | 0 | | | | 0 | 6.00 |
| 7.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | | 0 | 7.00 |
| 8.00 | NURSING FACILITY | 0 | | | | 0 | 8.00 |
| 9.00 | HOME HEALTH AGENCY I | 0 | 0 | 0 | | 0 | 9.00 |
| 10.00 | RURAL HEALTH CLINIC I | 0 | | 0 | | 0 | 10.00 |
| 11.00 | FEDERALLY QUALIFIED HEALTH CENTER I | 0 | | 2,338 | | 0 | 11.00 |
| 12.00 | CMHC I | 0 | | 0 | | 0 | 12.00 |
| 200.00 | Total | 0 | 7,656,707 | 3,629,713 | 172,300 | 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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

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

| | | Component Name | CCN Number | CBSA Number | Provider Type | Date Certified | Payment System (P, T, O, or N) V | XVIII | XIX | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | 8.00 | |
| | Hospital and Hospital-Based Component Identification: | | | | | | | | | |
| 3.00 | Hospital | INDIANA UNIVERSITY HEALTH | 150056 | 26900 | 1 | 07/01/1966 | N | P | P | 3.00 |
| 4.00 | Subprovider - IPF | CLARIAN BEHAVIORAL CARE CTR. | 15S056 | 26900 | 4 | 07/01/1984 | N | P | N | 4.00 |
| 5.00 | Subprovider - IRF | | | | | | | | | 5.00 |
| 6.00 | Subprovider - (Other) | | | | | | | | | 6.00 |
| 7.00 | Swing Beds - SNF | | | | | | | | | 7.00 |
| 8.00 | Swing Beds - NF | | | | | | | | | 8.00 |
| 9.00 | Hospital-Based SNF | | | | | | | | | 9.00 |
| 10.00 | Hospital-Based NF | | | | | | | | | 10.00 |
| 10.01 | ICF/MR | | | | | | | | | 10.01 |
| 11.00 | Hospital-Based OLTC | | | | | | | | | 11.00 |
| 12.00 | Hospital-Based HHA | CLARIAN HOME CARE-INDIANAPOLIS | 157158 | 26900 | | 08/05/1985 | N | P | N | 12.00 |
| 13.00 | Separately Certified ASC | | | | | | | | | 13.00 |
| 14.00 | Hospital-Based Hospice | YELLOW ROSE UNIT | 151511 | 26900 | | 07/01/1966 | | | | 14.00 |
| 15.00 | Hospital-Based Health Clinic - RHC | | | | | | | | | 15.00 |
| 16.00 | Hospital-Based Health Clinic - FQHC | HEALTHNET BARRINGTON | 151804 | 26900 | | 07/01/1966 | N | O | N | 16.00 |
| 17.00 | Hospital-Based (CMHC) I | | | | | | | | | 17.00 |
| 17.10 | Hospital-Based (CORF) I | | | | | | | | | 17.10 |
| 18.00 | Renal Dialysis | CLARIAN DIALYSIS | 153510 | 26900 | | 01/01/1997 | | | | 18.00 |
| 18.01 | | CLARIAN | 153515 | 26900 | | 04/26/2002 | | | | 18.01 |
| 18.02 | | CLARIAN HEALTH PARTNERS | 153521 | 26900 | | 01/30/2009 | | | | 18.02 |
| 18.03 | | METHODIST DIALYSIS | 153522 | 26900 | | 04/09/2007 | | | | 18.03 |
| 18.04 | | | | | | | | | | 18.04 |
| 19.00 | Other | | | | | | | | | 19.00 |

| | | From: 1.00 | To: 2.00 | |
|---|---|---|---|---|
| 20.00 | Cost Reporting Period (mm/dd/yyyy) | 01/01/2013 | 12/31/2013 | 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 §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. | Y | N | 22.00 |
| 22.01 | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) | N | Y | 22.01 |
| 23.00 | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no. | 3 | N | 23.00 |

| | | In-State Medicaid paid days | In-State Medicaid eligible unpaid days | Out-of State Medicaid paid days | Out-of State Medicaid eligible unpaid | Medicaid HMO days | Other Medicaid days | |
|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 24.00 | If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. | 47,985 | 20,697 | 321 | 1,047 | 49,199 | 0 | 24.00 |
| 25.00 | If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6. | 0 | 0 | 0 | 0 | 0 | | 25.00 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 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. | 1 | | 27.00 |
| 35.00 | If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period. | 0 | | 35.00 |
| | | Beginning: | Ending: | |
| | | 1.00 | 2.00 | |
| 36.00 | Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates. | | | 36.00 |
| 37.00 | If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period. | 0 | | 37.00 |
| 38.00 | Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates. | | | 38.00 |
| | | Y/N | Y/N | |
| | | 1.00 | 2.00 | |
| 39.00 | Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions) | N | | 39.00 |

| | | 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 Worksheet L, Part III and L-1, Parts I through III. | N | N | N | 46.00 |
| 47.00 | Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no. | N | N | N | 47.00 |
| 48.00 | Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no. | N | N | N | 48.00 |
| | Teaching Hospitals | | | | |
| 56.00 | Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no. | Y | | | 56.00 |
| 57.00 | If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5. | N | | | 58.00 |
| 59.00 | Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I. | N | | | 59.00 |
| 60.00 | Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions) | Y | | | 60.00 |

| | | Y/N | IME | Direct GME | IME | Direct GME | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 61.00 | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) | Y | | | 22.00 | 22.00 | 61.00 |
| 61.01 | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) | | 176.12 | 175.75 | | | 61.01 |
| 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) | | 169.79 | 168.87 | | | 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) | | 193.01 | 197.94 | | | 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). | | 193.58 | 192.42 | | | 61.04 |
| 61.05 | Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) | | 0.57 | -5.52 | | | 61.05 |
| 61.06 | Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) | | 0.00 | 0.00 | | | 61.06 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Program Name | Program Code | Unweighted IME FTE Count | Unweighted Direct GME FTE Count | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 61.10 | Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count. | | | 0.00 | 0.00 | 61.10 |
| 61.20 | Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count. | | | 0.00 | 0.00 | 61.20 |

| | | | |
|---|---|---|---|
| | | 1.00 | |
| | ACA Provisions Affecting the Health Resources and Services Administration (HRSA) | | |
| 62.00 | Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions) | 0.00 | 62.00 |
| 62.01 | Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) | 0.00 | 62.01 |
| | Teaching Hospitals that Claim Residents in Non-Provider Settings | | |
| 63.00 | Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions) | Y | 63.00 |

| | | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 1/ (col. 1 + col. 2)) | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| | Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. | | | | |
| 64.00 | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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) | 153.29 | 237.42 | 0.392337 | 64.00 |

| | | Program Name | Program Code | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 3/ (col. 3 + col. 4)) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 65.00 | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | FAMILY MEDICINE | 1350 | 11.05 | 18.79 | 0.370308 | 65.00 |
| 65.01 | | INTERNAL MEDICINE GENERAL | 1400 | 19.19 | 32.62 | 0.370392 | 65.01 |
| 65.02 | | INTERNAL MEDICINE GERIATRIC | 1408 | 0.38 | 0.65 | 0.368932 | 65.02 |
| 65.03 | | INTERNAL MEDICINE & PEDIATRICS | 1450 | 11.17 | 18.99 | 0.370358 | 65.03 |
| 65.04 | | OBSTETRICS & GYNECOLOGY | 1750 | 9.46 | 16.08 | 0.370399 | 65.04 |
| 65.05 | | PEDIATRICS GENERAL | 2000 | 23.65 | 40.21 | 0.370341 | 65.05 |
| 65.06 | | PEDIATRIC/EMERGENCY MEDICINE | 2800 | 2.86 | 4.86 | 0.370466 | 65.06 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 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 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 non-provider 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) | 11.79 | 471.21 | 0.024410 | 66.00 |

| | | Program Name | Program Code | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 3/ (col. 3 + col. 4)) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 67.00 | Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | FAMILY MEDICINE | 1350 | 4.11 | 27.28 | 0.130933 | 67.00 |
| 67.01 | | INTERNAL MEDICINE GENERAL | 1400 | 0.33 | 45.73 | 0.007165 | 67.01 |
| 67.02 | | INTERNAL MEDICINE GERIATRIC | 1408 | 0.00 | 1.26 | 0.000000 | 67.02 |
| 67.03 | | INTERNAL MEDICINE & PEDIATRICS | 1450 | 1.01 | 29.58 | 0.033017 | 67.03 |
| 67.04 | | PEDIATRICS GENERAL | 2000 | 1.33 | 59.16 | 0.021987 | 67.04 |
| 67.05 | | | | 0.00 | 0.00 | 0.000000 | 67.05 |
| 67.06 | | | | 0.00 | 0.00 | 0.000000 | 67.06 |

| | | 1.00 | 2.00 | 3.00 | |
|---|---|---|---|---|---|
| | Inpatient Psychiatric Facility PPS | | | | |
| 70.00 | Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no. | Y | | | 70.00 |
| 71.00 | If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) | Y | N | 0 | 71.00 |
| | Inpatient Rehabilitation Facility PPS | | | | |
| 75.00 | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no. | N | | | 75.00 |
| 76.00 | If line 75 yes: Column 1: Did the facility have a 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) | | | 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 |
| | 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 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | V | XIX | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| | **Title V and XIX Services** | | | |
| 90.00 | Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column. | N | Y | 90.00 |
| 91.00 | Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column. | N | N | 91.00 |
| 92.00 | Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column. | | N | 92.00 |
| 93.00 | Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column. | N | N | 93.00 |
| 94.00 | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column. | N | N | 94.00 |
| 95.00 | If line 94 is "Y", enter the reduction percentage in the applicable column. | 0.00 | 0.00 | 95.00 |
| 96.00 | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column. | N | N | 96.00 |
| 97.00 | If line 96 is "Y", enter the reduction percentage in the applicable column. | 0.00 | 0.00 | 97.00 |
| | **Rural Providers** | | | |
| 105.00 | Does this hospital qualify as a Critical Access Hospital (CAH)? | N | | 105.00 |
| 106.00 | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) | N | | 106.00 |
| 107.00 | Column 1: 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 would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions) | N | | 107.00 |
| 108.00 | Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no. | N | | 108.00 |

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

| | | 1.00 | 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 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 hospital providers) based on the definition in CMS 15-1, §2208.1. | N | | 0 | 115.00 |
| 116.00 | Is this facility classified as a referral center? Enter "Y" for yes or "N" for no. | N | | | 116.00 |
| 117.00 | Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no. | Y | | | 117.00 |
| 118.00 | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence. | 1 | | | 118.00 |

| | | Premiums | Losses | Insurance | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| 118.01 | List amounts of malpractice premiums and paid losses: | 5,422,136 | 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 |
| | **Transplant Center Information** | | | |
| 125.00 | Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. | Y | | 125.00 |
| 126.00 | If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | 10/17/1996 | | 126.00 |
| 127.00 | If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | 10/17/1996 | | 127.00 |
| 128.00 | If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | 03/11/1993 | | 128.00 |
| 129.00 | If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | 02/02/1995 | | 129.00 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | 1.00 | 2.00 | |
|---|---|---|---|---|
| 130.00 | If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | 07/01/1999 | | 130.00 |
| 131.00 | If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | 06/07/2005 | | 131.00 |
| 132.00 | If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | | | 132.00 |
| 133.00 | If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2. | | | 133.00 |
| 134.00 | If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2. | | | 134.00 |
| | All Providers | | | |
| 140.00 | Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions) | Y | 15H059 | 140.00 |

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

| | | 1.00 | |
|---|---|---|---|
| 144.00 | Are provider based physicians' costs included in Worksheet A? | Y | 144.00 |
| 145.00 | If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no. | N | 145.00 |

| | | 1.00 | 2.00 | |
|---|---|---|---|---|
| 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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. | N | | 146.00 |
| 147.00 | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. | N | | 147.00 |
| 148.00 | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. | N | | 148.00 |
| 149.00 | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. | N | | 149.00 |

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

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

| | | Name | County | State | Zip Code | CBSA | FTE/Campus | |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 166.00 | If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 | | | | | | 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 Section §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 |
| 169.00 | If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions) | 0.75 | 169.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 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) | 10/01/2012 | 09/30/2013 | 170.00 |

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | | | | |
|---|---|---|---|---|---|
| | | | Y/N | Date | |
| | | | 1.00 | 2.00 | |
| | General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. | | | | |
| | COMPLETED BY ALL HOSPITALS | | | | |
| | Provider Organization and Operation | | | | |
| 1.00 | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions) | | N | | 1.00 |
| | | | Y/N | Date | V/I |
| | | | 1.00 | 2.00 | 3.00 |
| 2.00 | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary. | | N | | 2.00 |
| 3.00 | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) | | Y | | 3.00 |
| | | | Y/N | Type | Date |
| | | | 1.00 | 2.00 | 3.00 |
| | Financial Data and Reports | | | | |
| 4.00 | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. | | Y | A | 4.00 |
| 5.00 | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation. | | Y | | 5.00 |
| | | | Y/N | Legal Oper. | |
| | | | 1.00 | 2.00 | |
| | Approved Educational Activities | | | | |
| 6.00 | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program? | | N | | 6.00 |
| 7.00 | Are costs claimed for Allied Health Programs? If "Y" see instructions. | | Y | | 7.00 |
| 8.00 | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions. | | Y | | 8.00 |
| 9.00 | Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions. | | Y | | 9.00 |
| 10.00 | Was an Intern-Resident program been 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 |
| | | Description | Y/N | Date | Y/N |
| | | 0 | 1.00 | 2.00 | 3.00 |
| | PS&R Data | | | | |
| 16.00 | Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) | | N | | N 16.00 |
| 17.00 | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) | | Y | 05/15/2014 | Y 17.00 |
| 18.00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. | | N | | N 18.00 |
| 19.00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions. | | N | | N 19.00 |
| 20.00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments: | | N | | N 20.00 |

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Description | Part A Y/N | Part A Date | Part B Y/N | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 21.00 | Was the cost report prepared only using the provider's records? If yes, see instructions. | | N | | N | 21.00 |
| | | | | | 1.00 | |
| | COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) | | | | | |
| | Capital Related Cost | | | | | |
| 22.00 | Have assets been relifed for Medicare purposes? If yes, see instructions | | | | N | 22.00 |
| 23.00 | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions. | | | | N | 23.00 |
| 24.00 | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions | | | | Y | 24.00 |
| 25.00 | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions. | | | | Y | 25.00 |
| 26.00 | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions. | | | | N | 26.00 |
| 27.00 | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy. | | | | N | 27.00 |
| | Interest Expense | | | | | |
| 28.00 | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions. | | | | N | 28.00 |
| 29.00 | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions | | | | Y | 29.00 |
| 30.00 | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions. | | | | N | 30.00 |
| 31.00 | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions. | | | | N | 31.00 |
| | Purchased Services | | | | | |
| 32.00 | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions. | | | | Y | 32.00 |
| 33.00 | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions. | | | | Y | 33.00 |
| | Provider-Based Physicians | | | | | |
| 34.00 | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions. | | | | Y | 34.00 |
| 35.00 | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. | | | | Y | 35.00 |

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

| | | | | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| | Cost Report Preparer Contact Information | | | |
| 41.00 | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | BRIAN | JACKSON | 41.00 |
| 42.00 | Enter the employer/company name of the cost report preparer. | IU HEALTH | | 42.00 |
| 43.00 | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively. | 317-962-1035 | BJACKSON1@IUHEALTH.ORG | 43.00 |

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Part B Date | | | |
|---|---|---|---|---|---|
| | | 4.00 | | | |
| | PS&R Data | | | | |
| 16.00 | Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions) | | | | 16.00 |
| 17.00 | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) | 05/15/2014 | | | 17.00 |
| 18.00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. | | | | 18.00 |
| 19.00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions. | | | | 19.00 |
| 20.00 | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments: | | | | 20.00 |
| 21.00 | Was the cost report prepared only using the provider's records? If yes, see instructions. | | | | 21.00 |
| | | | 3.00 | | |
| | Cost Report Preparer Contact Information | | | | |
| 41.00 | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | | DIRECTOR - REVENUE & REIMBURSEMENT | | 41.00 |
| 42.00 | Enter the employer/company name of the cost report preparer. | | | | 42.00 |
| 43.00 | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively. | | | | 43.00 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 6/1/2014 7:02 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 | 1,004 | 366,460 | 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) | | 1,004 | 366,460 | 0.00 | 0 | 7.00 |
| 8.00 | INTENSIVE CARE UNIT | 31.00 | 73 | 26,645 | 0.00 | 0 | 8.00 |
| 9.00 | CORONARY CARE UNIT | 32.00 | 52 | 18,980 | 0.00 | 0 | 9.00 |
| 9.01 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 35 | 12,775 | 0.00 | 0 | 9.01 |
| 10.00 | BURN INTENSIVE CARE UNIT | 33.00 | 10 | 3,650 | 0.00 | 0 | 10.00 |
| 11.00 | SURGICAL INTENSIVE CARE UNIT | 34.00 | 0 | 0 | 0.00 | 0 | 11.00 |
| 11.01 | SURGICAL INTENSIVE CARE UNIT | 34.01 | 0 | 0 | 0.00 | 0 | 11.01 |
| 11.02 | UH SURG 6IC | 34.02 | 18 | 6,570 | 0.00 | 0 | 11.02 |
| 11.03 | UH NS 3IC | 34.03 | 0 | 0 | 0.00 | 0 | 11.03 |
| 11.04 | RH PED IC | 34.04 | 33 | 12,045 | 0.00 | 0 | 11.04 |
| 11.05 | TRANSPLANT ICU | 34.05 | 8 | 2,920 | 0.00 | 0 | 11.05 |
| 11.06 | PEDS CANCER CARE | 34.06 | 10 | 3,650 | 0.00 | 0 | 11.06 |
| 12.00 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 12.00 |
| 13.00 | NURSERY | 43.00 | | | | 0 | 13.00 |
| 14.00 | Total (see instructions) | | 1,243 | 453,695 | 0.00 | 0 | 14.00 |
| 15.00 | CAH visits | | | | | 0 | 15.00 |
| 16.00 | SUBPROVIDER - IPF | 40.00 | 23 | 8,395 | | 0 | 16.00 |
| 17.00 | SUBPROVIDER - IRF | 41.00 | 0 | 0 | | 0 | 17.00 |
| 18.00 | SUBPROVIDER | 42.00 | 0 | 0 | | 0 | 18.00 |
| 19.00 | SKILLED NURSING FACILITY | 44.00 | 0 | 0 | | 0 | 19.00 |
| 20.00 | NURSING FACILITY | 45.00 | 0 | 0 | | 0 | 20.00 |
| 20.01 | ICF/MR | 45.01 | 0 | 0 | 0.00 | 0 | 20.01 |
| 21.00 | OTHER LONG TERM CARE | 46.00 | 0 | 0 | | | 21.00 |
| 22.00 | HOME HEALTH AGENCY | 101.00 | | | | 0 | 22.00 |
| 23.00 | AMBULATORY SURGICAL CENTER (D.P.) | 115.00 | | | | | 23.00 |
| 24.00 | HOSPICE | 116.00 | 0 | 48,309 | | | 24.00 |
| 24.10 | HOSPICE (non-distinct part) | 30.00 | | | | | 24.10 |
| 25.00 | CMHC - CMHC | 99.00 | | | | 0 | 25.00 |
| 25.10 | CMHC - CORF | 99.10 | | | | 0 | 25.10 |
| 26.00 | RURAL HEALTH CLINIC | 88.00 | | | | 0 | 26.00 |
| 26.25 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | | | | 0 | 26.25 |
| 27.00 | Total (sum of lines 14-26) | | 1,266 | | | | 27.00 |
| 28.00 | Observation Bed Days | | | | | 0 | 28.00 |
| 29.00 | Ambulance Trips | | | | | | 29.00 |
| 30.00 | Employee discount days (see instruction) | | | | | | 30.00 |
| 31.00 | Employee discount days - IRF | | | | | | 31.00 |
| 32.00 | Labor & delivery days (see instructions) | | 0 | 0 | | | 32.00 |
| 32.01 | Total ancillary labor & delivery room outpatient days (see instructions) | | | | | | 32.01 |
| 33.00 | LTCH non-covered days | | | | | | 33.00 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 6/1/2014 7:02 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) | 76,232 | 36,273 | 254,847 | | | 1.00 |
| 2.00 | HMO and other (see instructions) | 21,737 | 69,686 | | | | 2.00 |
| 3.00 | HMO IPF Subprovider | 0 | 0 | | | | 3.00 |
| 4.00 | HMO IRF Subprovider | 0 | 0 | | | | 4.00 |
| 5.00 | Hospital Adults & Peds. Swing Bed SNF | 0 | 0 | 0 | | | 5.00 |
| 6.00 | Hospital Adults & Peds. Swing Bed NF | | 0 | 0 | | | 6.00 |
| 7.00 | Total Adults and Peds. (exclude observation beds) (see instructions) | 76,232 | 36,273 | 254,847 | | | 7.00 |
| 8.00 | INTENSIVE CARE UNIT | 6,754 | 2,872 | 20,129 | | | 8.00 |
| 9.00 | CORONARY CARE UNIT | 5,772 | 2,023 | 14,220 | | | 9.00 |
| 9.01 | NEONATAL INTENSIVE CARE UNIT | 0 | 1,165 | 8,176 | | | 9.01 |
| 10.00 | BURN INTENSIVE CARE UNIT | 0 | 303 | 2,137 | | | 10.00 |
| 11.00 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | | | 11.00 |
| 11.01 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | | | 11.01 |
| 11.02 | UH SURG 6IC | 2,119 | 691 | 4,852 | | | 11.02 |
| 11.03 | UH NS 3IC | 0 | 0 | 0 | | | 11.03 |
| 11.04 | RH PED IC | 14 | 1,224 | 8,591 | | | 11.04 |
| 11.05 | TRANSPLANT ICU | 816 | 361 | 2,526 | | | 11.05 |
| 11.06 | PEDS CANCER CARE | 43 | 248 | 1,757 | | | 11.06 |
| 12.00 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 12.00 |
| 13.00 | NURSERY | | 3,111 | 11,157 | | | 13.00 |
| 14.00 | Total (see instructions) | 91,750 | 48,271 | 328,392 | 575.68 | 8,367.39 | 14.00 |
| 15.00 | CAH visits | 0 | 0 | 0 | | | 15.00 |
| 16.00 | SUBPROVIDER - IPF | 1,532 | 1,057 | 6,528 | 0.10 | 54.22 | 16.00 |
| 17.00 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0.00 | 0.00 | 17.00 |
| 18.00 | SUBPROVIDER | 0 | 0 | 0 | 0.00 | 0.00 | 18.00 |
| 19.00 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0.00 | 0.00 | 19.00 |
| 20.00 | NURSING FACILITY | | 0 | 0 | 0.00 | 0.00 | 20.00 |
| 20.01 | ICF/MR | 0 | 0 | 0 | 0.00 | 0.00 | 20.01 |
| 21.00 | OTHER LONG TERM CARE | | | 0 | 0.00 | 0.00 | 21.00 |
| 22.00 | HOME HEALTH AGENCY | 28,405 | 9,614 | 66,745 | 0.00 | 309.56 | 22.00 |
| 23.00 | AMBULATORY SURGICAL CENTER (D.P.) | | | | 0.00 | 0.00 | 23.00 |
| 24.00 | HOSPICE | 36,970 | 4,428 | 48,309 | 0.00 | 65.86 | 24.00 |
| 24.10 | HOSPICE (non-distinct part) | 0 | 0 | 973 | | | 24.10 |
| 25.00 | CMHC - CMHC | 0 | 0 | 0 | 0.00 | 0.00 | 25.00 |
| 25.10 | CMHC - CORF | 0 | 0 | 0 | 0.00 | 0.00 | 25.10 |
| 26.00 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0.00 | 0.00 | 26.00 |
| 26.25 | FEDERALLY QUALIFIED HEALTH CENTER | 6,441 | 0 | 22,578 | 0.00 | 60.28 | 26.25 |
| 27.00 | Total (sum of lines 14-26) | | | | 575.78 | 8,857.31 | 27.00 |
| 28.00 | Observation Bed Days | | 7,472 | 18,905 | | | 28.00 |
| 29.00 | Ambulance Trips | 447 | | | | | 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 | 1,292 | 1,623 | | | 32.00 |
| 32.01 | Total ancillary labor & delivery room outpatient days (see instructions) | | | 0 | | | 32.01 |
| 33.00 | LTCH non-covered days | 0 | | | | | 33.00 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 6/1/2014 7:02 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 | 14,609 | 7,330 | 53,771 | 1.00 |
| 2.00 | HMO and other (see instructions) | | | 3,598 | | | 2.00 |
| 3.00 | HMO IPF Subprovider | | | | | | 3.00 |
| 4.00 | HMO IRF Subprovider | | | | | | 4.00 |
| 5.00 | Hospital Adults & Peds. Swing Bed SNF | | | | | | 5.00 |
| 6.00 | Hospital Adults & Peds. Swing Bed NF | | | | | | 6.00 |
| 7.00 | Total Adults and Peds. (exclude observation beds) (see instructions) | | | | | | 7.00 |
| 8.00 | INTENSIVE CARE UNIT | | | | | | 8.00 |
| 9.00 | CORONARY CARE UNIT | | | | | | 9.00 |
| 9.01 | NEONATAL INTENSIVE CARE UNIT | | | | | | 9.01 |
| 10.00 | BURN INTENSIVE CARE UNIT | | | | | | 10.00 |
| 11.00 | SURGICAL INTENSIVE CARE UNIT | | | | | | 11.00 |
| 11.01 | SURGICAL INTENSIVE CARE UNIT | | | | | | 11.01 |
| 11.02 | UH SURG 6IC | | | | | | 11.02 |
| 11.03 | UH NS 3IC | | | | | | 11.03 |
| 11.04 | RH PED IC | | | | | | 11.04 |
| 11.05 | TRANSPLANT ICU | | | | | | 11.05 |
| 11.06 | PEDS CANCER CARE | | | | | | 11.06 |
| 12.00 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 12.00 |
| 13.00 | NURSERY | | | | | | 13.00 |
| 14.00 | Total (see instructions) | 0.00 | 0 | 14,609 | 7,330 | 53,771 | 14.00 |
| 15.00 | CAH visits | | | | | | 15.00 |
| 16.00 | SUBPROVIDER - IPF | 0.00 | 0 | 159 | 149 | 921 | 16.00 |
| 17.00 | SUBPROVIDER - IRF | 0.00 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | SUBPROVIDER | 0.00 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | SKILLED NURSING FACILITY | 0.00 | | | | | 19.00 |
| 20.00 | NURSING FACILITY | 0.00 | | | | | 20.00 |
| 20.01 | ICF/MR | 0.00 | 0 | 0 | 0 | 0 | 20.01 |
| 21.00 | OTHER LONG TERM CARE | 0.00 | | | | 0 | 21.00 |
| 22.00 | HOME HEALTH AGENCY | 0.00 | | | | | 22.00 |
| 23.00 | AMBULATORY SURGICAL CENTER (D.P.) | 0.00 | | | | | 23.00 |
| 24.00 | HOSPICE | 0.00 | | | | | 24.00 |
| 24.10 | HOSPICE (non-distinct part) | | | | | | 24.10 |
| 25.00 | CMHC - CMHC | 0.00 | | | | | 25.00 |
| 25.10 | CMHC - CORF | 0.00 | | | | | 25.10 |
| 26.00 | RURAL HEALTH CLINIC | 0.00 | | | | | 26.00 |
| 26.25 | FEDERALLY QUALIFIED HEALTH CENTER | 0.00 | | | | | 26.25 |
| 27.00 | Total (sum of lines 14-26) | 0.00 | | | | | 27.00 |
| 28.00 | Observation Bed Days | | | | | | 28.00 |
| 29.00 | Ambulance Trips | | | | | | 29.00 |
| 30.00 | Employee discount days (see instruction) | | | | | | 30.00 |
| 31.00 | Employee discount days - IRF | | | | | | 31.00 |
| 32.00 | Labor & delivery days (see instructions) | | | | | | 32.00 |
| 32.01 | Total ancillary labor & delivery room outpatient days (see instructions) | | | | | | 32.01 |
| 33.00 | LTCH non-covered days | | | | | | 33.00 |

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Worksheet A Line Number | Amount Reported | Reclassification of Salaries (from Worksheet A-6) | Adjusted Salaries (col.2 ± col. 3) | Paid Hours Related to Salaries in col. 4 | Average Hourly Wage (col. 4 ÷ col. 5) | |
|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| | PART II - WAGE DATA | | | | | | | |
| | SALARIES | | | | | | | |
| 1.00 | Total salaries (see instructions) | 200.00 | 595,753,141 | -3,456,591 | 592,296,550 | 19,588,578.00 | 30.24 | 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 | | 576,003 | 0 | 576,003 | 4,240.00 | 135.85 | 4.00 |
| 4.01 | Physicians - Part A - Teaching | | 0 | 0 | 0 | 0.00 | 0.00 | 4.01 |
| 5.00 | Physician-Part B | | 505,791 | 0 | 505,791 | 2,312.00 | 218.77 | 5.00 |
| 6.00 | Non-physician-Part B | | 3,163,938 | 0 | 3,163,938 | 125,373.00 | 25.24 | 6.00 |
| 7.00 | Interns & residents (in an approved program) | 21.00 | 29,490,593 | 0 | 29,490,593 | 1,197,406.00 | 24.63 | 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 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) | | 68,797,999 | -968,588 | 67,829,411 | 2,166,205.00 | 31.31 | 10.00 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 11.00 | Contract labor (see instructions) | | 1,148,742 | 0 | 1,148,742 | 22,466.00 | 51.13 | 11.00 |
| 12.00 | Contract management and administrative services | | 0 | 0 | 0 | 0.00 | 0.00 | 12.00 |
| 13.00 | Contract labor: Physician-Part A - Administrative | | 320,203 | 0 | 320,203 | 3,932.00 | 81.44 | 13.00 |
| 14.00 | Home office salaries & wage-related costs | | 169,637,261 | 0 | 169,637,261 | 4,337,867.00 | 39.11 | 14.00 |
| 15.00 | Home office: Physician Part A - Administrative | | 0 | 0 | 0 | 0.00 | 0.00 | 15.00 |
| 16.00 | Home office and Contract Physicians Part A - Teaching | | 0 | 0 | 0 | 0.00 | 0.00 | 16.00 |
| | WAGE-RELATED COSTS | | | | | | | |
| 17.00 | Wage-related costs (core) (see instructions) | | 122,467,101 | 0 | 122,467,101 | | | 17.00 |
| 18.00 | Wage-related costs (other) (see instructions) | | 0 | 0 | 0 | | | 18.00 |
| 19.00 | Excluded areas | | 18,221,579 | 0 | 18,221,579 | | | 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 | | 74,960 | 0 | 74,960 | | | 22.00 |
| 22.01 | Physician Part A - Teaching | | 0 | 0 | 0 | | | 22.01 |
| 23.00 | Physician Part B | | 56,744 | 0 | 56,744 | | | 23.00 |
| 24.00 | Wage-related costs (RHC/FQHC) | | 698,075 | 0 | 698,075 | | | 24.00 |
| 25.00 | Interns & residents (in an approved program) | | 6,103,979 | 0 | 6,103,979 | | | 25.00 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 26.00 | Employee Benefits Department | 4.00 | 3,167,294 | 0 | 3,167,294 | 2,077.00 | 1,524.94 | 26.00 |
| 27.00 | Administrative & General | 5.00 | 13,892,153 | -35,596 | 13,856,557 | 472,304.00 | 29.34 | 27.00 |
| 28.00 | Administrative & General under contract (see inst.) | | 6,482,585 | 0 | 6,482,585 | 104,464.00 | 62.06 | 28.00 |
| 29.00 | Maintenance & Repairs | 6.00 | 335,017 | 0 | 335,017 | 12,076.00 | 27.74 | 29.00 |
| 30.00 | Operation of Plant | 7.00 | 1,719,771 | 0 | 1,719,771 | 134,176.00 | 12.82 | 30.00 |
| 31.00 | Laundry & Linen Service | 8.00 | 1,012 | 0 | 1,012 | 95.00 | 10.65 | 31.00 |
| 32.00 | Housekeeping | 9.00 | 326,102 | 0 | 326,102 | 24,665.00 | 13.22 | 32.00 |
| 33.00 | Housekeeping under contract (see instructions) | | 0 | 0 | 0 | 0.00 | 0.00 | 33.00 |
| 34.00 | Dietary | 10.00 | 8,677,418 | -161,777 | 8,515,641 | 393,617.00 | 21.63 | 34.00 |
| 35.00 | Dietary under contract (see instructions) | | 9,100 | 0 | 9,100 | 91.00 | 100.00 | 35.00 |
| 36.00 | Cafeteria | 11.00 | 106,338 | 0 | 106,338 | 6,886.00 | 15.44 | 36.00 |
| 37.00 | Maintenance of Personnel | 12.00 | 0 | 0 | 0 | 0.00 | 0.00 | 37.00 |
| 38.00 | Nursing Administration | 13.00 | 15,941,220 | 0 | 15,941,220 | 483,037.00 | 33.00 | 38.00 |
| 39.00 | Central Services and Supply | 14.00 | 2,628,058 | 0 | 2,628,058 | 141,736.00 | 18.54 | 39.00 |
| 40.00 | Pharmacy | 15.00 | 28,828,411 | -531,437 | 28,296,974 | 706,271.00 | 40.07 | 40.00 |
| 41.00 | Medical Records & Medical Records Library | 16.00 | 330,389 | 0 | 330,389 | 12,720.00 | 25.97 | 41.00 |

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 6/1/2014 7:02 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 | |
| 42.00 | Social Service | 17.00 | 6,277,416 | -1,928,361 | 4,349,055 | 168,870.00 | 25.75 | 42.00 |
| 43.00 | Other General Service | 18.00 | 1,832,666 | 0 | 1,832,666 | 120,234.00 | 15.24 | 43.00 |

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part III Date/Time Prepared: 6/1/2014 7:02 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) | | 569,084,504 | -3,456,591 | 565,627,913 | 18,368,042.00 | 30.79 | 1.00 |
| 2.00 | Excluded area salaries (see instructions) | | 68,797,999 | -968,588 | 67,829,411 | 2,166,205.00 | 31.31 | 2.00 |
| 3.00 | Subtotal salaries (line 1 minus line 2) | | 500,286,505 | -2,488,003 | 497,798,502 | 16,201,837.00 | 30.72 | 3.00 |
| 4.00 | Subtotal other wages & related costs (see inst.) | | 171,106,206 | 0 | 171,106,206 | 4,364,265.00 | 39.21 | 4.00 |
| 5.00 | Subtotal wage-related costs (see inst.) | | 122,542,061 | 0 | 122,542,061 | 0.00 | 24.62 | 5.00 |
| 6.00 | Total (sum of lines 3 thru 5) | | 793,934,772 | -2,488,003 | 791,446,769 | 20,566,102.00 | 38.48 | 6.00 |
| 7.00 | Total overhead cost (see instructions) | | 90,554,950 | -2,657,171 | 87,897,779 | 2,783,319.00 | 31.58 | 7.00 |

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part IV Date/Time Prepared: 6/1/2014 7:02 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 | 0 | 2.00 |
| 3.00 | Nonqualified Defined Benefit Plan Cost (see instructions) | 38,143,392 | 3.00 |
| 4.00 | Qualified Defined Benefit Plan Cost (see instructions) | 0 | 4.00 |
| | PLAN ADMINISTRATIVE COSTS (Paid to External Organization) | | |
| 5.00 | 401K/TSA Plan Administration fees | 670,703 | 5.00 |
| 6.00 | Legal/Accounting/Management Fees-Pension Plan | 23,345 | 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) | 56,523,630 | 8.00 |
| 9.00 | Prescription Drug Plan | 0 | 9.00 |
| 10.00 | Dental, Hearing and Vision Plan | 1,412,476 | 10.00 |
| 11.00 | Life Insurance (If employee is owner or beneficiary) | 698,795 | 11.00 |
| 12.00 | Accident Insurance (If employee is owner or beneficiary) | 0 | 12.00 |
| 13.00 | Disability Insurance (If employee is owner or beneficiary) | 1,326,373 | 13.00 |
| 14.00 | Long-Term Care Insurance (If employee is owner or beneficiary) | 0 | 14.00 |
| 15.00 | 'Workers' Compensation Insurance | 700,443 | 15.00 |
| 16.00 | Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) | 0 | 16.00 |
| | TAXES | | |
| 17.00 | FICA-Employers Portion Only | 41,306,246 | 17.00 |
| 18.00 | Medicare Taxes - Employers Portion Only | 0 | 18.00 |
| 19.00 | Unemployment Insurance | 0 | 19.00 |
| 20.00 | State or Federal Unemployment Taxes | 4,758,652 | 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 | 2,058,382 | 23.00 |
| 24.00 | Total Wage Related cost (Sum of lines 1 -23) | 147,622,437 | 24.00 |
| | Part B - Other than Core Related Cost | | |
| 25.00 | OTHER WAGE RELATED COSTS (SPECIFY) | 0 | 25.00 |

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part V Date/Time Prepared: 6/1/2014 7:02 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 | 1,148,742 | 0 | 1.00 |
| 2.00 | Hospital | 1,148,742 | 0 | 2.00 |
| 3.00 | Subprovider - IPF | 0 | 0 | 3.00 |
| 4.00 | Subprovider - IRF | 0 | 0 | 4.00 |
| 5.00 | Subprovider - (Other) | 0 | 0 | 5.00 |
| 6.00 | Swing Beds - SNF | 0 | 0 | 6.00 |
| 7.00 | Swing Beds - NF | 0 | 0 | 7.00 |
| 8.00 | Hospital-Based SNF | 0 | 0 | 8.00 |
| 9.00 | Hospital-Based NF | 0 | 0 | 9.00 |
| 9.01 | Hospital-Based NF | 0 | 0 | 9.01 |
| 10.00 | Hospital-Based OLTC | | | 10.00 |
| 11.00 | Hospital-Based HHA | 0 | 0 | 11.00 |
| 12.00 | Separately Certified ASC | 0 | 0 | 12.00 |
| 13.00 | Hospital-Based Hospice | 0 | 0 | 13.00 |
| 14.00 | Hospital-Based Health Clinic RHC | 0 | 0 | 14.00 |
| 15.00 | Hospital-Based Health Clinic FQHC | 0 | 0 | 15.00 |
| 16.00 | Hospital-Based-CMHC | 0 | 0 | 16.00 |
| 16.10 | Hospital-Based-CMHC 10 | 0 | 0 | 16.10 |
| 17.00 | Renal Dialysis | 0 | 0 | 17.00 |
| 18.00 | Other | 0 | 0 | 18.00 |

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 150056 | Component CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | | 1.00 | |
|---|---|---|---|
| 0.00 | County | MARION | 0.00 |

| | | Title V | Title XVIII | Title XIX | Other | Total | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | HOME HEALTH AGENCY STATISTICAL DATA | | | | | | |
| 1.00 | Home Health Aide Hours | 0 | 12,067 | 5,321 | 1,174 | 18,562 | 1.00 |
| 2.00 | Unduplicated Census Count (see instructions) | 0.00 | 1,647.00 | 0.00 | 0.00 | 0.00 | 2.00 |

| | | Enter the number of hours in your normal work week | Number of Employees (Full Time Equivalent) | | | |
|---|---|---|---|---|---|---|
| | | | Staff | Contract | Total | |
| | | 0 | 1.00 | 2.00 | 3.00 | |
| | HOME HEALTH AGENCY - NUMBER OF EMPLOYEES | | | | | |
| 3.00 | Administrator and Assistant Administrator(s) | 40.00 | 0.00 | 0.00 | 0.00 | 3.00 |
| 4.00 | Director(s) and Assistant Director(s) | | 2.50 | 0.00 | 2.50 | 4.00 |
| 5.00 | Other Administrative Personnel | | 111.53 | 0.00 | 111.53 | 5.00 |
| 6.00 | Direct Nursing Service | | 67.23 | 0.00 | 67.23 | 6.00 |
| 7.00 | Nursing Supervisor | | 0.00 | 0.00 | 0.00 | 7.00 |
| 8.00 | Physical Therapy Service | | 20.43 | 0.00 | 20.43 | 8.00 |
| 9.00 | Physical Therapy Supervisor | | 0.00 | 0.00 | 0.00 | 9.00 |
| 10.00 | Occupational Therapy Service | | 3.59 | 0.00 | 3.59 | 10.00 |
| 11.00 | Occupational Therapy Supervisor | | 0.00 | 0.00 | 0.00 | 11.00 |
| 12.00 | Speech Pathology Service | | 0.62 | 0.00 | 0.62 | 12.00 |
| 13.00 | Speech Pathology Supervisor | | 0.00 | 0.00 | 0.00 | 13.00 |
| 14.00 | Medical Social Service | | 1.70 | 0.00 | 1.70 | 14.00 |
| 15.00 | Medical Social Service Supervisor | | 0.00 | 0.00 | 0.00 | 15.00 |
| 16.00 | Home Health Aide | | 8.92 | 0.00 | 8.92 | 16.00 |
| 17.00 | Home Health Aide Supervisor | | 0.00 | 0.00 | 0.00 | 17.00 |
| 18.00 | INFUSION AND RT | | 93.15 | 0.00 | 93.15 | 18.00 |
| | HOME HEALTH AGENCY CBSA CODES | | | | | |
| 19.00 | Enter in column 1 the number of CBSAs where you provided services during the cost reporting period. | | 9 | | | 19.00 |
| 20.00 | List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code). | | 11300 | | | 20.00 |
| 20.01 | | | 14020 | | | 20.01 |
| 20.02 | | | 23844 | | | 20.02 |
| 20.03 | | | 26900 | | | 20.03 |
| 20.04 | | | 29020 | | | 20.04 |
| 20.05 | | | 29140 | | | 20.05 |
| 20.06 | | | 34620 | | | 20.06 |
| 20.07 | | | 43780 | | | 20.07 |
| 20.08 | | | 99915 | | | 20.08 |

| | | Full Episodes | | | | | |
|---|---|---|---|---|---|---|---|
| | | Without Outliers | With Outliers | LUPA Episodes | PEP Only Episodes | Total (cols. 1-4) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | PPS ACTIVITY DATA | | | | | | |
| 21.00 | Skilled Nursing Visits | 11,748 | 798 | 663 | 377 | 13,586 | 21.00 |
| 22.00 | Skilled Nursing Visit Charges | 2,252,405 | 158,000 | 115,601 | 72,600 | 2,598,606 | 22.00 |
| 23.00 | Physical Therapy Visits | 7,773 | 58 | 290 | 239 | 8,360 | 23.00 |
| 24.00 | Physical Therapy Visit Charges | 1,793,286 | 12,925 | 60,160 | 55,460 | 1,921,831 | 24.00 |
| 25.00 | Occupational Therapy Visits | 1,801 | 9 | 25 | 57 | 1,892 | 25.00 |
| 26.00 | Occupational Therapy Visit Charges | 415,245 | 2,115 | 5,875 | 12,925 | 436,160 | 26.00 |
| 27.00 | Speech Pathology Visits | 262 | 1 | 1 | 9 | 273 | 27.00 |
| 28.00 | Speech Pathology Visit Charges | 61,100 | 235 | 235 | 2,115 | 63,685 | 28.00 |
| 29.00 | Medical Social Service Visits | 312 | 13 | 6 | 7 | 338 | 29.00 |
| 30.00 | Medical Social Service Visit Charges | 73,085 | 3,055 | 1,410 | 1,645 | 79,195 | 30.00 |
| 31.00 | Home Health Aide Visits | 3,468 | 325 | 18 | 145 | 3,956 | 31.00 |
| 32.00 | Home Health Aide Visit Charges | 362,670 | 34,125 | 1,785 | 15,225 | 413,805 | 32.00 |
| 33.00 | Total visits (sum of lines 21, 23, 25, 27, 29, and 31) | 25,364 | 1,204 | 1,003 | 834 | 28,405 | 33.00 |
| 34.00 | Other Charges | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34) | 4,957,791 | 210,455 | 185,066 | 159,970 | 5,513,282 | 35.00 |
| 36.00 | Total Number of Episodes (standard/non outlier) | 1,632 | | 344 | 57 | 2,033 | 36.00 |
| 37.00 | Total Number of Outlier Episodes | | 28 | | 4 | 32 | 37.00 |

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 150056 | Component CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | | Full Episodes | | | | | |
|---|---|---|---|---|---|---|---|
| | | Without Outliers | With Outliers | LUPA Episodes | PEP Only Episodes | Total (cols. 1-4) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 38.00 | Total Non-Routine Medical Supply Charges | 0 | 0 | 0 | 0 | 0 | 38.00 |

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-5 | Date/Time Prepared: 6/1/2014 7:02 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 | 203 | 0 | 0 | 0 | 128 | 1.00 |
| 2.00 | Number of times per week patient receives dialysis | 3.00 | 3.00 | 5.00 | 7.00 | 6.00 | 7.00 | 2.00 |
| 3.00 | Average patient dialysis time including setup | 5.00 | 5.00 | 5.00 | 3.00 | | | 3.00 |
| 4.00 | CAPD exchanges per day | | | | 4.00 | | 4.00 | 4.00 |
| 5.00 | Number of days in year dialysis furnished | 312 | 312 | | | | | 5.00 |
| 6.00 | Number of stations | 0 | 55 | 0 | 0 | | | 6.00 |
| 7.00 | Treatment capacity per day per station | 0 | 3 | | | | | 7.00 |
| 8.00 | Utilization (see instructions) | 0.00 | 69.00 | | | | | 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 | 84 | | 11.00 |
| 12.00 | Number of patients transplanted during the cost reporting period | 22 | | 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) | DARBEPOETIN | 339,990 | 489,823 | 47,225 | 68,037 | 22.00 |
| 22.01 | | EPOETIN | 751,246 | 1,181 | 1,017,588 | 1,600 | 22.01 |

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA

Provider CCN: 150056 | Component CCN: 151804 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-8 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | FQHC I | Cost |
|---|---|---|---|
| | | 1.00 | |
| | Clinic Address and Identification | | |
| 1.00 | Street | 3401 EAST RAYMOND STREET | 1.00 |

| | | City | State | Zip Code | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| 2.00 | City, State, Zip Code, County | INDIANAPOLIS | IN | 46203 | 2.00 |

| | | | |
|---|---|---|---|
| | | 1.00 | |
| 3.00 | FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban | 1 | 3.00 |

| | | Grant Award | Date | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| | Source of Federal Funds | | | |
| 4.00 | Community Health Center (Section 330(d), PHS Act) | 0 | | 4.00 |
| 5.00 | Migrant Health Center (Section 329(d), PHS Act) | 0 | | 5.00 |
| 6.00 | Health Services for the Homeless (Section 340(d), PHS Act) | 0 | | 6.00 |
| 7.00 | Appalachian Regional Commission | 0 | | 7.00 |
| 8.00 | Look-Alikes | 0 | | 8.00 |
| 9.00 | OTHER (SPECIFY) | 0 | | 9.00 |
| 9.01 | | 0 | | 9.01 |
| 9.02 | | 0 | | 9.02 |
| 9.03 | | 0 | | 9.03 |
| 9.04 | | 0 | | 9.04 |
| 9.05 | | 0 | | 9.05 |
| 9.06 | | 0 | | 9.06 |
| 9.07 | | 0 | | 9.07 |
| 9.08 | | 0 | | 9.08 |
| 9.09 | | 0 | | 9.09 |
| 9.10 | | 0 | | 9.10 |

| | | | | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 10.00 | Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.) | Y | 1 | 10.00 |

| | | Sunday | | Monday | | Tuesday | |
|---|---|---|---|---|---|---|---|
| | | from | to | from | to | from | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | Facility hours of operations (1) | | | | | | |
| 11.00 | Clinic | | | 08:00 | 17:00 | 08:00 | 11.00 |

| | | | | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 12.00 | Have you received an approval for an exception to the productivity standard? | N | | 12.00 |
| 13.00 | Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below. | N | 0 | 13.00 |

| | | Provider name | CCN number | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 14.00 | Provider name, CCN number | | | 14.00 |

| | | Y/N | V | XVIII | XIX | Total Visits | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 15.00 | Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions) | | 0 | 0 | 0 | 0 | 15.00 |

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2013 To 12/31/2013

Worksheet S-8

Date/Time Prepared: 6/1/2014 7:02 pm

FQHC I | Cost

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | County | | | | |
| | | | 4.00 | | | | |
| 2.00 | City, State, Zip Code, County | | MARION | | | | 2.00 |
| | | Tuesday | Wednesday | | Thursday | | |
| | | to | from | to | from | to | |
| | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | Facility hours of operations (1) | | | | | | |
| 11.00 | Clinic | 20:00 | 08:00 | 17:00 | 08:00 | 17:00 | 11.00 |
| | | Friday | | Saturday | | | |
| | | from | to | from | to | | |
| | | 11.00 | 12.00 | 13.00 | 14.00 | | |
| | Facility hours of operations (1) | | | | | | |
| 11.00 | Clinic | 08:00 | 17:00 | | | | 11.00 |

HOSPITAL IDENTIFICATION DATA | Provider CCN: 150056 | Component CCN: 151511 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-9 Parts I & II | Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Unduplicated Days Title XVIII | Title XIX | Title XVIII Skilled Nursing Facility | Title XIX Nursing Facility | All Other | Total (sum of cols. 1, 2 & 5) | |
|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| | PART I - ENROLLMENT DAYS | | | | | | | |
| 1.00 | Continuous Home Care | 0 | 1 | 0 | 0 | 0 | 1 | 1.00 |
| 2.00 | Routine Home Care | 35,853 | 4,251 | 3,171 | 0 | 6,580 | 46,684 | 2.00 |
| 3.00 | Inpatient Respite Care | 332 | 16 | 4 | 0 | 50 | 398 | 3.00 |
| 4.00 | General Inpatient Care | 785 | 160 | 0 | 0 | 281 | 1,226 | 4.00 |
| 5.00 | Total Hospice Days | 36,970 | 4,428 | 3,175 | 0 | 6,911 | 48,309 | 5.00 |
| | Part II - CENSUS DATA | | | | | | | |
| 6.00 | Number of Patients Receiving Hospice Care | 836 | 105 | 47 | 0 | 217 | 1,158 | 6.00 |
| 7.00 | Total Number of Unduplicated Continuous Care Hours Billable to Medicare | 0.00 | | 0.00 | | | | 7.00 |
| 8.00 | Average Length of Stay (line 5/line 6) | 44.22 | 42.17 | 67.55 | 0.00 | 31.85 | 41.72 | 8.00 |
| 9.00 | Unduplicated Census Count | 1,022 | 92 | 47 | 0 | 196 | 1,310 | 9.00 |

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-10 | Date/Time Prepared: 6/1/2014 7:02 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) | 0.252126 | 1.00 |
| | Medicaid (see instructions for each line) | | |
| 2.00 | Net revenue from Medicaid | 347,862,281 | 2.00 |
| 3.00 | Did you receive DSH or supplemental payments from Medicaid? | Y | 3.00 |
| 4.00 | If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid? | Y | 4.00 |
| 5.00 | If line 4 is "no", then enter DSH or supplemental payments from Medicaid | 0 | 5.00 |
| 6.00 | Medicaid charges | 1,414,045,621 | 6.00 |
| 7.00 | Medicaid cost (line 1 times line 6) | 356,517,666 | 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) | 8,655,385 | 8.00 |
| | State Children's Health Insurance Program (SCHIP) (see instructions for each line) | | |
| 9.00 | Net revenue from stand-alone SCHIP | 0 | 9.00 |
| 10.00 | Stand-alone SCHIP charges | 0 | 10.00 |
| 11.00 | Stand-alone SCHIP cost (line 1 times line 10) | 0 | 11.00 |
| 12.00 | Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero) | 0 | 12.00 |
| | Other state or local government indigent care program (see instructions for each line) | | |
| 13.00 | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9) | 6,030,677 | 13.00 |
| 14.00 | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10) | 38,903,940 | 14.00 |
| 15.00 | State or local indigent care program cost (line 1 times line 14) | 9,808,695 | 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) | 3,778,018 | 16.00 |
| | Uncompensated care (see instructions for each line) | | |
| 17.00 | Private grants, donations, or endowment income restricted to funding charity care | 0 | 17.00 |
| 18.00 | Government grants, appropriations or transfers for support of hospital operations | 0 | 18.00 |
| 19.00 | Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16) | 12,433,403 | 19.00 |

| | | Uninsured patients | Insured patients | Total (col. 1 + col. 2) | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| 20.00 | Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility | 264,498,413 | 49,890,858 | 314,389,271 | 20.00 |
| 21.00 | Cost of initial obligation of patients approved for charity care (line 1 times line 20) | 66,686,927 | 12,578,782 | 79,265,709 | 21.00 |
| 22.00 | Partial payment by patients approved for charity care | 1,287,273 | 2,547,764 | 3,835,037 | 22.00 |
| 23.00 | Cost of charity care (line 21 minus line 22) | 65,399,654 | 10,031,018 | 75,430,672 | 23.00 |

| | | 1.00 | |
|---|---|---|---|
| 24.00 | Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program? | N | 24.00 |
| 25.00 | If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit | 0 | 25.00 |
| 26.00 | Total bad debt expense for the entire hospital complex (see instructions) | 103,806,880 | 26.00 |
| 27.00 | Medicare bad debts for the entire hospital complex (see instructions) | 7,837,875 | 27.00 |
| 28.00 | Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27) | 95,969,005 | 28.00 |
| 29.00 | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28) | 24,196,281 | 29.00 |
| 30.00 | Cost of uncompensated care (line 23 column 3 plus line 29) | 99,626,953 | 30.00 |
| 31.00 | Total unreimbursed and uncompensated care cost (line 19 plus line 30) | 112,060,356 | 31.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 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 | NEW CAP REL COSTS-BLDG & FIXT | | 0 | 0 | 1,309,627 | 1,309,627 | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | 0 | 0 | 0 | 0 | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | 0 | 0 | 34,872,334 | 34,872,334 | 2.00 |
| 3.00 | 00300 | OTHER CAPITAL RELATED COSTS | | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 3,167,294 | 4,901,346 | 8,068,640 | 125,133,409 | 133,202,049 | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | 0 | 132,854 | 132,854 | 69,125 | 201,979 | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 36,881 | 55,080 | 91,961 | 0 | 91,961 | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 9,876 | 600,922 | 610,798 | -445,089 | 165,709 | 5.03 |
| 5.04 | 00513 | ADMITTING | 0 | 44,020 | 44,020 | -121 | 43,899 | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | 0 | 0 | 0 | 0 | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 13,845,396 | 340,323,344 | 354,168,740 | -3,828,883 | 350,339,857 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 335,017 | 2,100,045 | 2,435,062 | -95,162 | 2,339,900 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 1,719,771 | 1,929,235 | 3,649,006 | -729,530 | 2,919,476 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 1,012 | 90,884 | 91,896 | -87,908 | 3,988 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 326,102 | 277,903 | 604,005 | -105,525 | 498,480 | 9.03 |
| 10.00 | 01000 | DIETARY | 8,677,418 | 5,442,872 | 14,120,290 | -2,426,081 | 11,694,209 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 106,338 | 244,345 | 350,683 | -42,389 | 308,294 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 15,941,220 | 6,916,643 | 22,857,863 | -4,616,081 | 18,241,782 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 2,628,058 | 7,296,176 | 9,924,234 | 115,856,967 | 125,781,201 | 14.00 |
| 15.00 | 01500 | PHARMACY | 28,828,411 | 88,838,242 | 117,666,653 | -39,066,576 | 78,600,077 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 330,389 | 1,144,728 | 1,475,117 | -80,932 | 1,394,185 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 6,277,416 | 1,918,265 | 8,195,681 | -1,038,138 | 7,157,543 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 1,832,666 | 1,104,696 | 2,937,362 | -951,111 | 1,986,251 | 18.00 |
| 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 | 29,490,593 | 10,211,709 | 39,702,302 | -52 | 39,702,250 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 572,802 | 4,539,576 | 5,112,378 | -152,720 | 4,959,658 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 129,859 | 117,294 | 247,153 | -53,769 | 193,384 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 305,015 | 93,716 | 398,731 | 544,188 | 942,919 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 377,233 | 188,029 | 565,262 | -99,596 | 465,666 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 204,358 | 62,888 | 267,246 | -11,593 | 255,653 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 561,480 | 156,393 | 717,873 | -154,106 | 563,767 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 230,027 | 66,971 | 296,998 | 230,394 | 527,392 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 615,994 | 260,671 | 876,665 | 397,348 | 1,274,013 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 20 | 20 | 0 | 20 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 137,867 | 48,504 | 186,371 | 59,644 | 246,015 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 194,657 | 71,630 | 266,287 | -11,524 | 254,763 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 129,629,357 | 64,668,891 | 194,298,248 | -55,552,567 | 138,745,681 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 13,709,675 | 6,770,726 | 20,480,401 | -5,404,020 | 15,076,381 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 10,377,015 | 5,693,041 | 16,070,056 | -4,579,672 | 11,490,384 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 4,282,369 | 1,823,205 | 6,105,574 | -1,419,370 | 4,686,204 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 1,385,606 | 583,637 | 1,969,243 | -414,474 | 1,554,769 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 3,464,880 | 2,253,666 | 5,718,546 | -1,846,487 | 3,872,059 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 4,668 | 4,668 | -4,668 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 7,666,254 | 4,026,500 | 11,692,754 | -3,209,054 | 8,483,700 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 1,926,985 | 1,040,533 | 2,967,518 | -819,907 | 2,147,611 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 1,197,740 | 650,489 | 1,848,229 | -430,775 | 1,417,454 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 3,170,353 | 2,041,224 | 5,211,577 | -737,525 | 4,474,052 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 2,221,967 | 1,067,559 | 3,289,526 | 832,033 | 4,121,559 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 30,632,978 | 110,739,528 | 141,372,506 | -103,689,885 | 37,682,621 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 1,106,680 | 1,286,792 | 2,393,472 | -1,073,253 | 1,320,219 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 5,625,603 | 2,298,029 | 7,923,632 | -1,785,362 | 6,138,270 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 7,781,110 | 7,781,110 | 52.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 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 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 1,411,453 | 14,626,627 | 16,038,080 | -5,066,020 | 10,972,060 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 2,522,875 | 1,531,865 | 4,054,740 | -1,124,083 | 2,930,657 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 25,896,553 | 34,255,484 | 60,152,037 | -24,142,974 | 36,009,063 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 4,351,584 | 3,026,497 | 7,378,081 | -2,208,892 | 5,169,189 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 852,791 | 4,947,226 | 5,800,017 | -4,772,820 | 1,027,197 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 880,245 | 4,942,419 | 5,822,664 | -4,771,275 | 1,051,389 | 59.00 |
| 60.00 | 06000 | LABORATORY | 31,470,351 | 60,728,972 | 92,199,323 | -35,214,081 | 56,985,242 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 896,016 | 2,787,542 | 3,683,558 | -1,368,734 | 2,314,824 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 935,354 | 1,372,285 | 2,307,639 | -1,254,423 | 1,053,216 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | 0 | 0 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 3,087,457 | 14,134,288 | 17,221,745 | -13,894,955 | 3,326,790 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 19,616,859 | 10,852,703 | 30,469,562 | -9,179,365 | 21,290,197 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 10,928,383 | 4,902,214 | 15,830,597 | -3,172,810 | 12,657,787 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 2,210,105 | 811,918 | 3,022,023 | -627,284 | 2,394,739 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 3,132,880 | 3,420,947 | 6,553,827 | -3,133,320 | 3,420,507 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 2,531,437 | 3,160,967 | 5,692,404 | -894,093 | 4,798,311 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 3,837,212 | 2,653,320 | 6,490,532 | -1,588,008 | 4,902,524 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 192,239 | 233,987 | 426,226 | 34,349,622 | 34,775,848 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 60,197,532 | 60,197,532 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 137,297,780 | 137,297,780 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 7,060,601 | 46,945,746 | 54,006,347 | -44,919,531 | 9,086,816 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 6,275,635 | 6,441,752 | 12,717,387 | -5,245,633 | 7,471,754 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 510,207 | 213,737 | 723,944 | -169,742 | 554,202 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 2,036,692 | 9,978,828 | 12,015,520 | -8,152,671 | 3,862,849 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 172,039 | 1,896,890 | 2,068,929 | -43,521 | 2,025,408 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 4,273,953 | 11,231,167 | 15,505,120 | -6,699,530 | 8,805,590 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 4,140,268 | 1,845,566 | 5,985,834 | -1,425,442 | 4,560,392 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 27,282 | 3,686 | 30,968 | -1,635 | 29,333 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 278,893 | 254,920 | 533,813 | -71,420 | 462,393 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 3,190,298 | 1,653,738 | 4,844,036 | -80,791 | 4,763,245 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 2,071,221 | 1,167,957 | 3,239,178 | -977,238 | 2,261,940 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 25,383,971 | 60,017,194 | 85,401,165 | -53,955,888 | 31,445,277 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 225,317 | 838,702 | 1,064,019 | -806,331 | 257,688 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 375,336 | 143,279 | 518,615 | -101,954 | 416,661 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 306 | 306 | -119 | 187 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 2,151,158 | 1,047,587 | 3,198,745 | -756,823 | 2,441,922 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 4,315,886 | 2,756,011 | 7,071,897 | -2,412,051 | 4,659,846 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 102,346 | 121,355 | 223,701 | -109,403 | 114,298 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 22,190 | 1,047,855 | 1,070,045 | -6,433 | 1,063,612 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 249,774 | 248,200 | 497,974 | 2,902,003 | 3,399,977 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 265,781 | 116,868 | 382,649 | -90,833 | 291,816 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 150,766 | 6,262,365 | 6,413,131 | -6,176,455 | 236,676 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 796,206 | 486,308 | 1,282,514 | -426,942 | 855,572 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 575,158 | 380,941 | 956,099 | -317,094 | 639,005 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 661,479 | 549,260 | 1,210,739 | -171,598 | 1,039,141 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 347,116 | 161,944 | 509,060 | -132,699 | 376,361 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 137,527 | 323,648 | 461,175 | -311,343 | 149,832 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 824,017 | 797,428 | 1,621,445 | -235,897 | 1,385,548 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 518,819 | 374,855 | 893,674 | -211,434 | 682,240 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 17,707,643 | 16,443,344 | 34,150,987 | -8,281,772 | 25,869,215 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 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 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 714,698 | 3,284,855 | 3,999,553 | -2,826,934 | 1,172,619 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 7,214,658 | 16,234,235 | 23,448,893 | -3,868,951 | 19,579,942 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 25,348,341 | 27,621,110 | 52,969,451 | -15,114,297 | 37,855,154 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 4,510,909 | 11,032,607 | 15,543,516 | -4,401,932 | 11,141,584 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 517,249 | 1,602,691 | 2,119,940 | -409,482 | 1,710,458 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 1,176,862 | 7,464,905 | 8,641,767 | -498,852 | 8,142,915 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 684,483 | 2,955,066 | 3,639,549 | -480,858 | 3,158,691 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 332,571 | 2,229,905 | 2,562,476 | -155,451 | 2,407,025 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 236,013 | 843,614 | 1,079,627 | -145,336 | 934,291 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 167,843 | 72,272 | 240,115 | -39,307 | 200,808 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 3,740,363 | 3,740,363 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | 0 | 0 | 0 | 0 | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | 0 | 0 | 0 | 0 | 0 | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 5,688,312 | 5,688,312 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 573,785,612 | 1,099,609,447 | 1,673,395,059 | 13,651,126 | 1,687,046,185 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 788 | 788 | -639 | 149 | 190.00 |
| 191.00 | 19100 | RESEARCH | 3,263,841 | 1,454,629 | 4,718,470 | -1,062,441 | 3,656,029 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 35,881 | 35,881 | -37,563 | -1,682 | 191.01 |
| 191.02 | 19102 | OSA | 1,898,638 | 5,649,870 | 7,548,508 | -754,900 | 6,793,608 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 114,864 | 3,740,225 | 3,855,089 | -45,545 | 3,809,544 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 7,458,132 | 22,478,677 | 29,936,809 | -8,045,760 | 21,891,049 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 3,385,661 | 24,881,310 | 28,266,971 | -1,744,164 | 26,522,807 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 720 | 468,850 | 469,570 | -26 | 469,544 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 100,381 | 32,410 | 132,791 | -20,096 | 112,695 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 30,470 | 353,261 | 383,731 | -4,795 | 378,936 | 192.06 |
| 192.07 | 19207 | RHI | 150,306 | 222,007 | 372,313 | -141,064 | 231,249 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 4,635,009 | 21,452,167 | 26,087,176 | -287,773 | 25,799,403 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 33,994 | 1,315,450 | 1,349,444 | -1,271,281 | 78,163 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 895,513 | 888,400 | 1,783,913 | -235,079 | 1,548,834 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | TOTAL (SUM OF LINES 118-199) | 595,753,141 | 1,182,583,372 | 1,778,336,513 | 0 | 1,778,336,513 | 200.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Adjustments (See A-8) | Net Expenses For Allocation | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| | | GENERAL SERVICE COST CENTERS | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | 37,470,788 | 38,780,415 | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | 0 | 0 | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | 26,762,974 | 61,635,308 | | 2.00 |
| 3.00 | 00300 | OTHER CAPITAL RELATED COSTS | 0 | 0 | | 3.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 2,158,529 | 135,360,578 | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | -69,125 | 132,854 | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 61,204,187 | 61,296,148 | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 12,793,452 | 12,959,161 | | 5.03 |
| 5.04 | 00513 | ADMITTING | 10,841,520 | 10,885,419 | | 5.04 |
| 5.05 | 00514 | CASHIERING | 31,670,029 | 31,670,029 | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | -242,712,913 | 107,626,944 | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 21,223,564 | 23,563,464 | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 73,495,480 | 76,414,956 | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 3,988 | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 3,291,112 | 3,291,112 | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 2,716,747 | 2,716,747 | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 5,293,305 | 5,791,785 | | 9.03 |
| 10.00 | 01000 | DIETARY | -1,519,826 | 10,174,383 | | 10.00 |
| 11.00 | 01100 | CAFETERIA | 1,549,366 | 1,857,660 | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 4,405,831 | 22,647,613 | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | -135,327 | 125,645,874 | | 14.00 |
| 15.00 | 01500 | PHARMACY | -2,925,177 | 75,674,900 | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 8,158,325 | 9,552,510 | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | -354,943 | 6,802,600 | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 1,986,251 | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | 0 | 0 | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | 0 | 0 | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | -50,000 | 39,652,250 | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 6,850,270 | 11,809,928 | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | -20,164 | 173,220 | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | -154,874 | 788,045 | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | -465,666 | 0 | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | -74,383 | 181,270 | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | -17,098 | 546,669 | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | -98,802 | 428,590 | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 6,243 | 1,280,256 | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 20 | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | -39,889 | 206,126 | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | -17,743 | 237,020 | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | -4,197,219 | 134,548,462 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 15,076,381 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 11,490,384 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | -32,805 | 4,653,399 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 729 | 1,555,498 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | -15,806 | 3,856,253 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | -30,680 | 8,453,020 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 2,147,611 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | -59,167 | 1,358,287 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | -997,582 | 3,476,470 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | -169,941 | 3,951,618 | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | -1,587,295 | 36,095,326 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 1,320,219 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | -26 | 6,138,244 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 7,781,110 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | -9,342,332 | 1,629,728 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | -12,344 | 2,918,313 | | 53.01 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Adjustments (See A-8) | Net Expenses For Allocation | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | -1,120,094 | 34,888,969 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | -385,695 | 4,783,494 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | -1,046 | 1,026,151 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | -18,542 | 1,032,847 | | 59.00 |
| 60.00 | 06000 | LABORATORY | -38,229,711 | 18,755,531 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | -54,490 | 2,260,334 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 1,652 | 1,054,868 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | -3,746 | 3,323,044 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | -24 | 21,290,173 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | -89,806 | 12,567,981 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 2,394,739 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 3,420,507 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | -2,552,811 | 2,245,500 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | -325,239 | 4,577,285 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 34,775,848 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 60,197,532 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 137,297,780 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | -675,544 | 8,411,272 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | -133,956 | 7,337,798 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 554,202 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | -61,962 | 3,800,887 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | -1,821,420 | 203,988 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | -2,757,992 | 6,047,598 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 4,560,392 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 29,333 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | -2,693 | 459,700 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | -314,514 | 4,448,731 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | -55,841 | 2,206,099 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | -357,520 | 31,087,757 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | -11 | 257,677 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 416,661 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 187 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | -88,862 | 2,353,060 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | -2,964,614 | 1,695,232 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | -19,752 | 94,546 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | -1,033,463 | 30,149 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | -30,854 | 3,369,123 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 291,816 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | -24 | 236,652 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | -22 | 855,550 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | -4,165 | 634,840 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | -355 | 1,038,786 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 376,361 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 149,832 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | -229,649 | 1,155,899 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | -100,000 | 582,240 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | -6,423,174 | 19,446,041 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | -90,748 | 1,081,871 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | -404,939 | 19,175,003 | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | | 97.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Adjustments (See A-8) | Net Expenses For Allocation | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| 99.00 | 09900 | CMHC | 0 | 0 | | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | -3,639,150 | 34,216,004 | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | -670,368 | 10,471,216 | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | -18,750 | 1,691,708 | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | -1,497,423 | 6,645,492 | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 8,700 | 3,167,391 | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 2,407,025 | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 934,291 | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 200,808 | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 3,740,363 | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | 0 | 0 | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | 0 | 0 | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 5,688,312 | | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | -21,377,293 | 1,665,668,892 | | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 149 | | 190.00 |
| 191.00 | 19100 | RESEARCH | -21,455 | 3,634,574 | | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 1,682 | 0 | | 191.01 |
| 191.02 | 19102 | OSA | -1,661,229 | 5,132,379 | | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | -633,800 | 3,175,744 | | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | -10,578,601 | 11,312,448 | | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | -22,387,026 | 4,135,781 | | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 469,544 | | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 112,695 | | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | -339,266 | 39,670 | | 192.06 |
| 192.07 | 19207 | RHI | 0 | 231,249 | | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | -7,633,207 | 18,166,196 | | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 78,163 | | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | -256,804 | 1,292,030 | | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | | 193.00 |
| 200.00 | | TOTAL (SUM OF LINES 118-199) | -64,886,999 | 1,713,449,514 | | 200.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Increases | | | |
|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | |
| | 2.00 | 3.00 | 4.00 | 5.00 | |
| | A - BENEFITS | | | | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 117,198,117 | 1.00 |
| 2.00 | | 0.00 | 0 | 0 | 2.00 |
| 3.00 | | 0.00 | 0 | 0 | 3.00 |
| 4.00 | | 0.00 | 0 | 0 | 4.00 |
| 5.00 | | 0.00 | 0 | 0 | 5.00 |
| 6.00 | | 0.00 | 0 | 0 | 6.00 |
| 7.00 | | 0.00 | 0 | 0 | 7.00 |
| 8.00 | | 0.00 | 0 | 0 | 8.00 |
| 9.00 | | 0.00 | 0 | 0 | 9.00 |
| 10.00 | | 0.00 | 0 | 0 | 10.00 |
| 11.00 | | 0.00 | 0 | 0 | 11.00 |
| 12.00 | | 0.00 | 0 | 0 | 12.00 |
| 13.00 | | 0.00 | 0 | 0 | 13.00 |
| 14.00 | | 0.00 | 0 | 0 | 14.00 |
| 15.00 | | 0.00 | 0 | 0 | 15.00 |
| 16.00 | | 0.00 | 0 | 0 | 16.00 |
| 17.00 | | 0.00 | 0 | 0 | 17.00 |
| 18.00 | | 0.00 | 0 | 0 | 18.00 |
| 19.00 | | 0.00 | 0 | 0 | 19.00 |
| 20.00 | | 0.00 | 0 | 0 | 20.00 |
| 21.00 | | 0.00 | 0 | 0 | 21.00 |
| 22.00 | | 0.00 | 0 | 0 | 22.00 |
| 23.00 | | 0.00 | 0 | 0 | 23.00 |
| 24.00 | | 0.00 | 0 | 0 | 24.00 |
| 25.00 | | 0.00 | 0 | 0 | 25.00 |
| 26.00 | | 0.00 | 0 | 0 | 26.00 |
| 27.00 | | 0.00 | 0 | 0 | 27.00 |
| 28.00 | | 0.00 | 0 | 0 | 28.00 |
| 29.00 | | 0.00 | 0 | 0 | 29.00 |
| 30.00 | | 0.00 | 0 | 0 | 30.00 |
| 31.00 | | 0.00 | 0 | 0 | 31.00 |
| 32.00 | | 0.00 | 0 | 0 | 32.00 |
| 33.00 | | 0.00 | 0 | 0 | 33.00 |
| 34.00 | | 0.00 | 0 | 0 | 34.00 |
| 35.00 | | 0.00 | 0 | 0 | 35.00 |
| 36.00 | | 0.00 | 0 | 0 | 36.00 |
| 37.00 | | 0.00 | 0 | 0 | 37.00 |
| 38.00 | | 0.00 | 0 | 0 | 38.00 |
| 39.00 | | 0.00 | 0 | 0 | 39.00 |
| 40.00 | | 0.00 | 0 | 0 | 40.00 |
| 41.00 | | 0.00 | 0 | 0 | 41.00 |
| 42.00 | | 0.00 | 0 | 0 | 42.00 |
| 43.00 | | 0.00 | 0 | 0 | 43.00 |
| 44.00 | | 0.00 | 0 | 0 | 44.00 |
| 45.00 | | 0.00 | 0 | 0 | 45.00 |
| 46.00 | | 0.00 | 0 | 0 | 46.00 |
| 47.00 | | 0.00 | 0 | 0 | 47.00 |
| 48.00 | | 0.00 | 0 | 0 | 48.00 |
| 49.00 | | 0.00 | 0 | 0 | 49.00 |
| 50.00 | | 0.00 | 0 | 0 | 50.00 |
| 51.00 | | 0.00 | 0 | 0 | 51.00 |
| 52.00 | | 0.00 | 0 | 0 | 52.00 |
| 53.00 | | 0.00 | 0 | 0 | 53.00 |
| 54.00 | | 0.00 | 0 | 0 | 54.00 |
| 55.00 | | 0.00 | 0 | 0 | 55.00 |
| 56.00 | | 0.00 | 0 | 0 | 56.00 |
| 57.00 | | 0.00 | 0 | 0 | 57.00 |
| 58.00 | | 0.00 | 0 | 0 | 58.00 |
| 59.00 | | 0.00 | 0 | 0 | 59.00 |
| 60.00 | | 0.00 | 0 | 0 | 60.00 |
| 61.00 | | 0.00 | 0 | 0 | 61.00 |
| 62.00 | | 0.00 | 0 | 0 | 62.00 |
| 63.00 | | 0.00 | 0 | 0 | 63.00 |
| 64.00 | | 0.00 | 0 | 0 | 64.00 |
| 65.00 | | 0.00 | 0 | 0 | 65.00 |
| 66.00 | | 0.00 | 0 | 0 | 66.00 |
| 67.00 | | 0.00 | 0 | 0 | 67.00 |
| 68.00 | | 0.00 | 0 | 0 | 68.00 |
| 69.00 | | 0.00 | 0 | 0 | 69.00 |
| 70.00 | | 0.00 | 0 | 0 | 70.00 |
| 71.00 | | 0.00 | 0 | 0 | 71.00 |
| 72.00 | | 0.00 | 0 | 0 | 72.00 |
| 73.00 | | 0.00 | 0 | 0 | 73.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Increases | | | | |
|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | | |
| | 2.00 | 3.00 | 4.00 | 5.00 | | |
| 74.00 | | 0.00 | 0 | 0 | | 74.00 |
| 75.00 | | 0.00 | 0 | 0 | | 75.00 |
| 76.00 | | 0.00 | 0 | 0 | | 76.00 |
| 77.00 | | 0.00 | 0 | 0 | | 77.00 |
| 78.00 | | 0.00 | 0 | 0 | | 78.00 |
| 79.00 | | 0.00 | 0 | 0 | | 79.00 |
| 80.00 | | 0.00 | 0 | 0 | | 80.00 |
| 81.00 | | 0.00 | 0 | 0 | | 81.00 |
| 82.00 | | 0.00 | 0 | 0 | | 82.00 |
| 83.00 | | 0.00 | 0 | 0 | | 83.00 |
| 84.00 | | 0.00 | 0 | 0 | | 84.00 |
| 85.00 | | 0.00 | 0 | 0 | | 85.00 |
| 86.00 | | 0.00 | 0 | 0 | | 86.00 |
| 87.00 | | 0.00 | 0 | 0 | | 87.00 |
| 88.00 | | 0.00 | 0 | 0 | | 88.00 |
| 89.00 | | 0.00 | 0 | 0 | | 89.00 |
| 90.00 | | 0.00 | 0 | 0 | | 90.00 |
| 91.00 | | 0.00 | 0 | 0 | | 91.00 |
| 92.00 | | 0.00 | 0 | 0 | | 92.00 |
| 93.00 | | 0.00 | 0 | 0 | | 93.00 |
| 94.00 | | 0.00 | 0 | 0 | | 94.00 |
| 95.00 | | 0.00 | 0 | 0 | | 95.00 |
| 96.00 | | 0.00 | 0 | 0 | | 96.00 |
| 97.00 | | 0.00 | 0 | 0 | | 97.00 |
| 98.00 | | 0.00 | 0 | 0 | | 98.00 |
| 99.00 | | 0.00 | 0 | 0 | | 99.00 |
| 100.00 | | 0.00 | 0 | 0 | | 100.00 |
| 101.00 | | 0.00 | 0 | 0 | | 101.00 |
| 102.00 | | 0.00 | 0 | 0 | | 102.00 |
| 103.00 | | 0.00 | 0 | 0 | | 103.00 |
| 104.00 | | 0.00 | 0 | 0 | | 104.00 |
| | TOTALS | | 0 | 117,198,117 | | |
| | B - CONTRACT LABOR | | | | | |
| 1.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 34,636 | | 1.00 |
| 2.00 | DIETARY | 10.00 | 0 | 132,955 | | 2.00 |
| 3.00 | SOCIAL SERVICE | 17.00 | 0 | 1,923,813 | | 3.00 |
| 4.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 1,132 | | 4.00 |
| 5.00 | RH PED IC | 34.04 | 0 | 2,184 | | 5.00 |
| 6.00 | OPERATING ROOM | 50.00 | 0 | 170,791 | | 6.00 |
| 7.00 | RECOVERY ROOM | 51.00 | 0 | 134,051 | | 7.00 |
| 8.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 3,908 | 0 | | 8.00 |
| 9.00 | RESPIRATORY THERAPY | 65.00 | 0 | 190,252 | | 9.00 |
| 10.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 11,762 | | 10.00 |
| 11.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 36,413 | | 11.00 |
| 12.00 | IUSCC HEM/ONC | 90.02 | 0 | 115,659 | | 12.00 |
| 13.00 | OUTPATIENT SURGERY | 90.06 | 0 | 6,934 | | 13.00 |
| 14.00 | PHYSICAL MEDICINE | 90.17 | 0 | 107,808 | | 14.00 |
| 15.00 | GASTROENTEROLOGY CLINIC | 90.23 | 0 | 35,387 | | 15.00 |
| 16.00 | AMBULANCE SERVICES | 95.00 | 0 | 26,273 | | 16.00 |
| 17.00 | HOME HEALTH AGENCY | 101.00 | 0 | 398,014 | | 17.00 |
| 18.00 | OTHER ORGAN ACQUISITION | 112.00 | 0 | 7,338 | | 18.00 |
| 19.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 44,780 | | 19.00 |
| 20.00 | CARDIO PHYSICIANS | 192.10 | 0 | 80,317 | | 20.00 |
| | TOTALS | | 3,908 | 3,460,499 | | |
| | C - DEPRECIATION | | | | | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 1,309,627 | | 1.00 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 2.00 | 0 | 43,228,262 | | 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 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Increases | | | | |
|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | |
| | 2.00 | 3.00 | 4.00 | 5.00 | |
| 16.00 | | 0.00 | 0 | 0 | 16.00 |
| 17.00 | | 0.00 | 0 | 0 | 17.00 |
| 18.00 | | 0.00 | 0 | 0 | 18.00 |
| 19.00 | | 0.00 | 0 | 0 | 19.00 |
| 20.00 | | 0.00 | 0 | 0 | 20.00 |
| 21.00 | | 0.00 | 0 | 0 | 21.00 |
| 22.00 | | 0.00 | 0 | 0 | 22.00 |
| 23.00 | | 0.00 | 0 | 0 | 23.00 |
| 24.00 | | 0.00 | 0 | 0 | 24.00 |
| 25.00 | | 0.00 | 0 | 0 | 25.00 |
| 26.00 | | 0.00 | 0 | 0 | 26.00 |
| 27.00 | | 0.00 | 0 | 0 | 27.00 |
| 28.00 | | 0.00 | 0 | 0 | 28.00 |
| 29.00 | | 0.00 | 0 | 0 | 29.00 |
| 30.00 | | 0.00 | 0 | 0 | 30.00 |
| 31.00 | | 0.00 | 0 | 0 | 31.00 |
| 32.00 | | 0.00 | 0 | 0 | 32.00 |
| 33.00 | | 0.00 | 0 | 0 | 33.00 |
| 34.00 | | 0.00 | 0 | 0 | 34.00 |
| 35.00 | | 0.00 | 0 | 0 | 35.00 |
| 36.00 | | 0.00 | 0 | 0 | 36.00 |
| 37.00 | | 0.00 | 0 | 0 | 37.00 |
| 38.00 | | 0.00 | 0 | 0 | 38.00 |
| 39.00 | | 0.00 | 0 | 0 | 39.00 |
| 40.00 | | 0.00 | 0 | 0 | 40.00 |
| 41.00 | | 0.00 | 0 | 0 | 41.00 |
| 42.00 | | 0.00 | 0 | 0 | 42.00 |
| 43.00 | | 0.00 | 0 | 0 | 43.00 |
| 44.00 | | 0.00 | 0 | 0 | 44.00 |
| 45.00 | | 0.00 | 0 | 0 | 45.00 |
| 46.00 | | 0.00 | 0 | 0 | 46.00 |
| 47.00 | | 0.00 | 0 | 0 | 47.00 |
| 48.00 | | 0.00 | 0 | 0 | 48.00 |
| 49.00 | | 0.00 | 0 | 0 | 49.00 |
| 50.00 | | 0.00 | 0 | 0 | 50.00 |
| 51.00 | | 0.00 | 0 | 0 | 51.00 |
| 52.00 | | 0.00 | 0 | 0 | 52.00 |
| 53.00 | | 0.00 | 0 | 0 | 53.00 |
| 54.00 | | 0.00 | 0 | 0 | 54.00 |
| 55.00 | | 0.00 | 0 | 0 | 55.00 |
| 56.00 | | 0.00 | 0 | 0 | 56.00 |
| 57.00 | | 0.00 | 0 | 0 | 57.00 |
| 58.00 | | 0.00 | 0 | 0 | 58.00 |
| 59.00 | | 0.00 | 0 | 0 | 59.00 |
| 60.00 | | 0.00 | 0 | 0 | 60.00 |
| 61.00 | | 0.00 | 0 | 0 | 61.00 |
| 62.00 | | 0.00 | 0 | 0 | 62.00 |
| 63.00 | | 0.00 | 0 | 0 | 63.00 |
| 64.00 | | 0.00 | 0 | 0 | 64.00 |
| 65.00 | | 0.00 | 0 | 0 | 65.00 |
| 66.00 | | 0.00 | 0 | 0 | 66.00 |
| 67.00 | | 0.00 | 0 | 0 | 67.00 |
| 68.00 | | 0.00 | 0 | 0 | 68.00 |
| 69.00 | | 0.00 | 0 | 0 | 69.00 |
| 70.00 | | 0.00 | 0 | 0 | 70.00 |
| 71.00 | | 0.00 | 0 | 0 | 71.00 |
| 72.00 | | 0.00 | 0 | 0 | 72.00 |
| 73.00 | | 0.00 | 0 | 0 | 73.00 |
| 74.00 | | 0.00 | 0 | 0 | 74.00 |
| 75.00 | | 0.00 | 0 | 0 | 75.00 |
| 76.00 | | 0.00 | 0 | 0 | 76.00 |
| 77.00 | | 0.00 | 0 | 0 | 77.00 |
| 78.00 | | 0.00 | 0 | 0 | 78.00 |
| 79.00 | | 0.00 | 0 | 0 | 79.00 |
| 80.00 | | 0.00 | 0 | 0 | 80.00 |
| 81.00 | | 0.00 | 0 | 0 | 81.00 |
| 82.00 | | 0.00 | 0 | 0 | 82.00 |
| 83.00 | | 0.00 | 0 | 0 | 83.00 |
| 84.00 | | 0.00 | 0 | 0 | 84.00 |
| 85.00 | | 0.00 | 0 | 0 | 85.00 |
| 86.00 | | 0.00 | 0 | 0 | 86.00 |
| 87.00 | | 0.00 | 0 | 0 | 87.00 |
| 88.00 | | 0.00 | 0 | 0 | 88.00 |
| 89.00 | | 0.00 | 0 | 0 | 89.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Increases | | | | |
|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | | |
| | 2.00 | 3.00 | 4.00 | 5.00 | | |
| 90.00 | | 0.00 | 0 | 0 | | 90.00 |
| | TOTALS | | 0 | 44,537,889 | | |
| | D - DEPRECIATION ALLOCATION | | | | | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 24,532 | | 1.00 |
| 2.00 | PURCHASING, RECEIVING, & STORES | 5.03 | 0 | 2,901 | | 2.00 |
| 3.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 850,434 | | 3.00 |
| 4.00 | MAINTENANCE & REPAIRS | 6.00 | 0 | 1,252 | | 4.00 |
| 5.00 | OPERATION OF PLANT | 7.00 | 0 | 1,241 | | 5.00 |
| 6.00 | DIETARY | 10.00 | 0 | 6,144 | | 6.00 |
| 7.00 | PHARMACY | 15.00 | 0 | 192,497 | | 7.00 |
| 8.00 | PATIENT TRANSPORTATION | 18.00 | 0 | 1,518 | | 8.00 |
| 9.00 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 442 | | 9.00 |
| 10.00 | PARAMED RESPIRATORY THERAPY | 23.03 | 0 | 327 | | 10.00 |
| 11.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 2,532,061 | | 11.00 |
| 12.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 5,110 | | 12.00 |
| 13.00 | CORONARY CARE UNIT | 32.00 | 0 | 5,956 | | 13.00 |
| 14.00 | UH SURG 6IC | 34.02 | 0 | 15,461 | | 14.00 |
| 15.00 | RH PED IC | 34.04 | 0 | 23,083 | | 15.00 |
| 16.00 | TRANSPLANT ICU | 34.05 | 0 | 945 | | 16.00 |
| 17.00 | PEDS CANCER CARE | 34.06 | 0 | 426,571 | | 17.00 |
| 18.00 | SUBPROVIDER - IPF | 40.00 | 0 | 1,162 | | 18.00 |
| 19.00 | NURSERY | 43.00 | 0 | 1,167 | | 19.00 |
| 20.00 | OPERATING ROOM | 50.00 | 0 | 273,304 | | 20.00 |
| 21.00 | ENDOSCOPY | 50.01 | 0 | 21,174 | | 21.00 |
| 22.00 | RECOVERY ROOM | 51.00 | 0 | 2,507 | | 22.00 |
| 23.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 55 | | 23.00 |
| 24.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 4,179,849 | | 24.00 |
| 25.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 211,528 | | 25.00 |
| 26.00 | RADIOISOTOPE | 56.00 | 0 | 24,200 | | 26.00 |
| 27.00 | LABORATORY | 60.00 | 0 | 102,548 | | 27.00 |
| 28.00 | BONE MARROW TRANSPLANT LAB | 60.02 | 0 | 6,056 | | 28.00 |
| 29.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0 | 2,530 | | 29.00 |
| 30.00 | RESPIRATORY THERAPY | 65.00 | 0 | 4,345 | | 30.00 |
| 31.00 | PHYSICAL THERAPY | 66.00 | 0 | 113,789 | | 31.00 |
| 32.00 | OCCUPATIONAL THERAPY | 67.00 | 0 | 185 | | 32.00 |
| 33.00 | SPEECH PATHOLOGY | 68.00 | 0 | 49,343 | | 33.00 |
| 34.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 50,609 | | 34.00 |
| 35.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 72,940 | | 35.00 |
| 36.00 | RENAL DIALYSIS | 74.00 | 0 | 55,346 | | 36.00 |
| 37.00 | PSYCH OTHER ANCILLARY | 76.02 | 0 | 823 | | 37.00 |
| 38.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 31,145 | | 38.00 |
| 39.00 | DAY SURGERY | 76.04 | 0 | 9,601 | | 39.00 |
| 40.00 | AMB SVC-OB & GYN | 90.01 | 0 | 8,512 | | 40.00 |
| 41.00 | IUSCC HEM/ONC | 90.02 | 0 | 25,986 | | 41.00 |
| 42.00 | AMB SVC-PSYCH ADULT | 90.04 | 0 | 22,003 | | 42.00 |
| 43.00 | OUTPATIENT SURGERY | 90.06 | 0 | 1,754 | | 43.00 |
| 45.00 | MOTILITY LAB | 90.08 | 0 | 3,088 | | 45.00 |
| 46.00 | PHYSICAL MEDICINE | 90.17 | 0 | 4,605 | | 46.00 |
| 47.00 | DERMATOLOGY CLINIC | 90.18 | 0 | 15,070 | | 47.00 |
| 48.00 | IUMG - MH | 90.20 | 0 | 130 | | 48.00 |
| 49.00 | AMBULANCE SERVICES | 95.00 | 0 | 67,050 | | 49.00 |
| 50.00 | HEART ACQUISITION | 106.00 | 0 | 1,070 | | 50.00 |
| 51.00 | LUNG ACQUISITION | 108.00 | 0 | 122 | | 51.00 |
| 52.00 | OTHER ORGAN ACQUISITION | 112.00 | 0 | 6,445 | | 52.00 |
| 53.00 | RESEARCH | 191.00 | 0 | 10,583 | | 53.00 |
| 54.00 | OSA | 191.02 | 0 | 18,564 | | 54.00 |
| 55.00 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 0 | 1,420 | | 55.00 |
| 56.00 | OTHER NONREIMBURSABLE-METHODIST RHI | 192.01 | 0 | 41,607 | | 56.00 |
| 57.00 | | 192.07 | 0 | 584 | | 57.00 |
| | TOTALS | | 0 | 9,533,274 | | |
| | E - DRUGS | | | | | |
| 1.00 | PHARMACY | 15.00 | 0 | 107,980,874 | | 1.00 |
| 2.00 | LABORATORY | 60.00 | 0 | 2,925 | | 2.00 |
| 3.00 | | 0.00 | 0 | 0 | | 3.00 |
| 4.00 | | 0.00 | 0 | 0 | | 4.00 |
| 5.00 | | 0.00 | 0 | 0 | | 5.00 |
| 6.00 | | 0.00 | 0 | 0 | | 6.00 |
| 7.00 | | 0.00 | 0 | 0 | | 7.00 |
| 8.00 | | 0.00 | 0 | 0 | | 8.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Increases | | | | |
|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | | |
| | 2.00 | 3.00 | 4.00 | 5.00 | | |
| 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 |
| | TOTALS | | 0 | 107,983,799 | | |
| | F - BILLABLE DRUGS | | | | | |
| 1.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0 | 137,297,780 | | 1.00 |
| | TOTALS | | 0 | 137,297,780 | | |
| | G - SUPPLIES | | | | | |
| 1.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 212,122,325 | | 1.00 |
| 2.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 4,926 | | 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 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Increases | | | | |
|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | |
| | 2.00 | 3.00 | 4.00 | 5.00 | |
| 8.00 | | 0.00 | 0 | 0 | 8.00 |
| 9.00 | | 0.00 | 0 | 0 | 9.00 |
| 10.00 | | 0.00 | 0 | 0 | 10.00 |
| 11.00 | | 0.00 | 0 | 0 | 11.00 |
| 12.00 | | 0.00 | 0 | 0 | 12.00 |
| 13.00 | | 0.00 | 0 | 0 | 13.00 |
| 14.00 | | 0.00 | 0 | 0 | 14.00 |
| 15.00 | | 0.00 | 0 | 0 | 15.00 |
| 16.00 | | 0.00 | 0 | 0 | 16.00 |
| 17.00 | | 0.00 | 0 | 0 | 17.00 |
| 18.00 | | 0.00 | 0 | 0 | 18.00 |
| 19.00 | | 0.00 | 0 | 0 | 19.00 |
| 20.00 | | 0.00 | 0 | 0 | 20.00 |
| 21.00 | | 0.00 | 0 | 0 | 21.00 |
| 22.00 | | 0.00 | 0 | 0 | 22.00 |
| 23.00 | | 0.00 | 0 | 0 | 23.00 |
| 24.00 | | 0.00 | 0 | 0 | 24.00 |
| 25.00 | | 0.00 | 0 | 0 | 25.00 |
| 26.00 | | 0.00 | 0 | 0 | 26.00 |
| 27.00 | | 0.00 | 0 | 0 | 27.00 |
| 28.00 | | 0.00 | 0 | 0 | 28.00 |
| 29.00 | | 0.00 | 0 | 0 | 29.00 |
| 30.00 | | 0.00 | 0 | 0 | 30.00 |
| 31.00 | | 0.00 | 0 | 0 | 31.00 |
| 32.00 | | 0.00 | 0 | 0 | 32.00 |
| 33.00 | | 0.00 | 0 | 0 | 33.00 |
| 34.00 | | 0.00 | 0 | 0 | 34.00 |
| 35.00 | | 0.00 | 0 | 0 | 35.00 |
| 36.00 | | 0.00 | 0 | 0 | 36.00 |
| 37.00 | | 0.00 | 0 | 0 | 37.00 |
| 38.00 | | 0.00 | 0 | 0 | 38.00 |
| 39.00 | | 0.00 | 0 | 0 | 39.00 |
| 40.00 | | 0.00 | 0 | 0 | 40.00 |
| 41.00 | | 0.00 | 0 | 0 | 41.00 |
| 42.00 | | 0.00 | 0 | 0 | 42.00 |
| 43.00 | | 0.00 | 0 | 0 | 43.00 |
| 44.00 | | 0.00 | 0 | 0 | 44.00 |
| 45.00 | | 0.00 | 0 | 0 | 45.00 |
| 46.00 | | 0.00 | 0 | 0 | 46.00 |
| 47.00 | | 0.00 | 0 | 0 | 47.00 |
| 48.00 | | 0.00 | 0 | 0 | 48.00 |
| 49.00 | | 0.00 | 0 | 0 | 49.00 |
| 50.00 | | 0.00 | 0 | 0 | 50.00 |
| 51.00 | | 0.00 | 0 | 0 | 51.00 |
| 52.00 | | 0.00 | 0 | 0 | 52.00 |
| 53.00 | | 0.00 | 0 | 0 | 53.00 |
| 54.00 | | 0.00 | 0 | 0 | 54.00 |
| 55.00 | | 0.00 | 0 | 0 | 55.00 |
| 56.00 | | 0.00 | 0 | 0 | 56.00 |
| 57.00 | | 0.00 | 0 | 0 | 57.00 |
| 58.00 | | 0.00 | 0 | 0 | 58.00 |
| 59.00 | | 0.00 | 0 | 0 | 59.00 |
| 60.00 | | 0.00 | 0 | 0 | 60.00 |
| 61.00 | | 0.00 | 0 | 0 | 61.00 |
| 62.00 | | 0.00 | 0 | 0 | 62.00 |
| 63.00 | | 0.00 | 0 | 0 | 63.00 |
| 64.00 | | 0.00 | 0 | 0 | 64.00 |
| 65.00 | | 0.00 | 0 | 0 | 65.00 |
| 66.00 | | 0.00 | 0 | 0 | 66.00 |
| 67.00 | | 0.00 | 0 | 0 | 67.00 |
| 68.00 | | 0.00 | 0 | 0 | 68.00 |
| 69.00 | | 0.00 | 0 | 0 | 69.00 |
| 70.00 | | 0.00 | 0 | 0 | 70.00 |
| 71.00 | | 0.00 | 0 | 0 | 71.00 |
| 72.00 | | 0.00 | 0 | 0 | 72.00 |
| 73.00 | | 0.00 | 0 | 0 | 73.00 |
| 74.00 | | 0.00 | 0 | 0 | 74.00 |
| 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 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Increases | | | | | |
|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | | |
| | 2.00 | 3.00 | 4.00 | 5.00 | | |
| 82.00 | | 0.00 | 0 | 0 | | 82.00 |
| 83.00 | | 0.00 | 0 | 0 | | 83.00 |
| 84.00 | | 0.00 | 0 | 0 | | 84.00 |
| 85.00 | | 0.00 | 0 | 0 | | 85.00 |
| 86.00 | | 0.00 | 0 | 0 | | 86.00 |
| 87.00 | | 0.00 | 0 | 0 | | 87.00 |
| 88.00 | | 0.00 | 0 | 0 | | 88.00 |
| 89.00 | | 0.00 | 0 | 0 | | 89.00 |
| 90.00 | | 0.00 | 0 | 0 | | 90.00 |
| 91.00 | | 0.00 | 0 | 0 | | 91.00 |
| 92.00 | | 0.00 | 0 | 0 | | 92.00 |
| 93.00 | | 0.00 | 0 | 0 | | 93.00 |
| | TOTALS | | 0 | 212,127,251 | | |
| | H - BILLABLE SUPPLIES | | | | | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0 | 94,761,131 | | 1.00 |
| | TOTALS | | 0 | 94,761,131 | | |
| | I - IMPLANTABLE SUPPLIES | | | | | |
| 1.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0 | 60,197,532 | | 1.00 |
| | TOTALS | | 0 | 60,197,532 | | |
| | J - SLEEP LAB | | | | | |
| 1.00 | SLEEP LAB | 90.11 | 2,099,214 | 866,117 | | 1.00 |
| | TOTALS | | 2,099,214 | 866,117 | | |
| | K - HOSPICE | | | | | |
| 1.00 | HOSPICE | 116.00 | 3,709,354 | 1,978,958 | | 1.00 |
| | TOTALS | | 3,709,354 | 1,978,958 | | |
| | L - NURSERY & L&D | | | | | |
| 1.00 | NURSERY | 43.00 | 1,394,916 | 145,030 | | 1.00 |
| 2.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 6,992,890 | 788,220 | | 2.00 |
| | TOTALS | | 8,387,806 | 933,250 | | |
| | M - PARAMED ED | | | | | |
| 1.00 | PARAMED RADIOLOGY-METHODIST | 23.02 | 562,758 | 43,051 | | 1.00 |
| 2.00 | PARAMED PHARMACY | 23.07 | 525,044 | 40,166 | | 2.00 |
| 3.00 | PARAMED PHARMACY TECH | 23.10 | 39,331 | 3,009 | | 3.00 |
| 4.00 | PARAMED LAB SCIENCE PRO | 23.06 | 250,918 | 19,195 | | 4.00 |
| 5.00 | PARAMED EMERGENCY | 23.04 | 27,298 | 2,088 | | 5.00 |
| 6.00 | PARAMED SURGERY TECHNOLOGY | 23.09 | 88,052 | 6,736 | | 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 |
| | TOTALS | | 1,493,401 | 114,245 | | |
| | N - PTO ALLOCATION | | | | | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 7,935,292 | | 1.00 |
| 2.00 | HOME HEALTH AGENCY | 101.00 | 0 | 90,324 | | 2.00 |
| 3.00 | | 0.00 | 0 | 0 | | 3.00 |
| 4.00 | | 0.00 | 0 | 0 | | 4.00 |
| 5.00 | | 0.00 | 0 | 0 | | 5.00 |
| 6.00 | | 0.00 | 0 | 0 | | 6.00 |
| 7.00 | | 0.00 | 0 | 0 | | 7.00 |
| 8.00 | | 0.00 | 0 | 0 | | 8.00 |
| 9.00 | | 0.00 | 0 | 0 | | 9.00 |
| 10.00 | | 0.00 | 0 | 0 | | 10.00 |
| 11.00 | | 0.00 | 0 | 0 | | 11.00 |
| 12.00 | | 0.00 | 0 | 0 | | 12.00 |
| 13.00 | | 0.00 | 0 | 0 | | 13.00 |
| 14.00 | | 0.00 | 0 | 0 | | 14.00 |
| 15.00 | | 0.00 | 0 | 0 | | 15.00 |
| 16.00 | | 0.00 | 0 | 0 | | 16.00 |
| 17.00 | | 0.00 | 0 | 0 | | 17.00 |
| 18.00 | | 0.00 | 0 | 0 | | 18.00 |
| 19.00 | | 0.00 | 0 | 0 | | 19.00 |
| 20.00 | | 0.00 | 0 | 0 | | 20.00 |
| 21.00 | | 0.00 | 0 | 0 | | 21.00 |
| 22.00 | | 0.00 | 0 | 0 | | 22.00 |
| 23.00 | | 0.00 | 0 | 0 | | 23.00 |
| 24.00 | | 0.00 | 0 | 0 | | 24.00 |
| 25.00 | | 0.00 | 0 | 0 | | 25.00 |
| 26.00 | | 0.00 | 0 | 0 | | 26.00 |
| 27.00 | | 0.00 | 0 | 0 | | 27.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Increases | | | |
|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | |
| | 2.00 | 3.00 | 4.00 | 5.00 | |
| 28.00 | | 0.00 | 0 | 0 | 28.00 |
| 29.00 | | 0.00 | 0 | 0 | 29.00 |
| 30.00 | | 0.00 | 0 | 0 | 30.00 |
| 31.00 | | 0.00 | 0 | 0 | 31.00 |
| 32.00 | | 0.00 | 0 | 0 | 32.00 |
| 33.00 | | 0.00 | 0 | 0 | 33.00 |
| 34.00 | | 0.00 | 0 | 0 | 34.00 |
| 35.00 | | 0.00 | 0 | 0 | 35.00 |
| 36.00 | | 0.00 | 0 | 0 | 36.00 |
| 37.00 | | 0.00 | 0 | 0 | 37.00 |
| 38.00 | | 0.00 | 0 | 0 | 38.00 |
| 39.00 | | 0.00 | 0 | 0 | 39.00 |
| 40.00 | | 0.00 | 0 | 0 | 40.00 |
| 41.00 | | 0.00 | 0 | 0 | 41.00 |
| 42.00 | | 0.00 | 0 | 0 | 42.00 |
| 43.00 | | 0.00 | 0 | 0 | 43.00 |
| 44.00 | | 0.00 | 0 | 0 | 44.00 |
| 45.00 | | 0.00 | 0 | 0 | 45.00 |
| 46.00 | | 0.00 | 0 | 0 | 46.00 |
| 47.00 | | 0.00 | 0 | 0 | 47.00 |
| 48.00 | | 0.00 | 0 | 0 | 48.00 |
| 49.00 | | 0.00 | 0 | 0 | 49.00 |
| 50.00 | | 0.00 | 0 | 0 | 50.00 |
| 51.00 | | 0.00 | 0 | 0 | 51.00 |
| 52.00 | | 0.00 | 0 | 0 | 52.00 |
| 53.00 | | 0.00 | 0 | 0 | 53.00 |
| 54.00 | | 0.00 | 0 | 0 | 54.00 |
| 55.00 | | 0.00 | 0 | 0 | 55.00 |
| 56.00 | | 0.00 | 0 | 0 | 56.00 |
| 57.00 | | 0.00 | 0 | 0 | 57.00 |
| 58.00 | | 0.00 | 0 | 0 | 58.00 |
| 59.00 | | 0.00 | 0 | 0 | 59.00 |
| 60.00 | | 0.00 | 0 | 0 | 60.00 |
| 61.00 | | 0.00 | 0 | 0 | 61.00 |
| 62.00 | | 0.00 | 0 | 0 | 62.00 |
| 63.00 | | 0.00 | 0 | 0 | 63.00 |
| 64.00 | | 0.00 | 0 | 0 | 64.00 |
| 65.00 | | 0.00 | 0 | 0 | 65.00 |
| 66.00 | | 0.00 | 0 | 0 | 66.00 |
| 67.00 | | 0.00 | 0 | 0 | 67.00 |
| 68.00 | | 0.00 | 0 | 0 | 68.00 |
| 69.00 | | 0.00 | 0 | 0 | 69.00 |
| 70.00 | | 0.00 | 0 | 0 | 70.00 |
| 71.00 | | 0.00 | 0 | 0 | 71.00 |
| 72.00 | | 0.00 | 0 | 0 | 72.00 |
| 73.00 | | 0.00 | 0 | 0 | 73.00 |
| 74.00 | | 0.00 | 0 | 0 | 74.00 |
| 75.00 | | 0.00 | 0 | 0 | 75.00 |
| 76.00 | | 0.00 | 0 | 0 | 76.00 |
| 77.00 | | 0.00 | 0 | 0 | 77.00 |
| 78.00 | | 0.00 | 0 | 0 | 78.00 |
| 79.00 | | 0.00 | 0 | 0 | 79.00 |
| 80.00 | | 0.00 | 0 | 0 | 80.00 |
| 81.00 | | 0.00 | 0 | 0 | 81.00 |
| 82.00 | | 0.00 | 0 | 0 | 82.00 |
| 83.00 | | 0.00 | 0 | 0 | 83.00 |
| 84.00 | | 0.00 | 0 | 0 | 84.00 |
| 85.00 | | 0.00 | 0 | 0 | 85.00 |
| 86.00 | | 0.00 | 0 | 0 | 86.00 |
| 87.00 | | 0.00 | 0 | 0 | 87.00 |
| 88.00 | | 0.00 | 0 | 0 | 88.00 |
| 89.00 | | 0.00 | 0 | 0 | 89.00 |
| 90.00 | | 0.00 | 0 | 0 | 90.00 |
| 91.00 | | 0.00 | 0 | 0 | 91.00 |
| 92.00 | | 0.00 | 0 | 0 | 92.00 |
| 93.00 | | 0.00 | 0 | 0 | 93.00 |
| 94.00 | | 0.00 | 0 | 0 | 94.00 |
| | TOTALS | | 0 | 8,025,616 | |
| | O - RENAL ADMIN | | | | |
| 1.00 | HOME PROGRAM DIALYSIS | 94.00 | 135,057 | 15,484 | 1.00 |
| | TOTALS | | 135,057 | 15,484 | |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Increases | | | |
|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | |
| | 2.00 | 3.00 | 4.00 | 5.00 | |
| | P - PHONES | | | | |
| 1.00 | NONPATIENT TELEPHONES | 5.01 | 0 | 69,125 | 1.00 |
| 2.00 | LABORATORY | 60.00 | 0 | 2,264 | 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 |
| | TOTALS | | 0 | 71,389 | |
| | Q - FQHC NON-REIMBURSABLE | | | | |
| 1.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 26,360 | 54,431 | 1.00 |
| | TOTALS | | 26,360 | 54,431 | |
| | R - ORGANS | | | | |
| 1.00 | LUNG ACQUISITION | 108.00 | 238,438 | 53,655 | 1.00 |
| 2.00 | LIVER ACQUISITION | 107.00 | 636,687 | 136,139 | 2.00 |
| 3.00 | HEART ACQUISITION | 106.00 | 149,142 | 32,470 | 3.00 |
| 4.00 | PANCREAS ACQUISITION | 109.00 | 2,960 | 31,315 | 4.00 |
| 5.00 | INTESTINE ACQUISITION | 110.00 | 175,140 | 26,312 | 5.00 |
| | TOTALS | | 1,202,367 | 279,891 | |
| | S - PRE-POST TRANSPLANT | | | | |
| 1.00 | POST TRANSPLANT EXPENSES | 112.01 | 3,304,931 | 435,432 | 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 |
| | TOTALS | | 3,304,931 | 435,432 | |
| | T - ACQUISITION WORK-UP EXP | | | | |
| 1.00 | KIDNEY ACQUISITION | 105.00 | 0 | 2,696 | 1.00 |
| | TOTALS | | 0 | 2,696 | |
| | U - NON-TXPL EMPLOYEES | | | | |
| 1.00 | KIDNEY ACQUISITION | 105.00 | 55,214 | 0 | 1.00 |
| 2.00 | | 0.00 | 0 | 0 | 2.00 |
| 3.00 | | 0.00 | 0 | 0 | 3.00 |
| 4.00 | | 0.00 | 0 | 0 | 4.00 |
| | TOTALS | | 55,214 | 0 | |
| | V - ADVERTISING | | | | |
| 1.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 1,298,269 | 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 |
| | TOTALS | | 0 | 1,298,269 | |
| 500.00 | Grand Total: Increases | | 20,417,612 | 801,173,050 | 500.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| | A - BENEFITS | | | | | | |
| 1.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 2,651,647 | 0 | | 1.00 |
| 2.00 | MAINTENANCE & REPAIRS | 6.00 | 0 | 57,783 | 0 | | 2.00 |
| 3.00 | OPERATION OF PLANT | 7.00 | 0 | 626,224 | 0 | | 3.00 |
| 4.00 | LAUNDRY & LINEN SERVICE | 8.00 | 0 | 83 | 0 | | 4.00 |
| 5.00 | HOUSEKEEPING - METHODIST | 9.03 | 0 | 101,751 | 0 | | 5.00 |
| 6.00 | DIETARY | 10.00 | 0 | 2,042,330 | 0 | | 6.00 |
| 7.00 | CAFETERIA | 11.00 | 0 | 42,389 | 0 | | 7.00 |
| 8.00 | NURSING ADMINISTRATION | 13.00 | 0 | 4,135,183 | 0 | | 8.00 |
| 9.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 769,302 | 0 | | 9.00 |
| 10.00 | PHARMACY | 15.00 | 0 | 5,119,131 | 0 | | 10.00 |
| 11.00 | MEDICAL RECORDS & LIBRARY | 16.00 | 0 | 75,306 | 0 | | 11.00 |
| 12.00 | SOCIAL SERVICE | 17.00 | 0 | 963,921 | 0 | | 12.00 |
| 13.00 | PATIENT TRANSPORTATION | 18.00 | 0 | 859,716 | 0 | | 13.00 |
| 14.00 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 120,627 | 0 | | 14.00 |
| 15.00 | PARAMED ED HEALTH SCIENCES | 23.01 | 0 | 32,331 | 0 | | 15.00 |
| 16.00 | PARAMED RADIOLOGY-METHODIST | 23.02 | 0 | 57,203 | 0 | | 16.00 |
| 17.00 | PARAMED RESPIRATORY THERAPY | 23.03 | 0 | 73,782 | 0 | | 17.00 |
| 18.00 | PARAMED EMERGENCY | 23.04 | 0 | 38,069 | 0 | | 18.00 |
| 19.00 | PARAMED PASTORAL EDUCATION | 23.05 | 0 | 145,780 | 0 | | 19.00 |
| 20.00 | PARAMED LAB SCIENCE PRO | 23.06 | 0 | 29,104 | 0 | | 20.00 |
| 21.00 | PARAMED PHARMACY | 23.07 | 0 | 157,859 | 0 | | 21.00 |
| 22.00 | PARAMED SURGERY TECHNOLOGY | 23.09 | 0 | 32,800 | 0 | | 22.00 |
| 23.00 | PARAMED PHARMACY TECH | 23.10 | 0 | 48,438 | 0 | | 23.00 |
| 24.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 27,955,572 | 0 | | 24.00 |
| 25.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 2,877,060 | 0 | | 25.00 |
| 26.00 | CORONARY CARE UNIT | 32.00 | 0 | 2,275,735 | 0 | | 26.00 |
| 27.00 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 0 | 872,318 | 0 | | 27.00 |
| 28.00 | BURN INTENSIVE CARE UNIT | 33.00 | 0 | 226,441 | 0 | | 28.00 |
| 29.00 | UH SURG 6IC | 34.02 | 0 | 682,075 | 0 | | 29.00 |
| 30.00 | RH PED IC | 34.04 | 0 | 1,880,434 | 0 | | 30.00 |
| 31.00 | TRANSPLANT ICU | 34.05 | 0 | 379,890 | 0 | | 31.00 |
| 32.00 | PEDS CANCER CARE | 34.06 | 0 | 305,994 | 0 | | 32.00 |
| 33.00 | SUBPROVIDER - IPF | 40.00 | 0 | 620,514 | 0 | | 33.00 |
| 34.00 | NURSERY | 43.00 | 0 | 449,522 | 0 | | 34.00 |
| 35.00 | OPERATING ROOM | 50.00 | 0 | 6,465,024 | 0 | | 35.00 |
| 36.00 | ENDOSCOPY | 50.01 | 0 | 219,068 | 0 | | 36.00 |
| 37.00 | RECOVERY ROOM | 51.00 | 0 | 1,085,902 | 0 | | 37.00 |
| 38.00 | ANESTHESIOLOGY | 53.00 | 0 | 357,911 | 0 | | 38.00 |
| 39.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 625,104 | 0 | | 39.00 |
| 40.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 5,209,548 | 0 | | 40.00 |
| 41.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 952,350 | 0 | | 41.00 |
| 42.00 | RADIOISOTOPE | 56.00 | 0 | 137,027 | 0 | | 42.00 |
| 43.00 | CARDIAC CATHETERIZATION | 59.00 | 0 | 96,674 | 0 | | 43.00 |
| 44.00 | LABORATORY | 60.00 | 0 | 7,227,308 | 0 | | 44.00 |
| 45.00 | TRANSPLANT IMMUNOLOGY | 60.01 | 0 | 199,814 | 0 | | 45.00 |
| 46.00 | BONE MARROW TRANSPLANT LAB | 60.02 | 0 | 203,753 | 0 | | 46.00 |
| 47.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0 | 621,618 | 0 | | 47.00 |
| 48.00 | RESPIRATORY THERAPY | 65.00 | 0 | 4,191,990 | 0 | | 48.00 |
| 49.00 | PHYSICAL THERAPY | 66.00 | 0 | 2,192,726 | 0 | | 49.00 |
| 50.00 | OCCUPATIONAL THERAPY | 67.00 | 0 | 485,424 | 0 | | 50.00 |
| 51.00 | SPEECH PATHOLOGY | 68.00 | 0 | 741,287 | 0 | | 51.00 |
| 52.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 558,242 | 0 | | 52.00 |
| 53.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 809,081 | 0 | | 53.00 |
| 54.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0 | 44,154 | 0 | | 54.00 |
| 55.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 1,450,836 | 0 | | 55.00 |
| 56.00 | RENAL DIALYSIS | 74.00 | 0 | 1,278,786 | 0 | | 56.00 |
| 57.00 | RH NBN ECMO IC | 76.00 | 0 | 38,316 | 0 | | 57.00 |
| 58.00 | CARDIOLOGY | 76.01 | 0 | 469,635 | 0 | | 58.00 |
| 59.00 | PSYCH OTHER ANCILLARY | 76.02 | 0 | 14,162 | 0 | | 59.00 |
| 60.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 813,036 | 0 | | 60.00 |
| 61.00 | DAY SURGERY | 76.04 | 0 | 853,068 | 0 | | 61.00 |
| 62.00 | ECMO-ADULT | 76.08 | 0 | 1,635 | 0 | | 62.00 |
| 63.00 | CARDIAC REHABILITATION | 76.97 | 0 | 62,501 | 0 | | 63.00 |
| 64.00 | AMB SVC-OB & GYN | 90.01 | 0 | 535,109 | 0 | | 64.00 |
| 65.00 | IUSCC HEM/ONC | 90.02 | 0 | 3,446,509 | 0 | | 65.00 |
| 66.00 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 83,461 | 0 | | 66.00 |
| 67.00 | AMB SVC-PSYCH ADULT | 90.04 | 0 | 77,779 | 0 | | 67.00 |
| 68.00 | OUTPATIENT SURGERY | 90.06 | 0 | 513,147 | 0 | | 68.00 |
| 69.00 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 1,045,156 | 0 | | 69.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 70.00 | MOTILITY LAB | 90.08 | 0 | 21,868 | 0 | | 70.00 |
| 71.00 | CLINICAL GERIATRICS | 90.10 | 0 | 1,890 | 0 | | 71.00 |
| 72.00 | SLEEP LAB | 90.11 | 0 | 55,967 | 0 | | 72.00 |
| 73.00 | OP CARE ADULTS | 90.12 | 0 | 71,860 | 0 | | 73.00 |
| 74.00 | ARTHRITIS CLINIC | 90.14 | 0 | 23,263 | 0 | | 74.00 |
| 75.00 | PHYSICAL MEDICINE | 90.17 | 0 | 231,240 | 0 | | 75.00 |
| 76.00 | DERMATOLOGY CLINIC | 90.18 | 0 | 149,052 | 0 | | 76.00 |
| 77.00 | INFUSION/HEM/ONC | 90.19 | 0 | 92,655 | 0 | | 77.00 |
| 78.00 | IUMG - MH | 90.20 | 0 | 103,534 | 0 | | 78.00 |
| 79.00 | OP REHAB CLINIC | 90.21 | 0 | 40,091 | 0 | | 79.00 |
| 80.00 | EATING DISORDERS CLINIC | 90.22 | 0 | 198,334 | 0 | | 80.00 |
| 81.00 | GASTROENTEROLOGY CLINIC | 90.23 | 0 | 134,267 | 0 | | 81.00 |
| 82.00 | EMERGENCY | 91.00 | 0 | 3,978,943 | 0 | | 82.00 |
| 83.00 | HOME PROGRAM DIALYSIS | 94.00 | 0 | 163,965 | 0 | | 83.00 |
| 84.00 | AMBULANCE SERVICES | 95.00 | 0 | 1,281,672 | 0 | | 84.00 |
| 85.00 | HOME HEALTH AGENCY | 101.00 | 0 | 5,125,731 | 0 | | 85.00 |
| 86.00 | KIDNEY ACQUISITION | 105.00 | 0 | 838,521 | 0 | | 86.00 |
| 87.00 | HEART ACQUISITION | 106.00 | 0 | 98,760 | 0 | | 87.00 |
| 88.00 | LIVER ACQUISITION | 107.00 | 0 | 205,727 | 0 | | 88.00 |
| 89.00 | LUNG ACQUISITION | 108.00 | 0 | 128,793 | 0 | | 89.00 |
| 90.00 | PANCREAS ACQUISITION | 109.00 | 0 | 64,161 | 0 | | 90.00 |
| 91.00 | INTESTINE ACQUISITION | 110.00 | 0 | 51,383 | 0 | | 91.00 |
| 92.00 | OTHER ORGAN ACQUISITION | 112.00 | 0 | 22,701 | 0 | | 92.00 |
| 93.00 | RESEARCH | 191.00 | 0 | 638,521 | 0 | | 93.00 |
| 94.00 | OSA | 191.02 | 0 | 249,380 | 0 | | 94.00 |
| 95.00 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 0 | 25,770 | 0 | | 95.00 |
| 96.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 1,656,509 | 0 | | 96.00 |
| 97.00 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 689,231 | 0 | | 97.00 |
| 98.00 | PHYSICIANS' PRIVATE OFFICES | 192.03 | 0 | 26 | 0 | | 98.00 |
| 99.00 | MHH RADIOLOGY | 192.04 | 0 | 18,587 | 0 | | 99.00 |
| 100.00 | BELTWAY SURGERY | 192.06 | 0 | 2,365 | 0 | | 100.00 |
| 101.00 | RHI | 192.07 | 0 | 44,311 | 0 | | 101.00 |
| 102.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 803,594 | 0 | | 102.00 |
| 103.00 | ARTHRITIS CLINIC - NR | 192.09 | 0 | 2,917 | 0 | | 103.00 |
| 104.00 | CARDIO PHYSICIANS | 192.10 | 0 | 169,073 | 0 | | 104.00 |
| | TOTALS | | 0 | 117,198,117 | | | |
| | B - CONTRACT LABOR | | | | | | |
| 1.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 34,636 | 0 | 0 | | 1.00 |
| 2.00 | DIETARY | 10.00 | 132,955 | 0 | 0 | | 2.00 |
| 3.00 | SOCIAL SERVICE | 17.00 | 1,923,813 | 0 | 0 | | 3.00 |
| 4.00 | ADULTS & PEDIATRICS | 30.00 | 1,132 | 0 | 0 | | 4.00 |
| 5.00 | RH PED IC | 34.04 | 2,184 | 0 | 0 | | 5.00 |
| 6.00 | OPERATING ROOM | 50.00 | 170,791 | 0 | 0 | | 6.00 |
| 7.00 | RECOVERY ROOM | 51.00 | 134,051 | 0 | 0 | | 7.00 |
| 8.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 3,908 | 0 | | 8.00 |
| 9.00 | RESPIRATORY THERAPY | 65.00 | 190,252 | 0 | 0 | | 9.00 |
| 10.00 | ELECTROCARDIOLOGY | 69.00 | 11,762 | 0 | 0 | | 10.00 |
| 11.00 | CARDIAC CATHERIZATION | 76.03 | 36,413 | 0 | 0 | | 11.00 |
| 12.00 | IUSCC HEM/ONC | 90.02 | 115,659 | 0 | 0 | | 12.00 |
| 13.00 | OUTPATIENT SURGERY | 90.06 | 6,934 | 0 | 0 | | 13.00 |
| 14.00 | PHYSICAL MEDICINE | 90.17 | 107,808 | 0 | 0 | | 14.00 |
| 15.00 | GASTROENTEROLOGY CLINIC | 90.23 | 35,387 | 0 | 0 | | 15.00 |
| 16.00 | AMBULANCE SERVICES | 95.00 | 26,273 | 0 | 0 | | 16.00 |
| 17.00 | HOME HEALTH AGENCY | 101.00 | 398,014 | 0 | 0 | | 17.00 |
| 18.00 | OTHER ORGAN ACQUISITION | 112.00 | 7,338 | 0 | 0 | | 18.00 |
| 19.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 44,780 | 0 | 0 | | 19.00 |
| 20.00 | CARDIO PHYSICIANS | 192.10 | 80,317 | 0 | 0 | | 20.00 |
| | TOTALS | | 3,460,499 | 3,908 | | | |
| | C - DEPRECIATION | | | | | | |
| 1.00 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 24,532 | 9 | | 1.00 |
| 2.00 | PURCHASING, RECEIVING, & STORES | 5.03 | 0 | 166,052 | 9 | | 2.00 |
| 3.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 1,469,010 | 0 | | 3.00 |
| 4.00 | MAINTENANCE & REPAIRS | 6.00 | 0 | 14,311 | 0 | | 4.00 |
| 5.00 | OPERATION OF PLANT | 7.00 | 0 | 63,312 | 0 | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | 8.00 | 0 | 1,027 | 0 | | 6.00 |
| 7.00 | DIETARY | 10.00 | 0 | 128,476 | 0 | | 7.00 |
| 8.00 | NURSING ADMINISTRATION | 13.00 | 0 | 205,854 | 0 | | 8.00 |
| 9.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 516,478 | 0 | | 9.00 |
| 10.00 | PHARMACY | 15.00 | 0 | 1,641,368 | 0 | | 10.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 11.00 | SOCIAL SERVICE | 17.00 | 0 | 1,854 | 0 | | 11.00 |
| 12.00 | PATIENT TRANSPORTATION | 18.00 | 0 | 56,491 | 0 | | 12.00 |
| 13.00 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 12,918 | 0 | | 13.00 |
| 14.00 | PARAMED ED HEALTH SCIENCES | 23.01 | 0 | 16,650 | 0 | | 14.00 |
| 15.00 | PARAMED RESPIRATORY THERAPY | 23.03 | 0 | 16,746 | 0 | | 15.00 |
| 16.00 | PARAMED PHARMACY | 23.07 | 0 | 2,283 | 0 | | 16.00 |
| 17.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 4,113,834 | 0 | | 17.00 |
| 18.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 179,765 | 0 | | 18.00 |
| 19.00 | CORONARY CARE UNIT | 32.00 | 0 | 77,748 | 0 | | 19.00 |
| 20.00 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 0 | 112,846 | 0 | | 20.00 |
| 21.00 | BURN INTENSIVE CARE UNIT | 33.00 | 0 | 21,835 | 0 | | 21.00 |
| 22.00 | UH SURG 6IC | 34.02 | 0 | 101,964 | 0 | | 22.00 |
| 23.00 | UH NS 3IC | 34.03 | 0 | 4,279 | 0 | | 23.00 |
| 24.00 | RH PED IC | 34.04 | 0 | 130,819 | 0 | | 24.00 |
| 25.00 | TRANSPLANT ICU | 34.05 | 0 | 1,200 | 0 | | 25.00 |
| 26.00 | PEDS CANCER CARE | 34.06 | 0 | 427,036 | 0 | | 26.00 |
| 27.00 | SUBPROVIDER - IPF | 40.00 | 0 | 10,002 | 0 | | 27.00 |
| 28.00 | NURSERY | 43.00 | 0 | 28,225 | 0 | | 28.00 |
| 29.00 | OPERATING ROOM | 50.00 | 0 | 8,458,765 | 0 | | 29.00 |
| 30.00 | ENDOSCOPY | 50.01 | 0 | 248,343 | 0 | | 30.00 |
| 31.00 | RECOVERY ROOM | 51.00 | 0 | 133,822 | 0 | | 31.00 |
| 32.00 | ANESTHESIOLOGY | 53.00 | 0 | 573,824 | 0 | | 32.00 |
| 33.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 177,450 | 0 | | 33.00 |
| 34.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 9,026,658 | 0 | | 34.00 |
| 35.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 1,029,943 | 0 | | 35.00 |
| 36.00 | RADIOISOTOPE | 56.00 | 0 | 183,829 | 0 | | 36.00 |
| 37.00 | LABORATORY | 60.00 | 0 | 1,563,279 | 0 | | 37.00 |
| 38.00 | TRANSPLANT IMMUNOLOGY | 60.01 | 0 | 13,459 | 0 | | 38.00 |
| 39.00 | BONE MARROW TRANSPLANT LAB | 60.02 | 0 | 120,361 | 0 | | 39.00 |
| 40.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0 | 55,441 | 0 | | 40.00 |
| 41.00 | RESPIRATORY THERAPY | 65.00 | 0 | 766,781 | 0 | | 41.00 |
| 42.00 | PHYSICAL THERAPY | 66.00 | 0 | 186,871 | 0 | | 42.00 |
| 43.00 | OCCUPATIONAL THERAPY | 67.00 | 0 | 16,947 | 0 | | 43.00 |
| 44.00 | SPEECH PATHOLOGY | 68.00 | 0 | 195,627 | 0 | | 44.00 |
| 45.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 223,713 | 0 | | 45.00 |
| 46.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 454,132 | 0 | | 46.00 |
| 47.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 191,276 | 0 | | 47.00 |
| 48.00 | RENAL DIALYSIS | 74.00 | 0 | 220,671 | 0 | | 48.00 |
| 49.00 | RH NBN ECMO IC | 76.00 | 0 | 25,143 | 0 | | 49.00 |
| 50.00 | CARDIOLOGY | 76.01 | 0 | 943,409 | 0 | | 50.00 |
| 51.00 | PSYCH OTHER ANCILLARY | 76.02 | 0 | 4,515 | 0 | | 51.00 |
| 52.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 398,481 | 0 | | 52.00 |
| 53.00 | DAY SURGERY | 76.04 | 0 | 29,228 | 0 | | 53.00 |
| 54.00 | CARDIAC REHABILITATION | 76.97 | 0 | 1,196 | 0 | | 54.00 |
| 55.00 | AMB SVC-OB & GYN | 90.01 | 0 | 80,693 | 0 | | 55.00 |
| 56.00 | IUSCC HEM/ONC | 90.02 | 0 | 3,353,846 | 0 | | 56.00 |
| 57.00 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 214,298 | 0 | | 57.00 |
| 58.00 | AMB SVC-PSYCH ADULT | 90.04 | 0 | 39,023 | 0 | | 58.00 |
| 59.00 | OUTPATIENT SURGERY | 90.06 | 0 | 145,520 | 0 | | 59.00 |
| 60.00 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 221,136 | 0 | | 60.00 |
| 61.00 | MOTILITY LAB | 90.08 | 0 | 23,132 | 0 | | 61.00 |
| 62.00 | CLINICAL GERIATRICS | 90.10 | 0 | 2,725 | 0 | | 62.00 |
| 63.00 | OP CARE ADULTS | 90.12 | 0 | 2,202 | 0 | | 63.00 |
| 64.00 | ARTHRITIS CLINIC | 90.14 | 0 | 2,644 | 0 | | 64.00 |
| 65.00 | PHYSICAL MEDICINE | 90.17 | 0 | 6,308 | 0 | | 65.00 |
| 66.00 | DERMATOLOGY CLINIC | 90.18 | 0 | 56,804 | 0 | | 66.00 |
| 67.00 | INFUSION/HEM/ONC | 90.19 | 0 | 26,500 | 0 | | 67.00 |
| 68.00 | IUMG - MH | 90.20 | 0 | 2,375 | 0 | | 68.00 |
| 69.00 | OP REHAB CLINIC | 90.21 | 0 | 1,417 | 0 | | 69.00 |
| 70.00 | EATING DISORDERS CLINIC | 90.22 | 0 | 21,280 | 0 | | 70.00 |
| 71.00 | EMERGENCY | 91.00 | 0 | 297,140 | 0 | | 71.00 |
| 72.00 | HOME PROGRAM DIALYSIS | 94.00 | 0 | 61,472 | 0 | | 72.00 |
| 73.00 | AMBULANCE SERVICES | 95.00 | 0 | 2,208,601 | 0 | | 73.00 |
| 74.00 | HOME HEALTH AGENCY | 101.00 | 0 | 456,658 | 0 | | 74.00 |
| 75.00 | KIDNEY ACQUISITION | 105.00 | 0 | 484,507 | 0 | | 75.00 |
| 76.00 | HEART ACQUISITION | 106.00 | 0 | 1,070 | 0 | | 76.00 |
| 77.00 | LIVER ACQUISITION | 107.00 | 0 | 8,083 | 0 | | 77.00 |
| 78.00 | LUNG ACQUISITION | 108.00 | 0 | 2,384 | 0 | | 78.00 |
| 79.00 | OTHER ORGAN ACQUISITION | 112.00 | 0 | 6,445 | 0 | | 79.00 |
| 80.00 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 190.00 | 0 | 639 | 0 | | 80.00 |
| 81.00 | RESEARCH | 191.00 | 0 | 52,342 | 0 | | 81.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 82.00 | OSA | 191.02 | 0 | 28,691 | 0 | | 82.00 |
| 83.00 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 0 | 1,745 | 0 | | 83.00 |
| 84.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 429,069 | 0 | | 84.00 |
| 85.00 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 802,920 | 0 | | 85.00 |
| 86.00 | BELTWAY SURGERY | 192.06 | 0 | 929 | 0 | | 86.00 |
| 87.00 | RHI | 192.07 | 0 | 2,144 | 0 | | 87.00 |
| 88.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 672,028 | 0 | | 88.00 |
| 89.00 | ARTHRITIS CLINIC - NR | 192.09 | 0 | 2,506 | 0 | | 89.00 |
| 90.00 | CARDIO PHYSICIANS | 192.10 | 0 | 28,534 | 0 | | 90.00 |
| | TOTALS | | 0 | 44,537,889 | | | |
| | D - DEPRECIATION ALLOCATION | | | | | | |
| 1.00 | NURSING ADMINISTRATION | 13.00 | 0 | 19,177 | 9 | | 1.00 |
| 2.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 163,686 | 0 | | 2.00 |
| 3.00 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 0 | 273 | 0 | | 3.00 |
| 4.00 | BURN INTENSIVE CARE UNIT | 33.00 | 0 | 1,741 | 0 | | 4.00 |
| 5.00 | UH NS 3IC | 34.03 | 0 | 389 | 0 | | 5.00 |
| 6.00 | ANESTHESIOLOGY | 53.00 | 0 | 17,666 | 0 | | 6.00 |
| 7.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 8,132 | 0 | | 7.00 |
| 8.00 | CARDIOLOGY | 76.01 | 0 | 35,715 | 0 | | 8.00 |
| 9.00 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 9,793 | 0 | | 9.00 |
| 10.00 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 67,486 | 0 | | 10.00 |
| 11.00 | CLINICAL GERIATRICS | 90.10 | 0 | 320 | 0 | | 11.00 |
| 12.00 | ARTHRITIS CLINIC | 90.14 | 0 | 2,456 | 0 | | 12.00 |
| 13.00 | INFUSION/HEM/ONC | 90.19 | 0 | 135 | 0 | | 13.00 |
| 14.00 | EMERGENCY | 91.00 | 0 | 618,691 | 0 | | 14.00 |
| 15.00 | KIDNEY ACQUISITION | 105.00 | 0 | 22,095 | 0 | | 15.00 |
| 16.00 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 160,252 | 0 | | 16.00 |
| 17.00 | BELTWAY SURGERY | 192.06 | 0 | 186 | 0 | | 17.00 |
| 18.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 36,623 | 0 | | 18.00 |
| 19.00 | ARTHRITIS CLINIC - NR | 192.09 | 0 | 12,530 | 0 | | 19.00 |
| 20.00 | NEW CAP REL COSTS-MVBLE EQUIP | 2.00 | 0 | 8,355,928 | 9 | | 20.00 |
| 21.00 | | 0.00 | 0 | 0 | 0 | | 21.00 |
| 22.00 | | 0.00 | 0 | 0 | 0 | | 22.00 |
| 23.00 | | 0.00 | 0 | 0 | 0 | | 23.00 |
| 24.00 | | 0.00 | 0 | 0 | 0 | | 24.00 |
| 25.00 | | 0.00 | 0 | 0 | 0 | | 25.00 |
| 26.00 | | 0.00 | 0 | 0 | 0 | | 26.00 |
| 27.00 | | 0.00 | 0 | 0 | 0 | | 27.00 |
| 28.00 | | 0.00 | 0 | 0 | 0 | | 28.00 |
| 29.00 | | 0.00 | 0 | 0 | 0 | | 29.00 |
| 30.00 | | 0.00 | 0 | 0 | 0 | | 30.00 |
| 31.00 | | 0.00 | 0 | 0 | 0 | | 31.00 |
| 32.00 | | 0.00 | 0 | 0 | 0 | | 32.00 |
| 33.00 | | 0.00 | 0 | 0 | 0 | | 33.00 |
| 34.00 | | 0.00 | 0 | 0 | 0 | | 34.00 |
| 35.00 | | 0.00 | 0 | 0 | 0 | | 35.00 |
| 36.00 | | 0.00 | 0 | 0 | 0 | | 36.00 |
| 37.00 | | 0.00 | 0 | 0 | 0 | | 37.00 |
| 38.00 | | 0.00 | 0 | 0 | 0 | | 38.00 |
| 39.00 | | 0.00 | 0 | 0 | 0 | | 39.00 |
| 40.00 | | 0.00 | 0 | 0 | 0 | | 40.00 |
| 41.00 | | 0.00 | 0 | 0 | 0 | | 41.00 |
| 42.00 | | 0.00 | 0 | 0 | 0 | | 42.00 |
| 43.00 | | 0.00 | 0 | 0 | 0 | | 43.00 |
| 45.00 | | 0.00 | 0 | 0 | 0 | | 45.00 |
| 46.00 | | 0.00 | 0 | 0 | 0 | | 46.00 |
| 47.00 | | 0.00 | 0 | 0 | 0 | | 47.00 |
| 48.00 | | 0.00 | 0 | 0 | 0 | | 48.00 |
| 49.00 | | 0.00 | 0 | 0 | 0 | | 49.00 |
| 50.00 | | 0.00 | 0 | 0 | 0 | | 50.00 |
| 51.00 | | 0.00 | 0 | 0 | 0 | | 51.00 |
| 52.00 | | 0.00 | 0 | 0 | 0 | | 52.00 |
| 53.00 | | 0.00 | 0 | 0 | 0 | | 53.00 |
| 54.00 | | 0.00 | 0 | 0 | 0 | | 54.00 |
| 55.00 | | 0.00 | 0 | 0 | 0 | | 55.00 |
| 56.00 | | 0.00 | 0 | 0 | 0 | | 56.00 |
| 57.00 | | 0.00 | 0 | 0 | 0 | | 57.00 |
| | TOTALS | | 0 | 9,533,274 | | | |
| | E - DRUGS | | | | | | |
| 1.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 10,601 | 0 | | 1.00 |
| 2.00 | DIETARY | 10.00 | 0 | 193 | 0 | | 2.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | |
|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| 3.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 14,411 | 0 | 3.00 |
| 4.00 | SOCIAL SERVICE | 17.00 | 0 | 131 | 0 | 4.00 |
| 5.00 | PATIENT TRANSPORTATION | 18.00 | 0 | 210 | 0 | 5.00 |
| 6.00 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 1,721 | 0 | 6.00 |
| 7.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 26,660 | 0 | 7.00 |
| 8.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 2,612 | 0 | 8.00 |
| 9.00 | CORONARY CARE UNIT | 32.00 | 0 | 2,584 | 0 | 9.00 |
| 10.00 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 0 | 391 | 0 | 10.00 |
| 11.00 | BURN INTENSIVE CARE UNIT | 33.00 | 0 | 546 | 0 | 11.00 |
| 12.00 | UH SURG 6IC | 34.02 | 0 | 1,233 | 0 | 12.00 |
| 13.00 | RH PED IC | 34.04 | 0 | 2,619 | 0 | 13.00 |
| 14.00 | TRANSPLANT ICU | 34.05 | 0 | 74 | 0 | 14.00 |
| 15.00 | PEDS CANCER CARE | 34.06 | 0 | 102 | 0 | 15.00 |
| 16.00 | SUBPROVIDER - IPF | 40.00 | 0 | 119 | 0 | 16.00 |
| 17.00 | NURSERY | 43.00 | 0 | 303 | 0 | 17.00 |
| 18.00 | OPERATING ROOM | 50.00 | 0 | 576,088 | 0 | 18.00 |
| 19.00 | ENDOSCOPY | 50.01 | 0 | 314 | 0 | 19.00 |
| 20.00 | RECOVERY ROOM | 51.00 | 0 | 111 | 0 | 20.00 |
| 21.00 | ANESTHESIOLOGY | 53.00 | 0 | 509,778 | 0 | 21.00 |
| 22.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 27,156 | 0 | 22.00 |
| 23.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 291,654 | 0 | 23.00 |
| 24.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 3,697 | 0 | 24.00 |
| 25.00 | RADIOISOTOPE | 56.00 | 0 | 173,885 | 0 | 25.00 |
| 26.00 | CARDIAC CATHETERIZATION | 59.00 | 0 | 46,984 | 0 | 26.00 |
| 27.00 | BONE MARROW TRANSPLANT LAB | 60.02 | 0 | 19,946 | 0 | 27.00 |
| 28.00 | RESPIRATORY THERAPY | 65.00 | 0 | 563 | 0 | 28.00 |
| 29.00 | PHYSICAL THERAPY | 66.00 | 0 | 16,668 | 0 | 29.00 |
| 30.00 | SPEECH PATHOLOGY | 68.00 | 0 | 10,251 | 0 | 30.00 |
| 31.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 651 | 0 | 31.00 |
| 32.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 18 | 0 | 32.00 |
| 33.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 43,216,847 | 0 | 33.00 |
| 34.00 | RENAL DIALYSIS | 74.00 | 0 | 1,442,632 | 0 | 34.00 |
| 35.00 | CARDIOLOGY | 76.01 | 0 | 23,919 | 0 | 35.00 |
| 36.00 | PSYCH OTHER ANCILLARY | 76.02 | 0 | 15 | 0 | 36.00 |
| 37.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 14,188 | 0 | 37.00 |
| 38.00 | DAY SURGERY | 76.04 | 0 | 1,138 | 0 | 38.00 |
| 39.00 | AMB SVC-OB & GYN | 90.01 | 0 | 242,514 | 0 | 39.00 |
| 40.00 | IUSCC HEM/ONC | 90.02 | 0 | 45,307,463 | 0 | 40.00 |
| 41.00 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 489,011 | 0 | 41.00 |
| 42.00 | AMB SVC-PSYCH ADULT | 90.04 | 0 | 472 | 0 | 42.00 |
| 43.00 | OUTPATIENT SURGERY | 90.06 | 0 | 14,507 | 0 | 43.00 |
| 44.00 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 746,731 | 0 | 44.00 |
| 45.00 | MOTILITY LAB | 90.08 | 0 | 9 | 0 | 45.00 |
| 46.00 | CLINICAL GERIATRICS | 90.10 | 0 | 548 | 0 | 46.00 |
| 47.00 | OP CARE ADULTS | 90.12 | 0 | 4,194 | 0 | 47.00 |
| 48.00 | ARTHRITIS CLINIC | 90.14 | 0 | 6,124,753 | 0 | 48.00 |
| 49.00 | PHYSICAL MEDICINE | 90.17 | 0 | 164,259 | 0 | 49.00 |
| 50.00 | DERMATOLOGY CLINIC | 90.18 | 0 | 16,096 | 0 | 50.00 |
| 51.00 | IUMG - MH | 90.20 | 0 | 1,297 | 0 | 51.00 |
| 52.00 | OP REHAB CLINIC | 90.21 | 0 | 266,190 | 0 | 52.00 |
| 53.00 | EATING DISORDERS CLINIC | 90.22 | 0 | 32 | 0 | 53.00 |
| 54.00 | GASTROENTEROLOGY CLINIC | 90.23 | 0 | 56,130 | 0 | 54.00 |
| 55.00 | EMERGENCY | 91.00 | 0 | 17,434 | 0 | 55.00 |
| 56.00 | HOME PROGRAM DIALYSIS | 94.00 | 0 | 853,187 | 0 | 56.00 |
| 57.00 | AMBULANCE SERVICES | 95.00 | 0 | 56,684 | 0 | 57.00 |
| 58.00 | HOME HEALTH AGENCY | 101.00 | 0 | 627,207 | 0 | 58.00 |
| 59.00 | KIDNEY ACQUISITION | 105.00 | 0 | 28,147 | 0 | 59.00 |
| 60.00 | HEART ACQUISITION | 106.00 | 0 | 11,950 | 0 | 60.00 |
| 61.00 | LIVER ACQUISITION | 107.00 | 0 | 10,428 | 0 | 61.00 |
| 62.00 | LUNG ACQUISITION | 108.00 | 0 | 104,838 | 0 | 62.00 |
| 63.00 | RESEARCH | 191.00 | 0 | 5,437 | 0 | 63.00 |
| 64.00 | RESEARCH-GCRC | 191.01 | 0 | 1,884 | 0 | 64.00 |
| 65.00 | OSA | 191.02 | 0 | 835 | 0 | 65.00 |
| 66.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 5,134,245 | 0 | 66.00 |
| 67.00 | RHI | 192.07 | 0 | 375 | 0 | 67.00 |
| 68.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 644 | 0 | 68.00 |
| 69.00 | ARTHRITIS CLINIC - NR | 192.09 | 0 | 1,248,194 | 0 | 69.00 |
| 70.00 | CARDIO PHYSICIANS | 192.10 | 0 | 7,091 | 0 | 70.00 |
| | TOTALS | | 0 | 107,983,799 | | |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| | F - BILLABLE DRUGS | | | | | | |
| 1.00 | PHARMACY | 15.00 | 0 | 137,297,780 | 0 | | 1.00 |
| | TOTALS | | 0 | 137,297,780 | | | |
| | G - SUPPLIES | | | | | | |
| 1.00 | PURCHASING, RECEIVING, & STORES | 5.03 | 0 | 281,938 | 0 | | 1.00 |
| 2.00 | ADMITTING | 5.04 | 0 | 121 | 0 | | 2.00 |
| 3.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 214,672 | 0 | | 3.00 |
| 4.00 | MAINTENANCE & REPAIRS | 6.00 | 0 | 24,320 | 0 | | 4.00 |
| 5.00 | OPERATION OF PLANT | 7.00 | 0 | 5,925 | 0 | | 5.00 |
| 6.00 | LAUNDRY & LINEN SERVICE | 8.00 | 0 | 86,798 | 0 | | 6.00 |
| 7.00 | HOUSEKEEPING - METHODIST | 9.03 | 0 | 3,774 | 0 | | 7.00 |
| 8.00 | DIETARY | 10.00 | 0 | 109,577 | 0 | | 8.00 |
| 9.00 | NURSING ADMINISTRATION | 13.00 | 0 | 22,394 | 0 | | 9.00 |
| 10.00 | PHARMACY | 15.00 | 0 | 2,198,345 | 0 | | 10.00 |
| 11.00 | SOCIAL SERVICE | 17.00 | 0 | 1,267 | 0 | | 11.00 |
| 12.00 | PATIENT TRANSPORTATION | 18.00 | 0 | 5,228 | 0 | | 12.00 |
| 13.00 | I&R SERVICES-SALARY & FRINGES APPRVD | 21.00 | 0 | 52 | 0 | | 13.00 |
| 14.00 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 9,858 | 0 | | 14.00 |
| 15.00 | PARAMED ED HEALTH SCIENCES | 23.01 | 0 | 63 | 0 | | 15.00 |
| 16.00 | PARAMED RESPIRATORY THERAPY | 23.03 | 0 | 3,781 | 0 | | 16.00 |
| 17.00 | PARAMED LAB SCIENCE PRO | 23.06 | 0 | 7,258 | 0 | | 17.00 |
| 18.00 | PARAMED SURGERY TECHNOLOGY | 23.09 | 0 | 338 | 0 | | 18.00 |
| 19.00 | PARAMED PHARMACY TECH | 23.10 | 0 | 2,491 | 0 | | 19.00 |
| 20.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 14,567,785 | 0 | | 20.00 |
| 21.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 2,120,150 | 0 | | 21.00 |
| 22.00 | CORONARY CARE UNIT | 32.00 | 0 | 2,056,826 | 0 | | 22.00 |
| 23.00 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 0 | 365,011 | 0 | | 23.00 |
| 24.00 | BURN INTENSIVE CARE UNIT | 33.00 | 0 | 143,057 | 0 | | 24.00 |
| 25.00 | UH SURG 6IC | 34.02 | 0 | 1,011,417 | 0 | | 25.00 |
| 26.00 | CARDIO PHYSICIANS | 192.10 | 0 | 21,314 | 0 | | 26.00 |
| 27.00 | RH PED IC | 34.04 | 0 | 1,087,372 | 0 | | 27.00 |
| 28.00 | TRANSPLANT ICU | 34.05 | 0 | 411,092 | 0 | | 28.00 |
| 29.00 | PEDS CANCER CARE | 34.06 | 0 | 102,722 | 0 | | 29.00 |
| 30.00 | SUBPROVIDER - IPF | 40.00 | 0 | 55,107 | 0 | | 30.00 |
| 31.00 | NURSERY | 43.00 | 0 | 196,129 | 0 | | 31.00 |
| 32.00 | OPERATING ROOM | 50.00 | 0 | 87,904,422 | 0 | | 32.00 |
| 33.00 | ENDOSCOPY | 50.01 | 0 | 607,864 | 0 | | 33.00 |
| 34.00 | RECOVERY ROOM | 51.00 | 0 | 485,141 | 0 | | 34.00 |
| 35.00 | ANESTHESIOLOGY | 53.00 | 0 | 3,585,391 | 0 | | 35.00 |
| 36.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 256,821 | 0 | | 36.00 |
| 37.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 12,831,617 | 0 | | 37.00 |
| 38.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 379,096 | 0 | | 38.00 |
| 39.00 | RADIOISOTOPE | 56.00 | 0 | 4,289,719 | 0 | | 39.00 |
| 40.00 | CARDIAC CATHETERIZATION | 59.00 | 0 | 4,627,617 | 0 | | 40.00 |
| 41.00 | LABORATORY | 60.00 | 0 | 25,850,160 | 0 | | 41.00 |
| 42.00 | TRANSPLANT IMMUNOLOGY | 60.01 | 0 | 1,141,349 | 0 | | 42.00 |
| 43.00 | BONE MARROW TRANSPLANT LAB | 60.02 | 0 | 901,410 | 0 | | 43.00 |
| 44.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0 | 13,141,692 | 0 | | 44.00 |
| 45.00 | RESPIRATORY THERAPY | 65.00 | 0 | 3,927,867 | 0 | | 45.00 |
| 46.00 | PHYSICAL THERAPY | 66.00 | 0 | 742,693 | 0 | | 46.00 |
| 47.00 | OCCUPATIONAL THERAPY | 67.00 | 0 | 91,917 | 0 | | 47.00 |
| 48.00 | SPEECH PATHOLOGY | 68.00 | 0 | 2,184,878 | 0 | | 48.00 |
| 49.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 62,995 | 0 | | 49.00 |
| 50.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 300,580 | 0 | | 50.00 |
| 51.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0 | 166,263 | 0 | | 51.00 |
| 52.00 | RENAL DIALYSIS | 74.00 | 0 | 2,105,644 | 0 | | 52.00 |
| 53.00 | RH NBN ECMO IC | 76.00 | 0 | 98,462 | 0 | | 53.00 |
| 54.00 | CARDIOLOGY | 76.01 | 0 | 6,637,522 | 0 | | 54.00 |
| 55.00 | PSYCH OTHER ANCILLARY | 76.02 | 0 | 23,438 | 0 | | 55.00 |
| 56.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 5,369,883 | 0 | | 56.00 |
| 57.00 | DAY SURGERY | 76.04 | 0 | 492,144 | 0 | | 57.00 |
| 58.00 | CARDIAC REHABILITATION | 76.97 | 0 | 3,407 | 0 | | 58.00 |
| 59.00 | AMB SVC-OB & GYN | 90.01 | 0 | 92,095 | 0 | | 59.00 |
| 60.00 | IUSCC HEM/ONC | 90.02 | 0 | 1,611,789 | 0 | | 60.00 |
| 61.00 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 6,731 | 0 | | 61.00 |
| 62.00 | AMB SVC-PSYCH ADULT | 90.04 | 0 | 805 | 0 | | 62.00 |
| 63.00 | AMB SVC-DIABETES ADULT | 90.05 | 0 | 119 | 0 | | 63.00 |
| 64.00 | OUTPATIENT SURGERY | 90.06 | 0 | 55,402 | 0 | | 64.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 65.00 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 272,780 | 0 | | 65.00 |
| 66.00 | MOTILITY LAB | 90.08 | 0 | 65,721 | 0 | | 66.00 |
| 67.00 | CLINICAL GERIATRICS | 90.10 | 0 | 935 | 0 | | 67.00 |
| 68.00 | SLEEP LAB | 90.11 | 0 | 6,651 | 0 | | 68.00 |
| 69.00 | OP CARE ADULTS | 90.12 | 0 | 9,121 | 0 | | 69.00 |
| 70.00 | ARTHRITIS CLINIC | 90.14 | 0 | 22,335 | 0 | | 70.00 |
| 71.00 | PHYSICAL MEDICINE | 90.17 | 0 | 17,305 | 0 | | 71.00 |
| 72.00 | DERMATOLOGY CLINIC | 90.18 | 0 | 101,433 | 0 | | 72.00 |
| 73.00 | INFUSION/HEM/ONC | 90.19 | 0 | 44,617 | 0 | | 73.00 |
| 74.00 | IUMG - MH | 90.20 | 0 | 19,307 | 0 | | 74.00 |
| 75.00 | OP REHAB CLINIC | 90.21 | 0 | 802 | 0 | | 75.00 |
| 76.00 | EATING DISORDERS CLINIC | 90.22 | 0 | 2,816 | 0 | | 76.00 |
| 77.00 | GASTROENTEROLOGY CLINIC | 90.23 | 0 | 21,037 | 0 | | 77.00 |
| 78.00 | EMERGENCY | 91.00 | 0 | 3,033,599 | 0 | | 78.00 |
| 79.00 | HOME PROGRAM DIALYSIS | 94.00 | 0 | 1,885,488 | 0 | | 79.00 |
| 80.00 | AMBULANCE SERVICES | 95.00 | 0 | 262,589 | 0 | | 80.00 |
| 81.00 | HOME HEALTH AGENCY | 101.00 | 0 | 329,700 | 0 | | 81.00 |
| 82.00 | KIDNEY ACQUISITION | 105.00 | 0 | 223,237 | 0 | | 82.00 |
| 83.00 | HEART ACQUISITION | 106.00 | 0 | 86 | 0 | | 83.00 |
| 84.00 | LUNG ACQUISITION | 108.00 | 0 | 18 | 0 | | 84.00 |
| 85.00 | OTHER ORGAN ACQUISITION | 112.00 | 0 | 13,488 | 0 | | 85.00 |
| 86.00 | RESEARCH | 191.00 | 0 | 335,830 | 0 | | 86.00 |
| 87.00 | RESEARCH-GCRC | 191.01 | 0 | 35,679 | 0 | | 87.00 |
| 88.00 | OSA | 191.02 | 0 | 11,415 | 0 | | 88.00 |
| 89.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 191,267 | 0 | | 89.00 |
| 90.00 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 23,985 | 0 | | 90.00 |
| 91.00 | RHI | 192.07 | 0 | 92,678 | 0 | | 91.00 |
| 92.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 5,518 | 0 | | 92.00 |
| 93.00 | ARTHRITIS CLINIC - NR | 192.09 | 0 | 4,699 | 0 | | 93.00 |
| | TOTALS | | 0 | 212,127,251 | | | |
| | H - BILLABLE SUPPLIES | | | | | | |
| 1.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 94,761,131 | 0 | | 1.00 |
| | TOTALS | | 0 | 94,761,131 | | | |
| | I - IMPLANTABLE SUPPLIES | | | | | | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0 | 60,197,532 | 0 | | 1.00 |
| | TOTALS | | 0 | 60,197,532 | | | |
| | J - SLEEP LAB | | | | | | |
| 1.00 | HOME HEALTH AGENCY | 101.00 | 2,099,214 | 866,117 | 0 | | 1.00 |
| | TOTALS | | 2,099,214 | 866,117 | | | |
| | K - HOSPICE | | | | | | |
| 1.00 | HOME HEALTH AGENCY | 101.00 | 3,709,354 | 1,978,958 | 0 | | 1.00 |
| | TOTALS | | 3,709,354 | 1,978,958 | | | |
| | L - NURSERY & L&D | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 30.00 | 8,387,806 | 933,250 | 0 | | 1.00 |
| 2.00 | | 0.00 | 0 | 0 | 0 | | 2.00 |
| | TOTALS | | 8,387,806 | 933,250 | | | |
| | M - PARAMED ED | | | | | | |
| 1.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 562,758 | 43,051 | 0 | | 1.00 |
| 2.00 | PHARMACY | 15.00 | 515,649 | 39,447 | 0 | | 2.00 |
| 3.00 | IUSCC HEM/ONC | 90.02 | 2,907 | 222 | 0 | | 3.00 |
| 4.00 | EMERGENCY | 91.00 | 6,488 | 496 | 0 | | 4.00 |
| 5.00 | PHARMACY | 15.00 | 15,788 | 1,208 | 0 | | 5.00 |
| 6.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 17,903 | 1,370 | 0 | | 6.00 |
| 7.00 | HOME HEALTH AGENCY | 101.00 | 5,640 | 431 | 0 | | 7.00 |
| 8.00 | LABORATORY | 60.00 | 221,930 | 16,978 | 0 | | 8.00 |
| 9.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 28,988 | 2,218 | 0 | | 9.00 |
| 10.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 960 | 73 | 0 | | 10.00 |
| 11.00 | RESPIRATORY THERAPY | 65.00 | 80 | 6 | 0 | | 11.00 |
| 12.00 | EMERGENCY | 91.00 | 26,258 | 2,009 | 0 | | 12.00 |
| 13.00 | OPERATING ROOM | 50.00 | 88,052 | 6,736 | 0 | | 13.00 |
| | TOTALS | | 1,493,401 | 114,245 | | | |
| | N - PTO ALLOCATION | | | | | | |
| 1.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 253,229 | 0 | | 1.00 |
| 2.00 | OPERATION OF PLANT | 7.00 | 0 | 35,310 | 0 | | 2.00 |
| 3.00 | DIETARY | 10.00 | 0 | 121,588 | 0 | | 3.00 |
| 4.00 | NURSING ADMINISTRATION | 13.00 | 0 | 232,095 | 0 | | 4.00 |
| 5.00 | CENTRAL SERVICES & SUPPLY | 14.00 | 0 | 40,350 | 0 | | 5.00 |
| 6.00 | PHARMACY | 15.00 | 0 | 411,231 | 0 | | 6.00 |
| 7.00 | MEDICAL RECORDS & LIBRARY | 16.00 | 0 | 5,626 | 0 | | 7.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 8.00 | SOCIAL SERVICE | 17.00 | 0 | 66,417 | 0 | | 8.00 |
| 9.00 | PATIENT TRANSPORTATION | 18.00 | 0 | 30,984 | 0 | | 9.00 |
| 10.00 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 8,038 | 0 | | 10.00 |
| 11.00 | PARAMED ED HEALTH SCIENCES | 23.01 | 0 | 1,496 | 0 | | 11.00 |
| 12.00 | PARAMED RADIOLOGY-METHODIST | 23.02 | 0 | 4,418 | 0 | | 12.00 |
| 13.00 | PARAMED RESPIRATORY THERAPY | 23.03 | 0 | 5,614 | 0 | | 13.00 |
| 14.00 | PARAMED EMERGENCY | 23.04 | 0 | 2,910 | 0 | | 14.00 |
| 15.00 | PARAMED PASTORAL EDUCATION | 23.05 | 0 | 8,270 | 0 | | 15.00 |
| 16.00 | PARAMED LAB SCIENCE PRO | 23.06 | 0 | 3,357 | 0 | | 16.00 |
| 17.00 | PARAMED PHARMACY | 23.07 | 0 | 6,767 | 0 | | 17.00 |
| 18.00 | PARAMED SURGERY TECHNOLOGY | 23.09 | 0 | 2,006 | 0 | | 18.00 |
| 19.00 | PARAMED PHARMACY TECH | 23.10 | 0 | 2,935 | 0 | | 19.00 |
| 20.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 2,088,222 | 0 | | 20.00 |
| 21.00 | INTENSIVE CARE UNIT | 31.00 | 0 | 229,543 | 0 | | 21.00 |
| 22.00 | CORONARY CARE UNIT | 32.00 | 0 | 172,735 | 0 | | 22.00 |
| 23.00 | NEONATAL INTENSIVE CARE UNIT | 32.01 | 0 | 68,531 | 0 | | 23.00 |
| 24.00 | BURN INTENSIVE CARE UNIT | 33.00 | 0 | 20,854 | 0 | | 24.00 |
| 25.00 | UH SURG 6IC | 34.02 | 0 | 65,259 | 0 | | 25.00 |
| 26.00 | RH PED IC | 34.04 | 0 | 130,893 | 0 | | 26.00 |
| 27.00 | TRANSPLANT ICU | 34.05 | 0 | 28,596 | 0 | | 27.00 |
| 28.00 | PEDS CANCER CARE | 34.06 | 0 | 21,492 | 0 | | 28.00 |
| 29.00 | SUBPROVIDER - IPF | 40.00 | 0 | 52,945 | 0 | | 29.00 |
| 30.00 | NURSERY | 43.00 | 0 | 34,901 | 0 | | 30.00 |
| 31.00 | OPERATING ROOM | 50.00 | 0 | 459,528 | 0 | | 31.00 |
| 32.00 | ENDOSCOPY | 50.01 | 0 | 18,838 | 0 | | 32.00 |
| 33.00 | RECOVERY ROOM | 51.00 | 0 | 82,893 | 0 | | 33.00 |
| 34.00 | ANESTHESIOLOGY | 53.00 | 0 | 21,450 | 0 | | 34.00 |
| 35.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 37,277 | 0 | | 35.00 |
| 36.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 354,419 | 0 | | 36.00 |
| 37.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 55,334 | 0 | | 37.00 |
| 38.00 | RADIOISOTOPE | 56.00 | 0 | 12,560 | 0 | | 38.00 |
| 39.00 | LABORATORY | 60.00 | 0 | 441,720 | 0 | | 39.00 |
| 40.00 | TRANSPLANT IMMUNOLOGY | 60.01 | 0 | 14,112 | 0 | | 40.00 |
| 41.00 | BONE MARROW TRANSPLANT LAB | 60.02 | 0 | 15,009 | 0 | | 41.00 |
| 42.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0 | 47,528 | 0 | | 42.00 |
| 43.00 | RESPIRATORY THERAPY | 65.00 | 0 | 296,423 | 0 | | 43.00 |
| 44.00 | PHYSICAL THERAPY | 66.00 | 0 | 147,444 | 0 | | 44.00 |
| 45.00 | OCCUPATIONAL THERAPY | 67.00 | 0 | 33,181 | 0 | | 45.00 |
| 46.00 | SPEECH PATHOLOGY | 68.00 | 0 | 50,422 | 0 | | 46.00 |
| 47.00 | ELECTROCARDIOLOGY | 69.00 | 0 | 40,360 | 0 | | 47.00 |
| 48.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 74,806 | 0 | | 48.00 |
| 49.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0 | 3,560 | 0 | | 49.00 |
| 50.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 117,157 | 0 | | 50.00 |
| 51.00 | RENAL DIALYSIS | 74.00 | 0 | 102,705 | 0 | | 51.00 |
| 52.00 | RH NBN ECMO IC | 76.00 | 0 | 7,821 | 0 | | 52.00 |
| 53.00 | CARDIOLOGY | 76.01 | 0 | 34,019 | 0 | | 53.00 |
| 54.00 | PSYCH OTHER ANCILLARY | 76.02 | 0 | 2,214 | 0 | | 54.00 |
| 55.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 70,359 | 0 | | 55.00 |
| 56.00 | DAY SURGERY | 76.04 | 0 | 59,306 | 0 | | 56.00 |
| 57.00 | CARDIAC REHABILITATION | 76.97 | 0 | 3,311 | 0 | | 57.00 |
| 58.00 | AMB SVC-OB & GYN | 90.01 | 0 | 34,227 | 0 | | 58.00 |
| 59.00 | IUSCC HEM/ONC | 90.02 | 0 | 228,713 | 0 | | 59.00 |
| 60.00 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 3,037 | 0 | | 60.00 |
| 61.00 | AMB SVC-PSYCH ADULT | 90.04 | 0 | 5,878 | 0 | | 61.00 |
| 62.00 | OUTPATIENT SURGERY | 90.06 | 0 | 29,965 | 0 | | 62.00 |
| 63.00 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 58,762 | 0 | | 63.00 |
| 64.00 | MOTILITY LAB | 90.08 | 0 | 1,761 | 0 | | 64.00 |
| 65.00 | CLINICAL GERIATRICS | 90.10 | 0 | 15 | 0 | | 65.00 |
| 66.00 | OP CARE ADULTS | 90.12 | 0 | 3,456 | 0 | | 66.00 |
| 67.00 | ARTHRITIS CLINIC | 90.14 | 0 | 1,004 | 0 | | 67.00 |
| 68.00 | PHYSICAL MEDICINE | 90.17 | 0 | 12,435 | 0 | | 68.00 |
| 69.00 | DERMATOLOGY CLINIC | 90.18 | 0 | 8,779 | 0 | | 69.00 |
| 70.00 | INFUSION/HEM/ONC | 90.19 | 0 | 7,691 | 0 | | 70.00 |
| 71.00 | IUMG - MH | 90.20 | 0 | 6,316 | 0 | | 71.00 |
| 72.00 | OP REHAB CLINIC | 90.21 | 0 | 2,843 | 0 | | 72.00 |
| 73.00 | EATING DISORDERS CLINIC | 90.22 | 0 | 11,652 | 0 | | 73.00 |
| 74.00 | EMERGENCY | 91.00 | 0 | 279,657 | 0 | | 74.00 |
| 75.00 | HOME PROGRAM DIALYSIS | 94.00 | 0 | 13,363 | 0 | | 75.00 |
| 76.00 | AMBULANCE SERVICES | 95.00 | 0 | 100,716 | 0 | | 76.00 |
| 77.00 | KIDNEY ACQUISITION | 105.00 | 0 | 80,461 | 0 | | 77.00 |
| 78.00 | HEART ACQUISITION | 106.00 | 0 | 7,596 | 0 | | 78.00 |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | | |
|---|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | | |
| 79.00 | LIVER ACQUISITION | 107.00 | 0 | 15,135 | 0 | | 79.00 |
| 80.00 | LUNG ACQUISITION | 108.00 | 0 | 9,563 | 0 | | 80.00 |
| 81.00 | PANCREAS ACQUISITION | 109.00 | 0 | 4,805 | 0 | | 81.00 |
| 82.00 | INTESTINE ACQUISITION | 110.00 | 0 | 4,066 | 0 | | 82.00 |
| 83.00 | OTHER ORGAN ACQUISITION | 112.00 | 0 | 3,118 | 0 | | 83.00 |
| 84.00 | RESEARCH | 191.00 | 0 | 40,198 | 0 | | 84.00 |
| 85.00 | OSA | 191.02 | 0 | 23,343 | 0 | | 85.00 |
| 86.00 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 0 | 2,406 | 0 | | 86.00 |
| 87.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 118,201 | 0 | | 87.00 |
| 88.00 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 64,208 | 0 | | 88.00 |
| 89.00 | MHH RADIOLOGY | 192.04 | 0 | 1,509 | 0 | | 89.00 |
| 90.00 | BELTWAY SURGERY | 192.06 | 0 | 1,092 | 0 | | 90.00 |
| 91.00 | RHI | 192.07 | 0 | 2,140 | 0 | | 91.00 |
| 92.00 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 67,635 | 0 | | 92.00 |
| 93.00 | ARTHRITIS CLINIC - NR | 192.09 | 0 | 435 | 0 | | 93.00 |
| 94.00 | CARDIO PHYSICIANS | 192.10 | 0 | 9,067 | 0 | | 94.00 |
| | TOTALS | | 0 | 8,025,616 | | | |
| | O - RENAL ADMIN | | | | | | |
| 1.00 | RENAL DIALYSIS | 74.00 | 135,057 | 15,484 | 0 | | 1.00 |
| | TOTALS | | 135,057 | 15,484 | | | |
| | P - PHONES | | | | | | |
| 1.00 | DIETARY | 10.00 | 0 | 1,239 | 0 | | 1.00 |
| 2.00 | ADULTS & PEDIATRICS | 30.00 | 0 | 6,699 | 0 | | 2.00 |
| 3.00 | OPERATING ROOM | 50.00 | 0 | 4,574 | 0 | | 3.00 |
| 4.00 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 330 | 0 | | 4.00 |
| 5.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 2,500 | 0 | | 5.00 |
| 6.00 | PHYSICAL THERAPY | 66.00 | 0 | 197 | 0 | | 6.00 |
| 7.00 | SPEECH PATHOLOGY | 68.00 | 0 | 198 | 0 | | 7.00 |
| 8.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 82 | 0 | | 8.00 |
| 9.00 | CARDIOLOGY | 76.01 | 0 | 8,452 | 0 | | 9.00 |
| 10.00 | AMB SVC-OB & GYN | 90.01 | 0 | 1,112 | 0 | | 10.00 |
| 11.00 | IUSCC HEM/ONC | 90.02 | 0 | 30,415 | 0 | | 11.00 |
| 12.00 | OUTPATIENT SURGERY | 90.06 | 0 | 36 | 0 | | 12.00 |
| 13.00 | SLEEP LAB | 90.11 | 0 | 710 | 0 | | 13.00 |
| 14.00 | EMERGENCY | 91.00 | 0 | 7,275 | 0 | | 14.00 |
| 15.00 | AMBULANCE SERVICES | 95.00 | 0 | 47 | 0 | | 15.00 |
| 16.00 | HOME HEALTH AGENCY | 101.00 | 0 | 2,047 | 0 | | 16.00 |
| 17.00 | KIDNEY ACQUISITION | 105.00 | 0 | 378 | 0 | | 17.00 |
| 18.00 | LIVER ACQUISITION | 107.00 | 0 | 378 | 0 | | 18.00 |
| 19.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 4,720 | 0 | | 19.00 |
| | TOTALS | | 0 | 71,389 | | | |
| | Q - FQHC NON-REIMBURSABLE | | | | | | |
| 1.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 26,360 | 54,431 | 0 | | 1.00 |
| | TOTALS | | 26,360 | 54,431 | | | |
| | R - ORGANS | | | | | | |
| 1.00 | KIDNEY ACQUISITION | 105.00 | 1,202,367 | 279,891 | 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 |
| | TOTALS | | 1,202,367 | 279,891 | | | |
| | S - PRE-POST TRANSPLANT | | | | | | |
| 1.00 | LUNG ACQUISITION | 108.00 | 467,256 | 60,221 | 0 | | 1.00 |
| 2.00 | KIDNEY ACQUISITION | 105.00 | 1,133,981 | 164,873 | 0 | | 2.00 |
| 3.00 | LIVER ACQUISITION | 107.00 | 918,163 | 113,764 | 0 | | 3.00 |
| 4.00 | HEART ACQUISITION | 106.00 | 421,640 | 51,062 | 0 | | 4.00 |
| 5.00 | PANCREAS ACQUISITION | 109.00 | 100,455 | 17,609 | 0 | | 5.00 |
| 6.00 | INTESTINE ACQUISITION | 110.00 | 263,436 | 27,903 | 0 | | 6.00 |
| | TOTALS | | 3,304,931 | 435,432 | | | |
| | T - ACQUISITION WORK-UP EXP | | | | | | |
| 1.00 | PANCREAS ACQUISITION | 109.00 | 0 | 2,696 | 0 | | 1.00 |
| | TOTALS | | 0 | 2,696 | | | |
| | U - NON-TXPL EMPLOYEES | | | | | | |
| 1.00 | DIETARY | 10.00 | 28,822 | 0 | 0 | | 1.00 |
| 2.00 | SOCIAL SERVICE | 17.00 | 4,548 | 0 | 0 | | 2.00 |
| 3.00 | ADULTS & PEDIATRICS | 30.00 | 4,800 | 0 | 0 | | 3.00 |
| 4.00 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 17,044 | 0 | 0 | | 4.00 |
| | TOTALS | | 55,214 | 0 | | | |

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Decreases | | | | |
|---|---|---|---|---|---|---|
| | Cost Center | Line # | Salary | Other | Wkst. A-7 Ref. | |
| | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | V - ADVERTISING | | | | | |
| 1.00 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 79,125 | 0 | 1.00 |
| 2.00 | NURSING ADMINISTRATION | 13.00 | 0 | 1,378 | 0 | 2.00 |
| 3.00 | PARAMED ED HEALTH SCIENCES | 23.01 | 0 | 3,229 | 0 | 3.00 |
| 4.00 | PARAMED PASTORAL EDUCATION | 23.05 | 0 | 56 | 0 | 4.00 |
| 5.00 | PARAMED PHARMACY | 23.07 | 0 | 953 | 0 | 5.00 |
| 6.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 618 | 0 | 6.00 |
| 7.00 | LABORATORY | 60.00 | 0 | 443 | 0 | 7.00 |
| 8.00 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 1,926 | 0 | 8.00 |
| 9.00 | CARDIAC CATHERIZATION | 76.03 | 0 | 64,728 | 0 | 9.00 |
| 10.00 | DAY SURGERY | 76.04 | 0 | 159 | 0 | 10.00 |
| 11.00 | CARDIAC REHABILITATION | 76.97 | 0 | 1,005 | 0 | 11.00 |
| 12.00 | IUSCC HEM/ONC | 90.02 | 0 | 10 | 0 | 12.00 |
| 13.00 | EATING DISORDERS CLINIC | 90.22 | 0 | 1,783 | 0 | 13.00 |
| 14.00 | EMERGENCY | 91.00 | 0 | 13,782 | 0 | 14.00 |
| 15.00 | AMBULANCE SERVICES | 95.00 | 0 | 25,692 | 0 | 15.00 |
| 16.00 | HOME HEALTH AGENCY | 101.00 | 0 | 3,564 | 0 | 16.00 |
| 17.00 | KIDNEY ACQUISITION | 105.00 | 0 | 1,384 | 0 | 17.00 |
| 18.00 | RESEARCH | 191.00 | 0 | 696 | 0 | 18.00 |
| 19.00 | OSA | 191.02 | 0 | 459,800 | 0 | 19.00 |
| 20.00 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 634,147 | 0 | 20.00 |
| 21.00 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 3,568 | 0 | 21.00 |
| 22.00 | BELTWAY SURGERY | 192.06 | 0 | 223 | 0 | 22.00 |
| | TOTALS | | 0 | 1,298,269 | | |
| 500.00 | Grand Total: Decreases | | 23,874,203 | 797,716,459 | | 500.00 |

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Beginning Balances | Acquisitions: Purchases | Acquisitions: Donation | Acquisitions: Total | Disposals and Retirements | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES | | | | | | |
| 1.00 | Land | 140,152,000 | 0 | 0 | 0 | 195,000 | 1.00 |
| 2.00 | Land Improvements | 38,201,000 | 1,038,000 | 0 | 1,038,000 | 0 | 2.00 |
| 3.00 | Buildings and Fixtures | 1,149,122,000 | 89,323,000 | 0 | 89,323,000 | 0 | 3.00 |
| 4.00 | Building Improvements | 606,044,000 | 13,418,000 | 0 | 13,418,000 | 0 | 4.00 |
| 5.00 | Fixed Equipment | 43,610,000 | 0 | 0 | 0 | 120,000 | 5.00 |
| 6.00 | Movable Equipment | 1,337,230,000 | 42,817,000 | 0 | 42,817,000 | 0 | 6.00 |
| 7.00 | HIT designated Assets | 148,364,394 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Subtotal (sum of lines 1-7) | 3,462,723,394 | 146,596,000 | 0 | 146,596,000 | 315,000 | 8.00 |
| 9.00 | Reconciling Items | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Total (line 8 minus line 9) | 3,462,723,394 | 146,596,000 | 0 | 146,596,000 | 315,000 | 10.00 |

| | | Ending Balance | Fully Depreciated Assets | |
|---|---|---|---|---|
| | | 6.00 | 7.00 | |
| | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES | | | |
| 1.00 | Land | 139,957,000 | 0 | 1.00 |
| 2.00 | Land Improvements | 39,239,000 | 0 | 2.00 |
| 3.00 | Buildings and Fixtures | 1,238,445,000 | 0 | 3.00 |
| 4.00 | Building Improvements | 619,462,000 | 0 | 4.00 |
| 5.00 | Fixed Equipment | 43,490,000 | 0 | 5.00 |
| 6.00 | Movable Equipment | 1,380,047,000 | 0 | 6.00 |
| 7.00 | HIT designated Assets | 148,364,394 | 0 | 7.00 |
| 8.00 | Subtotal (sum of lines 1-7) | 3,609,004,394 | 0 | 8.00 |
| 9.00 | Reconciling Items | 0 | 0 | 9.00 |
| 10.00 | Total (line 8 minus line 9) | 3,609,004,394 | 0 | 10.00 |

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part II | Date/Time Prepared: 6/1/2014 7:02 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 | NEW CAP REL COSTS-BLDG & FIXT | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 1.01 | NEW CAP REL COSTS-INTEREST | 0 | 0 | 0 | 0 | 0 | 1.01 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Total (sum of lines 1-2) | 0 | 0 | 0 | 0 | 0 | 3.00 |

| | Cost Center Description | SUMMARY OF CAPITAL | | | |
|---|---|---|---|---|---|
| | | Other Capital-Related Costs (see instructions) | Total (1) (sum of cols. 9 through 14) | | |
| | | 14.00 | 15.00 | | |
| | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 | | | | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 0 | 0 | | 1.00 |
| 1.01 | NEW CAP REL COSTS-INTEREST | 0 | 0 | | 1.01 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 0 | 0 | | 2.00 |
| 3.00 | Total (sum of lines 1-2) | 0 | 0 | | 3.00 |

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part III | Date/Time Prepared: 6/1/2014 7:02 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 | NEW CAP REL COSTS-BLDG & FIXT | 2,080,593,000 | 0 | 2,080,593,000 | 0.576501 | 0 | 1.00 |
| 1.01 | NEW CAP REL COSTS-INTEREST | 0 | 0 | 0 | 0.000000 | 0 | 1.01 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 1,528,411,394 | 0 | 1,528,411,394 | 0.423499 | 0 | 2.00 |
| 3.00 | Total (sum of lines 1-2) | 3,609,004,394 | 0 | 3,609,004,394 | 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 | NEW CAP REL COSTS-BLDG & FIXT | 0 | 0 | 0 | 38,780,415 | 0 | 1.00 |
| 1.01 | NEW CAP REL COSTS-INTEREST | 0 | 0 | 0 | 0 | 0 | 1.01 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 0 | 0 | 0 | 61,635,308 | 0 | 2.00 |
| 3.00 | Total (sum of lines 1-2) | 0 | 0 | 0 | 100,415,723 | 0 | 3.00 |

| | Cost Center Description | SUMMARY OF CAPITAL | | | | | |
|---|---|---|---|---|---|---|---|
| | | Interest | Insurance (see instructions) | Taxes (see instructions) | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) | |
| | | 11.00 | 12.00 | 13.00 | 14.00 | 15.00 | |
| | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS | | | | | | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 0 | 0 | 0 | 0 | 38,780,415 | 1.00 |
| 1.01 | NEW CAP REL COSTS-INTEREST | 0 | 0 | 0 | 0 | 0 | 1.01 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 0 | 0 | 0 | 0 | 61,635,308 | 2.00 |
| 3.00 | Total (sum of lines 1-2) | 0 | 0 | 0 | 0 | 100,415,723 | 3.00 |

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 6/1/2014 7:02 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2) | | 0 | NEW CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 1.00 |
| 1.01 | Investment income - NEW CAP REL COSTS-INTEREST (chapter 2) | | 0 | NEW CAP REL COSTS-INTEREST | 1.01 | 0 | 1.01 |
| 2.00 | Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2) | | 0 | NEW CAP REL COSTS-MVBLE EQUIP | 2.00 | 0 | 2.00 |
| 3.00 | Investment income - other (chapter 2) | | 0 | | 0.00 | 0 | 3.00 |
| 4.00 | Trade, quantity, and time discounts (chapter 8) | | 0 | | 0.00 | 0 | 4.00 |
| 5.00 | Refunds and rebates of expenses (chapter 8) | | 0 | | 0.00 | 0 | 5.00 |
| 6.00 | Rental of provider space by suppliers (chapter 8) | | 0 | | 0.00 | 0 | 6.00 |
| 7.00 | Telephone services (pay stations excluded) (chapter 21) | | 0 | | 0.00 | 0 | 7.00 |
| 8.00 | Television and radio service (chapter 21) | | 0 | | 0.00 | 0 | 8.00 |
| 9.00 | Parking lot (chapter 21) | | 0 | | 0.00 | 0 | 9.00 |
| 10.00 | Provider-based physician adjustment | A-8-2 | -53,065,629 | | | 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 | 144,908,611 | | | 0 | 12.00 |
| 13.00 | Laundry and linen service | | 0 | | 0.00 | 0 | 13.00 |
| 14.00 | Cafeteria-employees and guests | | 0 | | 0.00 | 0 | 14.00 |
| 15.00 | Rental of quarters to employee and others | | 0 | | 0.00 | 0 | 15.00 |
| 16.00 | Sale of medical and surgical supplies to other than patients | | 0 | | 0.00 | 0 | 16.00 |
| 17.00 | Sale of drugs to other than patients | | 0 | | 0.00 | 0 | 17.00 |
| 18.00 | Sale of medical records and abstracts | | 0 | | 0.00 | 0 | 18.00 |
| 19.00 | Nursing school (tuition, fees, books, etc.) | | 0 | | 0.00 | 0 | 19.00 |
| 20.00 | Vending machines | | 0 | | 0.00 | 0 | 20.00 |
| 21.00 | Income from imposition of interest, finance or penalty charges (chapter 21) | | 0 | | 0.00 | 0 | 21.00 |
| 22.00 | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments | | 0 | | 0.00 | 0 | 22.00 |
| 23.00 | Adjustment for respiratory therapy costs in excess of limitation (chapter 14) | A-8-3 | 0 | RESPIRATORY THERAPY | 65.00 | | 23.00 |
| 24.00 | Adjustment for physical therapy costs in excess of limitation (chapter 14) | A-8-3 | 0 | PHYSICAL THERAPY | 66.00 | | 24.00 |
| 25.00 | Utilization review - physicians' compensation (chapter 21) | | 0 | UTILIZATION REVIEW-SNF | 114.00 | | 25.00 |
| 26.00 | Depreciation - NEW CAP REL COSTS-BLDG & FIXT | | 0 | NEW CAP REL COSTS-BLDG & FIXT | 1.00 | 0 | 26.00 |
| 26.01 | Depreciation - NEW CAP REL COSTS-INTEREST | | 0 | NEW CAP REL COSTS-INTEREST | 1.01 | 0 | 26.01 |
| 27.00 | Depreciation - NEW CAP REL COSTS-MVBLE EQUIP | | 0 | NEW CAP REL COSTS-MVBLE EQUIP | 2.00 | 0 | 27.00 |
| 28.00 | Non-physician Anesthetist | | 0 | NONPHYSICIAN ANESTHETISTS | 19.00 | | 28.00 |
| 29.00 | Physicians' assistant | | 0 | | 0.00 | 0 | 29.00 |
| 30.00 | Adjustment for occupational therapy costs in excess of limitation (chapter 14) | A-8-3 | 0 | OCCUPATIONAL THERAPY | 67.00 | | 30.00 |
| 30.99 | Hospice (non-distinct) (see instructions) | | 0 | ADULTS & PEDIATRICS | 30.00 | | 30.99 |

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 6/1/2014 7:02 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 | |
| 31.00 | Adjustment for speech pathology costs in excess of limitation (chapter 14) | A-8-3 | 0 | SPEECH PATHOLOGY | 68.00 | | 31.00 |
| 32.00 | CAH HIT Adjustment for Depreciation and Interest | | 0 | | 0.00 | 0 | 32.00 |
| 33.00 | CATERING/FOOD REVENUE | B | -398,923 | DIETARY | 10.00 | 0 | 33.00 |
| 33.01 | CATERING/FOOD REVENUE | B | -188,967 | CAFETERIA | 11.00 | 0 | 33.01 |
| 33.02 | CATERING/FOOD REVENUE | B | -1,150 | PARAMED EMERGENCY | 23.04 | 0 | 33.02 |
| 33.03 | CATERING/FOOD REVENUE | B | -2,674 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 33.03 |
| 33.04 | CATERING/FOOD REVENUE | B | 67 | ELECTROCARDIOLOGY | 69.00 | 0 | 33.04 |
| 33.09 | MEDICAL EDUCATION SUPPORT | A | 10,000,000 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 22.00 | 0 | 33.09 |
| 33.11 | UNNECESSARY INTEREST | A | -438,994 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.11 |
| 33.12 | MEDICAID HAF FEES (FROM HOME OFC) | A | 40,157,913 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.12 |
| 33.13 | MEDICAID HAF FEES | A | -40,157,913 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.13 |
| 33.14 | CONTRIBUTION EXPENSE | A | -32,143 | EMERGENCY | 91.00 | 0 | 33.14 |
| 33.16 | BOND MARKETING COSTS | A | -1,920 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.16 |
| 33.17 | IHA & AHA LOBBYING FEES | A | -29,876 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.17 |
| 33.18 | PHYSICIAN BILLING | A | -4,670 | CLINICAL GERIATRICS | 90.10 | 0 | 33.18 |
| 33.19 | PHYSICIAN BILLING | A | -5,701 | AMBULANCE SERVICES | 95.00 | 0 | 33.19 |
| 33.20 | GARAGE | A | -336,902 | OPERATION OF PLANT | 7.00 | 0 | 33.20 |
| 33.21 | GARAGE | A | -45,978 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.21 |
| 33.22 | GARAGE | A | -963,055 | NEW CAP REL COSTS-BLDG & FIXT | 1.00 | 9 | 33.22 |
| 33.23 | CLASS & LECTURE REVENUE | B | -303 | DIETARY | 10.00 | 0 | 33.23 |
| 33.24 | CLASS & LECTURE REVENUE | B | -79,756 | NURSING ADMINISTRATION | 13.00 | 0 | 33.24 |
| 33.25 | CLASS & LECTURE REVENUE | B | -20,164 | PARAMED ED HEALTH SCIENCES | 23.01 | 0 | 33.25 |
| 33.26 | CLASS & LECTURE REVENUE | B | -154,874 | PARAMED RADIOLOGY-METHODIST | 23.02 | 0 | 33.26 |
| 33.27 | CLASS & LECTURE REVENUE | B | -450,666 | PARAMED RESPIRATORY THERAPY | 23.03 | 0 | 33.27 |
| 33.28 | CLASS & LECTURE REVENUE | B | -73,233 | PARAMED EMERGENCY | 23.04 | 0 | 33.28 |
| 33.29 | CLASS & LECTURE REVENUE | B | -98,802 | PARAMED LAB SCIENCE PRO | 23.06 | 0 | 33.29 |
| 33.30 | CLASS & LECTURE REVENUE | B | -39,889 | PARAMED SURGERY TECHNOLOGY | 23.09 | 0 | 33.30 |
| 33.31 | CLASS & LECTURE REVENUE | B | -17,743 | PARAMED PHARMACY TECH | 23.10 | 0 | 33.31 |
| 33.32 | CLASS & LECTURE REVENUE | B | -12,222 | ADULTS & PEDIATRICS | 30.00 | 0 | 33.32 |
| 33.38 | NON-PATIENT LAB REVENUE | B | -1,300 | LABORATORY | 60.00 | 0 | 33.38 |
| 33.39 | OTHER INSTITUTIONAL REV | B | -215,815 | MEDICAL RECORDS & LIBRARY | 16.00 | 0 | 33.39 |
| 33.40 | OTHER INSTITUTIONAL REV | B | -308,705 | ADULTS & PEDIATRICS | 30.00 | 0 | 33.40 |
| 33.41 | REV - GIFT SHOPS | B | -1,745 | ADULTS & PEDIATRICS | 30.00 | 0 | 33.41 |
| 33.42 | REV - GIFT SHOPS | B | -597 | NURSERY | 43.00 | 0 | 33.42 |
| 33.43 | VENDING REVENUE | B | -2,041 | CAFETERIA | 11.00 | 0 | 33.43 |
| 33.44 | VENDING REVENUE | B | -1,317 | HOME HEALTH AGENCY | 101.00 | 0 | 33.44 |
| 33.45 | MISC OPERATING REVENUE | B | -965,770 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.45 |
| 33.46 | MISC OPERATING REVENUE | B | -16,429 | OPERATION OF PLANT | 7.00 | 0 | 33.46 |
| 33.47 | MISC OPERATING REVENUE | B | -65,901 | DIETARY | 10.00 | 0 | 33.47 |
| 33.48 | MISC OPERATING REVENUE | B | -490,792 | PHARMACY | 15.00 | 0 | 33.48 |
| 33.49 | MISC OPERATING REVENUE | B | -5,445 | ADULTS & PEDIATRICS | 30.00 | 0 | 33.49 |
| 33.50 | MISC OPERATING REVENUE | B | -9,670 | PULMONARY FUNCTION TESTING | 53.01 | 0 | 33.50 |
| 33.51 | MISC OPERATING REVENUE | B | -18,115 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 33.51 |
| 33.52 | MISC OPERATING REVENUE | B | -4,150,239 | LABORATORY | 60.00 | 0 | 33.52 |
| 33.53 | MISC OPERATING REVENUE | B | -200 | PHYSICAL THERAPY | 66.00 | 0 | 33.53 |
| 33.54 | MISC OPERATING REVENUE | B | -82,705 | ELECTROCARDIOLOGY | 69.00 | 0 | 33.54 |
| 33.55 | MISC OPERATING REVENUE | B | -34 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 33.55 |
| 33.56 | MISC OPERATING REVENUE | B | -577,481 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 33.56 |
| 33.57 | MISC OPERATING REVENUE | B | -1,807 | CARDIOLOGY | 76.01 | 0 | 33.57 |
| 33.58 | MISC OPERATING REVENUE | B | -8,012 | CARDIAC CATHERIZATION | 76.03 | 0 | 33.58 |
| 33.59 | MISC OPERATING REVENUE | B | -2,693 | CARDIAC REHABILITATION | 76.97 | 0 | 33.59 |
| 33.60 | MISC OPERATING REVENUE | B | -51,341 | AMB SVC-OB & GYN | 90.01 | 0 | 33.60 |
| 33.61 | MISC OPERATING REVENUE | B | -23,452 | IUSCC HEM/ONC | 90.02 | 0 | 33.61 |
| 33.62 | MISC OPERATING REVENUE | B | -453,914 | EMERGENCY | 91.00 | 0 | 33.62 |
| 33.63 | MISC OPERATING REVENUE | B | -255,204 | HOME HEALTH AGENCY | 101.00 | 0 | 33.63 |
| 33.64 | MISC OPERATING REVENUE | B | -562,000 | KIDNEY ACQUISITION | 105.00 | 0 | 33.64 |
| 33.65 | REBATE REVENUE | B | -970 | ADULTS & PEDIATRICS | 30.00 | 0 | 33.65 |
| 33.66 | TRANSITION SERVICES | B | 433 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 33.66 |

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Cost Center Description | Basis/Code (2) | Amount | Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center | Line # | Wkst. A-7 Ref. | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 33.67 | PHYSICIAN FEES - HOME HEALTH | A | -189,096 | HOME HEALTH AGENCY | 101.00 | 0 | 33.67 |
| 33.68 | PHYSICIAN FEES - RESEARCH | A | 20,706 | RESEARCH | 191.00 | 0 | 33.68 |
| 33.69 | PHYSICIAN FEES - OSA | A | -1,572,801 | OSA | 191.02 | 0 | 33.69 |
| 33.70 | PHYSICIAN FEES - PHYS PRIVATE OFFICE | A | -633,800 | PHYSICIANS' PRIVATE OFFICES | 192.00 | 0 | 33.70 |
| 33.71 | PHYSICIAN FEES - OTHER NRCC - METHOD | A | -9,343,105 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 33.71 |
| 33.72 | PHYSICIAN FEES - OTHER NRCC - UNIVER | A | -22,072,112 | OTHER NONREIMBURSABLE - IUMC | 192.02 | 0 | 33.72 |
| 33.73 | PHYSICIAN FEES - BELTWAY SURGERY | A | -339,266 | BELTWAY SURGERY | 192.06 | 0 | 33.73 |
| 33.74 | PHYSICIAN FEES - ADVERTISTING | A | -39,033 | NON-ALLOWABLE ADVERTISING | 192.08 | 0 | 33.74 |
| 33.75 | PHYSICIAN FEES - CARDIO PHYSICIANS | A | -256,804 | CARDIO PHYSICIANS | 192.10 | 0 | 33.75 |
| 33.76 | EMPLOYEE BENEFITS TO HOME OFFICE | A | -117,198,117 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 33.76 |
| 33.77 | PTO TO HOME OFFICE | A | -7,935,292 | EMPLOYEE BENEFITS DEPARTMENT | 4.00 | 0 | 33.77 |
| 33.78 | MALPRACTICE INSURANCE | A | -19,988 | IUSCC HEM/ONC | 90.02 | 0 | 33.78 |
| 33.79 | MALPRACTICE INSURANCE | A | -213,301 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 33.79 |
| 33.80 | FQHC BAD DEBT | A | -274,150 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0 | 33.80 |
| 33.81 | FQHC BAD DEBT | A | -5,774 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 33.81 |
| 33.82 | DEPRECIATION EXP TO HOME OFFICE | A | -1,309,627 | NEW CAP REL COSTS-BLDG & FIXT | 1.00 | 9 | 33.82 |
| 33.83 | DEPRECIATION ALLOC TO HOME OFFICE | A | 8,355,928 | NEW CAP REL COSTS-MVBLE EQUIP | 2.00 | 9 | 33.83 |
| 33.84 | PHARMACY SAL FROM HOME OFFICE | A | 5,799 | PARAMED PHARMACY | 23.07 | 0 | 33.84 |
| 33.85 | PHARM OTHER FROM HOME OFFICE | A | 444 | PARAMED PHARMACY | 23.07 | 0 | 33.85 |
| 33.87 | PHARMACY RESEARCH | A | -1,928,286 | PHARMACY | 15.00 | 0 | 33.87 |
| 33.88 | PHONES EXPENSE TO HOME OFFICE | A | -69,125 | NONPATIENT TELEPHONES | 5.01 | 0 | 33.88 |
| 33.89 | FQHC MISC REVENUE | B | -40,364 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0 | 33.89 |
| 33.90 | LATE FEE INTEREST | A | -750 | OTHER ADMINISTRATIVE AND GENERAL | 5.06 | 0 | 33.90 |
| 33.91 | LATE FEE INTEREST | A | -38 | ADULTS & PEDIATRICS | 30.00 | 0 | 33.91 |
| 33.92 | LATE FEE INTEREST | A | -40 | OPERATING ROOM | 50.00 | 0 | 33.92 |
| 33.93 | LATE FEE INTEREST | A | -26 | RECOVERY ROOM | 51.00 | 0 | 33.93 |
| 33.94 | LATE FEE INTEREST | A | -309 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0 | 33.94 |
| 33.95 | LATE FEE INTEREST | A | -29 | RADIOLOGY-THERAPEUTIC | 55.00 | 0 | 33.95 |
| 33.96 | LATE FEE INTEREST | A | -5 | RADIOISOTOPE | 56.00 | 0 | 33.96 |
| 33.97 | LATE FEE INTEREST | A | -753 | LABORATORY | 60.00 | 0 | 33.97 |
| 33.98 | LATE FEE INTEREST | A | -47 | PHYSICAL THERAPY | 66.00 | 0 | 33.98 |
| 33.99 | LATE FEE INTEREST | A | -4 | ELECTROENCEPHALOGRAPHY | 70.00 | 0 | 33.99 |
| 34.00 | LATE FEE INTEREST | A | -5 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0 | 34.00 |
| 34.01 | LATE FEE INTEREST | A | -5 | CARDIOLOGY | 76.01 | 0 | 34.01 |
| 34.02 | LATE FEE INTEREST | A | -5 | CARDIAC CATHERIZATION | 76.03 | 0 | 34.02 |
| 34.03 | LATE FEE INTEREST | A | -246 | IUSCC HEM/ONC | 90.02 | 0 | 34.03 |
| 34.04 | LATE FEE INTEREST | A | -11 | AMB SVC-OPTHALMOLOGY | 90.03 | 0 | 34.04 |
| 34.05 | LATE FEE INTEREST | A | -22 | OUTPATIENT SURGERY | 90.06 | 0 | 34.05 |
| 34.06 | LATE FEE INTEREST | A | -49 | AMB SVC-RILEY CLINICS | 90.07 | 0 | 34.06 |
| 34.07 | LATE FEE INTEREST | A | -5 | CLINICAL GERIATRICS | 90.10 | 0 | 34.07 |
| 34.08 | LATE FEE INTEREST | A | -24 | ARTHRITIS CLINIC | 90.14 | 0 | 34.08 |
| 34.09 | LATE FEE INTEREST | A | -22 | PHYSICAL MEDICINE | 90.17 | 0 | 34.09 |
| 34.10 | LATE FEE INTEREST | A | -15 | EMERGENCY | 91.00 | 0 | 34.10 |
| 34.11 | LATE FEE INTEREST | A | -5 | HOME PROGRAM DIALYSIS | 94.00 | 0 | 34.11 |
| 34.12 | LATE FEE INTEREST | A | -26 | KIDNEY ACQUISITION | 105.00 | 0 | 34.12 |
| 34.13 | LATE FEE INTEREST | A | -25 | OSA | 191.02 | 0 | 34.13 |
| 34.14 | LATE FEE INTEREST | A | -234 | OTHER NONREIMBURSABLE-METHODIST | 192.01 | 0 | 34.14 |
| 34.60 | POSITIVE ADJ TO ZERO OUT L191.01 | A | 1,682 | RESEARCH-GCRC | 191.01 | 0 | 34.60 |
| 34.61 | OTHER ADJUSTMENTS (SPECIFY) (3) | | 0 | | 0.00 | 0 | 34.61 |
| 50.00 | TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.) | | -64,886,999 | | | | 50.00 |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Line No. | Cost Center | Expense Items | Amount of Allowable Cost | Amount Included in Wks. A, column 5 | |
|---|---|---|---|---|---|---|
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: | | | | | |
| 1.00 | 1.00 | NEW CAP REL COSTS-BLDG & FIX | INTERCOMPANY TRANSACTIONS | 39,743,470 | 0 | 1.00 |
| 2.00 | 2.00 | NEW CAP REL COSTS-MVBLE EQUI | INTERCOMPANY TRANSACTIONS | 18,407,046 | 0 | 2.00 |
| 3.00 | 4.00 | EMPLOYEE BENEFITS DEPARTMENT | INTERCOMPANY TRANSACTIONS | 127,425,683 | 133,745 | 3.00 |
| 4.00 | 5.01 | NONPATIENT TELEPHONES | INTERCOMPANY TRANSACTIONS | 112,763 | 112,763 | 4.00 |
| 4.01 | 5.02 | DATA PROCESSING | INTERCOMPANY TRANSACTIONS | 61,241,068 | 36,881 | 4.01 |
| 4.02 | 5.03 | PURCHASING, RECEIVING, & STO | INTERCOMPANY TRANSACTIONS | 12,803,328 | 9,876 | 4.02 |
| 4.03 | 5.04 | ADMITTING | INTERCOMPANY TRANSACTIONS | 10,841,520 | 0 | 4.03 |
| 4.04 | 5.05 | CASHIERING | INTERCOMPANY TRANSACTIONS | 31,670,029 | 0 | 4.04 |
| 4.05 | 5.06 | OTHER ADMINISTRATIVE AND GEN | INTERCOMPANY TRANSACTIONS | 75,197,981 | 301,625,746 | 4.05 |
| 4.06 | 6.00 | MAINTENANCE & REPAIRS | INTERCOMPANY TRANSACTIONS | 21,253,828 | 30,264 | 4.06 |
| 4.07 | 7.00 | OPERATION OF PLANT | INTERCOMPANY TRANSACTIONS | 73,858,967 | 10,156 | 4.07 |
| 4.08 | 9.01 | HOUSEKEEPING - UNIVERSITY | INTERCOMPANY TRANSACTIONS | 3,291,112 | 0 | 4.08 |
| 4.09 | 9.02 | HOUSEKEEPING - RILEY | INTERCOMPANY TRANSACTIONS | 2,716,747 | 0 | 4.09 |
| 4.10 | 9.03 | HOUSEKEEPING - METHODIST | INTERCOMPANY TRANSACTIONS | 5,293,305 | 0 | 4.10 |
| 4.11 | 10.00 | DIETARY | INTERCOMPANY TRANSACTIONS | 385,359 | 1,113,009 | 4.11 |
| 4.12 | 11.00 | CAFETERIA | INTERCOMPANY TRANSACTIONS | 1,740,374 | 0 | 4.12 |
| 4.13 | 13.00 | NURSING ADMINISTRATION | INTERCOMPANY TRANSACTIONS | 5,356,299 | 438,000 | 4.13 |
| 4.14 | 14.00 | CENTRAL SERVICES & SUPPLY | INTERCOMPANY TRANSACTIONS | 0 | 135,327 | 4.14 |
| 4.15 | 15.00 | PHARMACY | INTERCOMPANY TRANSACTIONS | 48,041 | 504,115 | 4.15 |
| 4.16 | 16.00 | MEDICAL RECORDS & LIBRARY | INTERCOMPANY TRANSACTIONS | 8,374,140 | 0 | 4.16 |
| 4.17 | 17.00 | SOCIAL SERVICE | INTERCOMPANY TRANSACTIONS | 0 | 354,943 | 4.17 |
| 4.18 | 22.00 | I&R SERVICES-OTHER PRGM COST | INTERCOMPANY TRANSACTIONS | 1,559,556 | 1,559,556 | 4.18 |
| 4.19 | 23.03 | PARAMED RESPIRATORY THERAPY | INTERCOMPANY TRANSACTIONS | 15,000 | 15,000 | 4.19 |
| 4.20 | 23.05 | PARAMED PASTORAL EDUCATION | INTERCOMPANY TRANSACTIONS | 0 | 17,098 | 4.20 |
| 4.21 | 30.00 | ADULTS & PEDIATRICS | INTERCOMPANY TRANSACTIONS | 375,191 | 494,584 | 4.21 |
| 4.22 | 34.02 | UH SURG 6IC | INTERCOMPANY TRANSACTIONS | 0 | 15,806 | 4.22 |
| 4.23 | 40.00 | SUBPROVIDER - IPF | INTERCOMPANY TRANSACTIONS | 997,532 | 997,532 | 4.23 |
| 4.24 | 50.00 | OPERATING ROOM | INTERCOMPANY TRANSACTIONS | 1,599,939 | 1,685,223 | 4.24 |
| 4.25 | 51.00 | RECOVERY ROOM | INTERCOMPANY TRANSACTIONS | 28,064 | 28,064 | 4.25 |
| 4.26 | 53.00 | ANESTHESIOLOGY | INTERCOMPANY TRANSACTIONS | 6,850,320 | 6,850,320 | 4.26 |
| 4.27 | 54.00 | RADIOLOGY-DIAGNOSTIC | INTERCOMPANY TRANSACTIONS | 896,759 | 1,775,302 | 4.27 |
| 4.28 | 55.00 | RADIOLOGY-THERAPEUTIC | INTERCOMPANY TRANSACTIONS | 0 | 385,666 | 4.28 |
| 4.29 | 56.00 | RADIOISOTOPE | INTERCOMPANY TRANSACTIONS | 0 | 1,041 | 4.29 |
| 4.30 | 59.00 | CARDIAC CATHETERIZATION | INTERCOMPANY TRANSACTIONS | 135,617 | 154,159 | 4.30 |
| 4.31 | 60.00 | LABORATORY | INTERCOMPANY TRANSACTIONS | 63,356 | 31,777,854 | 4.31 |
| 4.32 | 60.01 | TRANSPLANT IMMUNOLOGY | INTERCOMPANY TRANSACTIONS | 41,477 | 54,490 | 4.32 |
| 4.33 | 60.02 | BONE MARROW TRANSPLANT LAB | INTERCOMPANY TRANSACTIONS | 0 | -1,652 | 4.33 |
| 4.34 | 63.00 | BLOOD STORING, PROCESSING & | INTERCOMPANY TRANSACTIONS | 0 | 3,746 | 4.34 |
| 4.35 | 65.00 | RESPIRATORY THERAPY | INTERCOMPANY TRANSACTIONS | 0 | 24 | 4.35 |
| 4.36 | 66.00 | PHYSICAL THERAPY | INTERCOMPANY TRANSACTIONS | 0 | 89,559 | 4.36 |
| 4.37 | 69.00 | ELECTROCARDIOLOGY | INTERCOMPANY TRANSACTIONS | 2,017,795 | 2,585,200 | 4.37 |
| 4.38 | 70.00 | ELECTROENCEPHALOGRAPHY | INTERCOMPANY TRANSACTIONS | 0 | 325,201 | 4.38 |
| 4.39 | 73.03 | OUTPATIENT RETAIL PHARMACY | INTERCOMPANY TRANSACTIONS | 59,123 | 157,614 | 4.39 |
| 4.40 | 74.00 | RENAL DIALYSIS | INTERCOMPANY TRANSACTIONS | 133,956 | 133,956 | 4.40 |
| 4.41 | 76.01 | CARDIOLOGY | INTERCOMPANY TRANSACTIONS | 80,715 | 80,715 | 4.41 |
| 4.42 | 76.02 | PSYCH OTHER ANCILLARY | INTERCOMPANY TRANSACTIONS | 1,821,420 | 1,821,420 | 4.42 |
| 4.43 | 76.03 | CARDIAC CATHERIZATION | INTERCOMPANY TRANSACTIONS | 1,629,024 | 1,672,616 | 4.43 |
| 4.44 | 90.01 | AMB SVC-OB & GYN | INTERCOMPANY TRANSACTIONS | 0 | 4,500 | 4.44 |
| 4.45 | 90.02 | IUSCC HEM/ONC | INTERCOMPANY TRANSACTIONS | 11,328,203 | 11,399,034 | 4.45 |
| 4.46 | 90.06 | OUTPATIENT SURGERY | INTERCOMPANY TRANSACTIONS | 16,667 | 55,507 | 4.46 |
| 4.47 | 90.07 | AMB SVC-RILEY CLINICS | INTERCOMPANY TRANSACTIONS | 0 | 2,964,565 | 4.47 |
| 4.48 | 90.08 | MOTILITY LAB | INTERCOMPANY TRANSACTIONS | 0 | 19,752 | 4.48 |
| 4.49 | 90.10 | CLINICAL GERIATRICS | INTERCOMPANY TRANSACTIONS | 1,026,745 | 1,026,745 | 4.49 |
| 4.50 | 90.11 | SLEEP LAB | INTERCOMPANY TRANSACTIONS | 0 | 30,854 | 4.50 |
| 4.51 | 90.14 | ARTHRITIS CLINIC | INTERCOMPANY TRANSACTIONS | -1,926 | -1,926 | 4.51 |
| 4.52 | 90.17 | PHYSICAL MEDICINE | INTERCOMPANY TRANSACTIONS | 37,869 | 37,869 | 4.52 |
| 4.53 | 90.18 | DERMATOLOGY CLINIC | INTERCOMPANY TRANSACTIONS | 0 | 4,165 | 4.53 |
| 4.54 | 90.19 | INFUSION/HEM/ONC | INTERCOMPANY TRANSACTIONS | 310,127 | 310,482 | 4.54 |
| 4.55 | 90.22 | EATING DISORDERS CLINIC | INTERCOMPANY TRANSACTIONS | 31,200 | 31,200 | 4.55 |
| 4.56 | 90.23 | GASTROENTEROLOGY CLINIC | INTERCOMPANY TRANSACTIONS | 100,000 | 100,000 | 4.56 |
| 4.57 | 91.00 | EMERGENCY | INTERCOMPANY TRANSACTIONS | 5,804,696 | 5,994,598 | 4.57 |
| 4.58 | 94.00 | HOME PROGRAM DIALYSIS | INTERCOMPANY TRANSACTIONS | 90,743 | 90,743 | 4.58 |
| 4.59 | 95.00 | AMBULANCE SERVICES | INTERCOMPANY TRANSACTIONS | 0 | 399,238 | 4.59 |
| 4.60 | 101.00 | HOME HEALTH AGENCY | INTERCOMPANY TRANSACTIONS | 206,294 | 3,399,827 | 4.60 |
| 4.61 | 105.00 | KIDNEY ACQUISITION | INTERCOMPANY TRANSACTIONS | 108,342 | 108,342 | 4.61 |
| 4.62 | 106.00 | HEART ACQUISITION | INTERCOMPANY TRANSACTIONS | 4,167 | 4,167 | 4.62 |
| 4.63 | 107.00 | LIVER ACQUISITION | INTERCOMPANY TRANSACTIONS | 1,792,381 | 1,792,381 | 4.63 |
| 4.64 | 191.00 | RESEARCH | INTERCOMPANY TRANSACTIONS | 0 | 42,161 | 4.64 |
| 4.65 | 191.02 | OSA | INTERCOMPANY TRANSACTIONS | 0 | 88,403 | 4.65 |
| 4.66 | 192.00 | PHYSICIANS' PRIVATE OFFICES | INTERCOMPANY TRANSACTIONS | 3,601,389 | 3,601,389 | 4.66 |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 6/1/2014 7:02 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 | |
| 4.67 | 192.01 | OTHER NONREIMBURSABLE-METHOD | INTERCOMPANY TRANSACTIONS | 3,929,811 | 4,945,998 | 4.67 |
| 4.68 | 192.02 | OTHER NONREIMBURSABLE - IUMC | INTERCOMPANY TRANSACTIONS | 21,435,762 | 21,750,676 | 4.68 |
| 4.69 | 192.08 | NON-ALLOWABLE ADVERTISING | INTERCOMPANY TRANSACTIONS | 234,250 | 7,828,424 | 4.69 |
| 4.70 | 192.10 | CARDIO PHYSICIANS | INTERCOMPANY TRANSACTIONS | 226,770 | 226,770 | 4.70 |
| 4.71 | 0.00 | | | 0 | 0 | 4.71 |
| 4.72 | 0.00 | | | 0 | 0 | 4.72 |
| 4.73 | 0.00 | | | 0 | 0 | 4.73 |
| 4.74 | 0.00 | | | 0 | 0 | 4.74 |
| 4.75 | 0.00 | | | 0 | 0 | 4.75 |
| 4.76 | 0.00 | | | 0 | 0 | 4.76 |
| 4.77 | 0.00 | | | 0 | 0 | 4.77 |
| 4.78 | 0.00 | | | 0 | 0 | 4.78 |
| 4.79 | 0.00 | | | 0 | 0 | 4.79 |
| 4.80 | 0.00 | | | 0 | 0 | 4.80 |
| 4.81 | 0.00 | | | 0 | 0 | 4.81 |
| 4.82 | 0.00 | | | 0 | 0 | 4.82 |
| 4.83 | 0.00 | | | 0 | 0 | 4.83 |
| 4.84 | 0.00 | | | 0 | 0 | 4.84 |
| 4.85 | 0.00 | | | 0 | 0 | 4.85 |
| 4.86 | 0.00 | | | 0 | 0 | 4.86 |
| 4.87 | 0.00 | | | 0 | 0 | 4.87 |
| 4.88 | 0.00 | | | 0 | 0 | 4.88 |
| 4.89 | 0.00 | | | 0 | 0 | 4.89 |
| 4.90 | 0.00 | | | 0 | 0 | 4.90 |
| 4.91 | 0.00 | | | 0 | 0 | 4.91 |
| 4.92 | 0.00 | | | 0 | 0 | 4.92 |
| 4.93 | 0.00 | | | 0 | 0 | 4.93 |
| 4.94 | 0.00 | | | 0 | 0 | 4.94 |
| 4.95 | 0.00 | | | 0 | 0 | 4.95 |
| 4.96 | 0.00 | | | 0 | 0 | 4.96 |
| 4.97 | 0.00 | | | 0 | 0 | 4.97 |
| 4.98 | 0.00 | | | 0 | 0 | 4.98 |
| 4.99 | 0.00 | | | 0 | 0 | 4.99 |
| 5.00 | 0 | | 0 | 568,349,394 | 423,440,783 | 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 | | |
|---|---|---|---|---|---|---|
| | Symbol (1) | Name | Percentage of Ownership | Name | Percentage of Ownership | |
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: | | | | | |

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 6/1/2014 7:02 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 | 39,743,470 | 9 | | 1.00 |
| 2.00 | 18,407,046 | 9 | | 2.00 |
| 3.00 | 127,291,938 | 0 | | 3.00 |
| 4.00 | 0 | 0 | | 4.00 |
| 4.01 | 61,204,187 | 0 | | 4.01 |
| 4.02 | 12,793,452 | 0 | | 4.02 |
| 4.03 | 10,841,520 | 0 | | 4.03 |
| 4.04 | 31,670,029 | 0 | | 4.04 |
| 4.05 | -226,427,765 | 0 | | 4.05 |
| 4.06 | 21,223,564 | 0 | | 4.06 |
| 4.07 | 73,848,811 | 0 | | 4.07 |
| 4.08 | 3,291,112 | 0 | | 4.08 |
| 4.09 | 2,716,747 | 0 | | 4.09 |
| 4.10 | 5,293,305 | 0 | | 4.10 |
| 4.11 | -727,650 | 0 | | 4.11 |
| 4.12 | 1,740,374 | 0 | | 4.12 |
| 4.13 | 4,918,299 | 0 | | 4.13 |
| 4.14 | -135,327 | 0 | | 4.14 |
| 4.15 | -456,074 | 0 | | 4.15 |
| 4.16 | 8,374,140 | 0 | | 4.16 |
| 4.17 | -354,943 | 0 | | 4.17 |
| 4.18 | 0 | 0 | | 4.18 |
| 4.19 | 0 | 0 | | 4.19 |
| 4.20 | -17,098 | 0 | | 4.20 |
| 4.21 | -119,393 | 0 | | 4.21 |
| 4.22 | -15,806 | 0 | | 4.22 |
| 4.23 | 0 | 0 | | 4.23 |
| 4.24 | -85,284 | 0 | | 4.24 |
| 4.25 | 0 | 0 | | 4.25 |
| 4.26 | 0 | 0 | | 4.26 |
| 4.27 | -878,543 | 0 | | 4.27 |
| 4.28 | -385,666 | 0 | | 4.28 |
| 4.29 | -1,041 | 0 | | 4.29 |
| 4.30 | -18,542 | 0 | | 4.30 |
| 4.31 | -31,714,498 | 0 | | 4.31 |
| 4.32 | -13,013 | 0 | | 4.32 |
| 4.33 | 1,652 | 0 | | 4.33 |
| 4.34 | -3,746 | 0 | | 4.34 |
| 4.35 | -24 | 0 | | 4.35 |
| 4.36 | -89,559 | 0 | | 4.36 |
| 4.37 | -567,405 | 0 | | 4.37 |
| 4.38 | -325,201 | 0 | | 4.38 |
| 4.39 | -98,491 | 0 | | 4.39 |
| 4.40 | 0 | 0 | | 4.40 |
| 4.41 | 0 | 0 | | 4.41 |
| 4.42 | 0 | 0 | | 4.42 |
| 4.43 | -43,592 | 0 | | 4.43 |
| 4.44 | -4,500 | 0 | | 4.44 |
| 4.45 | -70,831 | 0 | | 4.45 |
| 4.46 | -38,840 | 0 | | 4.46 |
| 4.47 | -2,964,565 | 0 | | 4.47 |
| 4.48 | -19,752 | 0 | | 4.48 |
| 4.49 | 0 | 0 | | 4.49 |
| 4.50 | -30,854 | 0 | | 4.50 |
| 4.51 | 0 | 0 | | 4.51 |
| 4.52 | 0 | 0 | | 4.52 |
| 4.53 | -4,165 | 0 | | 4.53 |
| 4.54 | -355 | 0 | | 4.54 |
| 4.55 | 0 | 0 | | 4.55 |
| 4.56 | 0 | 0 | | 4.56 |
| 4.57 | -189,902 | 0 | | 4.57 |
| 4.58 | 0 | 0 | | 4.58 |
| 4.59 | -399,238 | 0 | | 4.59 |
| 4.60 | -3,193,533 | 0 | | 4.60 |
| 4.61 | 0 | 0 | | 4.61 |
| 4.62 | 0 | 0 | | 4.62 |
| 4.63 | 0 | 0 | | 4.63 |
| 4.64 | -42,161 | 0 | | 4.64 |
| 4.65 | -88,403 | 0 | | 4.65 |
| 4.66 | 0 | 0 | | 4.66 |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Net Adjustments (col. 4 minus col. 5)* | Wkst. A-7 Ref. | | |
|---|---|---|---|---|
| | 6.00 | 7.00 | | |
| 4.67 | -1,016,187 | 0 | | 4.67 |
| 4.68 | -314,914 | 0 | | 4.68 |
| 4.69 | -7,594,174 | 0 | | 4.69 |
| 4.70 | 0 | 0 | | 4.70 |
| 4.71 | 0 | 0 | | 4.71 |
| 4.72 | 0 | 0 | | 4.72 |
| 4.73 | 0 | 0 | | 4.73 |
| 4.74 | 0 | 0 | | 4.74 |
| 4.75 | 0 | 0 | | 4.75 |
| 4.76 | 0 | 0 | | 4.76 |
| 4.77 | 0 | 0 | | 4.77 |
| 4.78 | 0 | 0 | | 4.78 |
| 4.79 | 0 | 0 | | 4.79 |
| 4.80 | 0 | 0 | | 4.80 |
| 4.81 | 0 | 0 | | 4.81 |
| 4.82 | 0 | 0 | | 4.82 |
| 4.83 | 0 | 0 | | 4.83 |
| 4.84 | 0 | 0 | | 4.84 |
| 4.85 | 0 | 0 | | 4.85 |
| 4.86 | 0 | 0 | | 4.86 |
| 4.87 | 0 | 0 | | 4.87 |
| 4.88 | 0 | 0 | | 4.88 |
| 4.89 | 0 | 0 | | 4.89 |
| 4.90 | 0 | 0 | | 4.90 |
| 4.91 | 0 | 0 | | 4.91 |
| 4.92 | 0 | 0 | | 4.92 |
| 4.93 | 0 | 0 | | 4.93 |
| 4.94 | 0 | 0 | | 4.94 |
| 4.95 | 0 | 0 | | 4.95 |
| 4.96 | 0 | 0 | | 4.96 |
| 4.97 | 0 | 0 | | 4.97 |
| 4.98 | 0 | 0 | | 4.98 |
| 4.99 | 0 | 0 | | 4.99 |
| 5.00 | 144,908,611 | | | 5.00 |

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

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

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

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

| | | | |
|---|---|---|---|
| 6.00 | HOME OFFICE | | 6.00 |
| 7.00 | | | 7.00 |
| 8.00 | | | 8.00 |
| 9.00 | | | 9.00 |
| 10.00 | | | 10.00 |
| 100.00 | | | 100.00 |

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 6/1/2014 7:02 pm

| | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration | Professional Component | Provider Component | RCE Amount | Physician/Provider Component Hours | |
|---|---|---|---|---|---|---|---|---|
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| 1.00 | 5.06 | AGGREGATE-OTHER ADMINISTRATIVE AND G | 14,801,860 | 14,801,860 | 0 | 0 | 0 | 1.00 |
| 2.00 | 10.00 | AGGREGATE-DIETARY | 327,049 | 327,049 | 0 | 0 | 0 | 2.00 |
| 3.00 | 13.00 | AGGREGATE-NURSING ADMINISTRATION | 432,712 | 432,712 | 0 | 0 | 0 | 3.00 |
| 4.00 | 15.00 | AGGREGATE-PHARMACY | 50,025 | 50,025 | 0 | 0 | 0 | 4.00 |
| 5.00 | 21.00 | AGGREGATE-I&R SERVICES-SALARY & FRIN | 50,000 | 50,000 | 0 | 0 | 0 | 5.00 |
| 6.00 | 22.00 | AGGREGATE-I&R SERVICES-OTHER PRGM CO | 3,149,730 | 3,149,730 | 0 | 0 | 0 | 6.00 |
| 7.00 | 23.01 | AGGREGATE-PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | 23.03 | AGGREGATE-PARAMED RESPIRATORY THERAP | 15,000 | 15,000 | 0 | 0 | 0 | 8.00 |
| 9.00 | 30.00 | AGGREGATE-ADULTS & PEDIATRICS | 3,748,701 | 3,748,701 | 0 | 0 | 0 | 9.00 |
| 10.00 | 32.01 | AGGREGATE-NEONATAL INTENSIVE CARE UN | 32,805 | 32,805 | 0 | 0 | 0 | 10.00 |
| 11.00 | 33.00 | AGGREGATE-BURN INTENSIVE CARE UNIT | -729 | -729 | 0 | 0 | 0 | 11.00 |
| 12.00 | 34.04 | AGGREGATE-RH PED IC | 30,680 | 30,680 | 0 | 0 | 0 | 12.00 |
| 13.00 | 34.06 | AGGREGATE-PEDS CANCER CARE | 59,167 | 59,167 | 0 | 0 | 0 | 13.00 |
| 14.00 | 40.00 | AGGREGATE-SUBPROVIDER - IPF | 997,582 | 997,582 | 0 | 0 | 0 | 14.00 |
| 15.00 | 43.00 | AGGREGATE-NURSERY | 169,344 | 169,344 | 0 | 0 | 0 | 15.00 |
| 16.00 | 50.00 | AGGREGATE-OPERATING ROOM | 1,501,971 | 1,501,971 | 0 | 0 | 0 | 16.00 |
| 17.00 | 53.00 | AGGREGATE-ANESTHESIOLOGY | 9,342,332 | 9,342,332 | 0 | 0 | 0 | 17.00 |
| 18.00 | 54.00 | AGGREGATE-RADIOLOGY-DIAGNOSTIC | 223,127 | 223,127 | 0 | 0 | 0 | 18.00 |
| 19.00 | 60.00 | AGGREGATE-LABORATORY | 2,362,921 | 2,362,921 | 0 | 0 | 0 | 19.00 |
| 20.00 | 60.01 | AGGREGATE-TRANSPLANT IMMUNOLOGY | 41,477 | 41,477 | 0 | 0 | 0 | 20.00 |
| 21.00 | 69.00 | AGGREGATE-ELECTROCARDIOLOGY | 1,902,768 | 1,902,768 | 0 | 0 | 0 | 21.00 |
| 22.00 | 74.00 | AGGREGATE-RENAL DIALYSIS | 133,956 | 133,956 | 0 | 0 | 0 | 22.00 |
| 23.00 | 76.01 | AGGREGATE-CARDIOLOGY | 60,150 | 60,150 | 0 | 0 | 0 | 23.00 |
| 24.00 | 76.02 | AGGREGATE-PSYCH OTHER ANCILLARY | 1,821,420 | 1,821,420 | 0 | 0 | 0 | 24.00 |
| 25.00 | 76.03 | AGGREGATE-CARDIAC CATHERIZATION | 2,706,383 | 2,706,383 | 0 | 0 | 0 | 25.00 |
| 26.00 | 90.02 | AGGREGATE-IUSCC HEM/ONC | 243,003 | 243,003 | 0 | 0 | 0 | 26.00 |
| 27.00 | 90.06 | AGGREGATE-OUTPATIENT SURGERY | 50,000 | 50,000 | 0 | 0 | 0 | 27.00 |
| 28.00 | 90.10 | AGGREGATE-CLINICAL GERIATRICS | 1,028,788 | 1,028,788 | 0 | 0 | 0 | 28.00 |
| 29.00 | 90.22 | AGGREGATE-EATING DISORDERS CLINIC | 229,649 | 229,649 | 0 | 0 | 0 | 29.00 |
| 30.00 | 90.23 | AGGREGATE-GASTROENTEROLOGY CLINIC | 100,000 | 100,000 | 0 | 0 | 0 | 30.00 |
| 31.00 | 91.00 | AGGREGATE-EMERGENCY | 5,747,200 | 5,747,200 | 0 | 0 | 0 | 31.00 |
| 32.00 | 94.00 | AGGREGATE-HOME PROGRAM DIALYSIS | 90,743 | 90,743 | 0 | 0 | 0 | 32.00 |
| 33.00 | 105.00 | AGGREGATE-KIDNEY ACQUISITION | 108,342 | 108,342 | 0 | 0 | 0 | 33.00 |
| 34.00 | 106.00 | AGGREGATE-HEART ACQUISITION | 18,750 | 18,750 | 0 | 0 | 0 | 34.00 |
| 35.00 | 107.00 | AGGREGATE-LIVER ACQUISITION | 1,497,423 | 1,497,423 | 0 | 0 | 0 | 35.00 |
| 36.00 | 108.00 | AGGREGATE-LUNG ACQUISITION | -8,700 | -8,700 | 0 | 0 | 0 | 36.00 |
| 200.00 | | | 53,065,629 | 53,065,629 | 0 | | 0 | 200.00 |

| | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit | 5 Percent of Unadjusted RCE Limit | Cost of Memberships & Continuing Education | Provider Component Share of col. 12 | Physician Cost of Malpractice Insurance | |
|---|---|---|---|---|---|---|---|---|
| | 1.00 | 2.00 | 8.00 | 9.00 | 12.00 | 13.00 | 14.00 | |
| 1.00 | 5.06 | AGGREGATE-OTHER ADMINISTRATIVE AND G | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | 10.00 | AGGREGATE-DIETARY | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | 13.00 | AGGREGATE-NURSING ADMINISTRATION | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | 15.00 | AGGREGATE-PHARMACY | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | 21.00 | AGGREGATE-I&R SERVICES-SALARY & FRIN | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | 22.00 | AGGREGATE-I&R SERVICES-OTHER PRGM CO | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | 23.01 | AGGREGATE-PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | 23.03 | AGGREGATE-PARAMED RESPIRATORY THERAP | 0 | 0 | 0 | 0 | 0 | 8.00 |

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 6/1/2014 7:02 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 | |
| 9.00 | 30.00 | AGGREGATE-ADULTS & PEDIATRICS | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | 32.01 | AGGREGATE-NEONATAL INTENSIVE CARE UN | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | 33.00 | AGGREGATE-BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | 34.04 | AGGREGATE-RH PED IC | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 34.06 | AGGREGATE-PEDS CANCER CARE | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | 40.00 | AGGREGATE-SUBPROVIDER - IPF | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | 43.00 | AGGREGATE-NURSERY | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | 50.00 | AGGREGATE-OPERATING ROOM | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | 53.00 | AGGREGATE-ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | 54.00 | AGGREGATE-RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | 60.00 | AGGREGATE-LABORATORY | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | 60.01 | AGGREGATE-TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | 69.00 | AGGREGATE-ELECTROCARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | 74.00 | AGGREGATE-RENAL DIALYSIS | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | 76.01 | AGGREGATE-CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | 76.02 | AGGREGATE-PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | 76.03 | AGGREGATE-CARDIAC CATHERIZATION | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | 90.02 | AGGREGATE-IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | 90.06 | AGGREGATE-OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | 90.10 | AGGREGATE-CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | 90.22 | AGGREGATE-EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | 90.23 | AGGREGATE-GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | 91.00 | AGGREGATE-EMERGENCY | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | 94.00 | AGGREGATE-HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | 105.00 | AGGREGATE-KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | 106.00 | AGGREGATE-HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | 107.00 | AGGREGATE-LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | 108.00 | AGGREGATE-LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 200.00 | | | 0 | 0 | 0 | 0 | 0 | 200.00 |

| | Wkst. A Line # | Cost Center/Physician Identifier | Provider Component Share of col. 14 | Adjusted RCE Limit | RCE Disallowance | Adjustment | | |
|---|---|---|---|---|---|---|---|---|
| | 1.00 | 2.00 | 15.00 | 16.00 | 17.00 | 18.00 | | |
| 1.00 | 5.06 | AGGREGATE-OTHER ADMINISTRATIVE AND G | 0 | 0 | 0 | 14,801,860 | | 1.00 |
| 2.00 | 10.00 | AGGREGATE-DIETARY | 0 | 0 | 0 | 327,049 | | 2.00 |
| 3.00 | 13.00 | AGGREGATE-NURSING ADMINISTRATION | 0 | 0 | 0 | 432,712 | | 3.00 |
| 4.00 | 15.00 | AGGREGATE-PHARMACY | 0 | 0 | 0 | 50,025 | | 4.00 |
| 5.00 | 21.00 | AGGREGATE-I&R SERVICES-SALARY & FRIN | 0 | 0 | 0 | 50,000 | | 5.00 |
| 6.00 | 22.00 | AGGREGATE-I&R SERVICES-OTHER PRGM CO | 0 | 0 | 0 | 3,149,730 | | 6.00 |
| 7.00 | 23.01 | AGGREGATE-PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | | 7.00 |
| 8.00 | 23.03 | AGGREGATE-PARAMED RESPIRATORY THERAP | 0 | 0 | 0 | 15,000 | | 8.00 |
| 9.00 | 30.00 | AGGREGATE-ADULTS & PEDIATRICS | 0 | 0 | 0 | 3,748,701 | | 9.00 |
| 10.00 | 32.01 | AGGREGATE-NEONATAL INTENSIVE CARE UN | 0 | 0 | 0 | 32,805 | | 10.00 |
| 11.00 | 33.00 | AGGREGATE-BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | -729 | | 11.00 |
| 12.00 | 34.04 | AGGREGATE-RH PED IC | 0 | 0 | 0 | 30,680 | | 12.00 |
| 13.00 | 34.06 | AGGREGATE-PEDS CANCER CARE | 0 | 0 | 0 | 59,167 | | 13.00 |
| 14.00 | 40.00 | AGGREGATE-SUBPROVIDER - IPF | 0 | 0 | 0 | 997,582 | | 14.00 |
| 15.00 | 43.00 | AGGREGATE-NURSERY | 0 | 0 | 0 | 169,344 | | 15.00 |
| 16.00 | 50.00 | AGGREGATE-OPERATING ROOM | 0 | 0 | 0 | 1,501,971 | | 16.00 |
| 17.00 | 53.00 | AGGREGATE-ANESTHESIOLOGY | 0 | 0 | 0 | 9,342,332 | | 17.00 |
| 18.00 | 54.00 | AGGREGATE-RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 223,127 | | 18.00 |

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 6/1/2014 7:02 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 | | |
| 19.00 | 60.00 | AGGREGATE-LABORATORY | 0 | 0 | 0 | 2,362,921 | | 19.00 |
| 20.00 | 60.01 | AGGREGATE-TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 41,477 | | 20.00 |
| 21.00 | 69.00 | AGGREGATE-ELECTROCARDIOLOGY | 0 | 0 | 0 | 1,902,768 | | 21.00 |
| 22.00 | 74.00 | AGGREGATE-RENAL DIALYSIS | 0 | 0 | 0 | 133,956 | | 22.00 |
| 23.00 | 76.01 | AGGREGATE-CARDIOLOGY | 0 | 0 | 0 | 60,150 | | 23.00 |
| 24.00 | 76.02 | AGGREGATE-PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 1,821,420 | | 24.00 |
| 25.00 | 76.03 | AGGREGATE-CARDIAC CATHERIZATION | 0 | 0 | 0 | 2,706,383 | | 25.00 |
| 26.00 | 90.02 | AGGREGATE-IUSCC HEM/ONC | 0 | 0 | 0 | 243,003 | | 26.00 |
| 27.00 | 90.06 | AGGREGATE-OUTPATIENT SURGERY | 0 | 0 | 0 | 50,000 | | 27.00 |
| 28.00 | 90.10 | AGGREGATE-CLINICAL GERIATRICS | 0 | 0 | 0 | 1,028,788 | | 28.00 |
| 29.00 | 90.22 | AGGREGATE-EATING DISORDERS CLINIC | 0 | 0 | 0 | 229,649 | | 29.00 |
| 30.00 | 90.23 | AGGREGATE-GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 100,000 | | 30.00 |
| 31.00 | 91.00 | AGGREGATE-EMERGENCY | 0 | 0 | 0 | 5,747,200 | | 31.00 |
| 32.00 | 94.00 | AGGREGATE-HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 90,743 | | 32.00 |
| 33.00 | 105.00 | AGGREGATE-KIDNEY ACQUISITION | 0 | 0 | 0 | 108,342 | | 33.00 |
| 34.00 | 106.00 | AGGREGATE-HEART ACQUISITION | 0 | 0 | 0 | 18,750 | | 34.00 |
| 35.00 | 107.00 | AGGREGATE-LIVER ACQUISITION | 0 | 0 | 0 | 1,497,423 | | 35.00 |
| 36.00 | 108.00 | AGGREGATE-LUNG ACQUISITION | 0 | 0 | 0 | -8,700 | | 36.00 |
| 200.00 | | | 0 | 0 | 0 | 53,065,629 | | 200.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Net Expenses for Cost Allocation (from Wkst A col. 7) | CAPITAL RELATED COSTS | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | NEW BLDG & FIXT | NEW INTEREST | NEW MVBLE EQUIP | EMPLOYEE BENEFITS DEPARTMENT | |
| | | | 0 | 1.00 | 1.01 | 2.00 | 4.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | 38,780,415 | 38,780,415 | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | 0 | 0 | 0 | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | 61,635,308 | | | 61,635,308 | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 135,360,578 | 12,196 | 0 | 0 | 135,372,774 | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | 132,854 | 0 | 0 | 0 | 0 | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 61,296,148 | 19,702 | 0 | 0 | 8,490 | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 12,959,161 | 21,366 | 0 | 232,163 | 2,273 | 5.03 |
| 5.04 | 00513 | ADMITTING | 10,885,419 | 13,434 | 0 | 0 | 0 | 5.04 |
| 5.05 | 00514 | CASHIERING | 31,670,029 | 0 | 0 | 0 | 0 | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 107,626,944 | 1,053,132 | 0 | 3,138,580 | 3,121,777 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 23,563,464 | 245,174 | 0 | 1,750 | 77,120 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 76,414,956 | 24,713 | 0 | 88,519 | 388,882 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 3,988 | 314,482 | 0 | 1,436 | 233 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 3,291,112 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 2,716,747 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 5,791,785 | 17,443 | 0 | 0 | 75,068 | 9.03 |
| 10.00 | 01000 | DIETARY | 10,174,383 | 374,667 | 0 | 178,129 | 1,960,275 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 1,857,660 | 12,063 | 0 | 0 | 24,479 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 22,647,613 | 295,110 | 0 | 294,529 | 3,669,621 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 125,645,874 | 473,226 | 0 | 640,785 | 604,971 | 14.00 |
| 15.00 | 01500 | PHARMACY | 75,674,900 | 540,189 | 0 | 2,291,730 | 6,394,176 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 9,552,510 | 8,991 | 0 | 0 | 76,055 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 6,802,600 | 53,160 | 0 | 2,592 | 1,001,140 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 1,986,251 | 8,603 | 0 | 78,982 | 421,874 | 18.00 |
| 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 | 39,652,250 | 30,811 | 0 | 0 | 6,788,646 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 11,809,928 | 440,136 | 0 | 18,061 | 121,672 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 173,220 | 99,278 | 0 | 23,279 | 29,893 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 788,045 | 36,578 | 0 | 0 | 199,759 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 35,122 | 0 | 0 | 86,838 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 181,270 | 34,139 | 0 | 0 | 53,327 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 546,669 | 0 | 0 | 0 | 129,251 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 428,590 | 0 | 0 | 0 | 110,712 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 1,280,256 | 0 | 0 | 3,192 | 262,664 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 20 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 206,126 | 21,640 | 0 | 0 | 52,006 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 237,020 | 21,158 | 0 | 0 | 53,863 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 134,548,462 | 7,033,542 | 0 | 5,283,788 | 27,908,199 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 15,076,381 | 469,945 | 0 | 251,194 | 3,155,926 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 11,490,384 | 370,488 | 0 | 108,702 | 2,388,758 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 4,653,399 | 78,110 | 0 | 157,599 | 978,237 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 1,555,498 | 142,568 | 0 | 30,528 | 318,962 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 3,856,253 | 0 | 0 | 142,559 | 797,605 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 8,453,020 | 276,221 | 0 | 182,902 | 1,764,246 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 2,147,611 | 128,188 | 0 | 1,678 | 443,586 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 1,358,287 | 403,067 | 0 | 597,053 | 275,716 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 3,476,470 | 202,479 | 0 | 13,984 | 729,806 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 3,951,618 | 155,917 | 0 | 50,737 | 832,595 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 36,095,326 | 2,156,550 | 0 | 11,804,529 | 6,992,035 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 1,320,219 | 63,655 | 0 | 347,216 | 254,754 | 50.01 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Net Expenses for Cost Allocation (from Wkst A col. 7) | CAPITAL RELATED COSTS | | | EMPLOYEE BENEFITS DEPARTMENT | |
|---|---|---|---|---|---|---|---|---|
| | | | | NEW BLDG & FIXT | NEW INTEREST | NEW MVBLE EQUIP | | |
| | | | 0 | 1.00 | 1.01 | 2.00 | 4.00 | |
| 51.00 | 05100 | RECOVERY ROOM | 6,138,244 | 482,793 | 0 | 187,101 | 1,264,139 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 7,781,110 | 530,631 | 0 | 402,120 | 1,609,742 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 1,629,728 | 14,909 | 0 | 802,282 | 324,912 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 2,918,313 | 186,775 | 0 | 247,345 | 580,758 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 34,888,969 | 2,249,190 | 0 | 12,409,384 | 5,831,764 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 4,783,494 | 417,163 | 0 | 1,439,996 | 1,002,621 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 1,026,151 | 184,459 | 0 | 257,017 | 196,310 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 1,032,847 | 106,973 | 0 | 0 | 202,630 | 59.00 |
| 60.00 | 06000 | LABORATORY | 18,755,531 | 1,643,409 | 0 | 1,706,774 | 7,193,293 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 2,260,334 | 42,260 | 0 | 18,817 | 206,260 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 1,054,868 | 167,224 | 0 | 161,182 | 215,316 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 3,323,044 | 84,945 | 0 | 77,514 | 704,050 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 21,290,173 | 236,948 | 0 | 1,065,273 | 4,471,928 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 12,567,981 | 389,916 | 0 | 261,270 | 2,515,681 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 2,394,739 | 114,886 | 0 | 23,521 | 508,760 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 3,420,507 | 243,321 | 0 | 273,512 | 721,180 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 2,245,500 | 105,461 | 0 | 303,519 | 580,022 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 4,577,285 | 184,658 | 0 | 627,870 | 883,315 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 34,775,848 | 28,967 | 0 | 0 | 44,253 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 60,197,532 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 137,297,780 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 8,411,272 | 53,945 | 0 | 266,434 | 1,621,208 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 7,337,798 | 322,026 | 0 | 305,956 | 1,413,543 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 554,202 | 0 | 0 | 35,153 | 117,448 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 3,800,887 | 91,412 | 0 | 1,319,001 | 468,840 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 203,988 | 26,973 | 0 | 6,025 | 39,603 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 6,047,598 | 289,239 | 0 | 542,868 | 936,719 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 4,560,392 | 248,984 | 0 | 40,813 | 953,077 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 29,333 | 0 | 0 | 0 | 6,280 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 459,700 | 11,231 | 0 | 1,672 | 64,200 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 4,448,731 | 0 | 0 | 0 | 734,397 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 2,206,099 | 191,682 | 0 | 90,523 | 476,789 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 31,087,757 | 1,220,167 | 0 | 4,315,485 | 5,816,021 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 257,677 | 3,167 | 0 | 299,617 | 51,867 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 416,661 | 272,382 | 0 | 54,559 | 86,401 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 187 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 2,353,060 | 108,136 | 0 | 201,401 | 493,594 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 1,695,232 | 357,271 | 0 | 305,426 | 993,504 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 94,546 | 4,018 | 0 | 32,342 | 23,560 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 30,149 | 43,990 | 0 | 3,810 | 5,108 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 3,369,123 | 125,938 | 0 | 84,548 | 540,730 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 291,816 | 95,609 | 0 | 3,079 | 61,182 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 236,652 | 0 | 0 | 3,697 | 34,706 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 855,550 | 131,970 | 0 | 8,819 | 158,467 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 634,840 | 81,097 | 0 | 56,619 | 132,400 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,038,786 | 0 | 0 | 7,037 | 152,270 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 376,361 | 0 | 0 | 2,591 | 79,905 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 149,832 | 19,920 | 0 | 1,981 | 31,658 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,155,899 | 0 | 0 | 29,752 | 189,686 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 582,240 | 103,201 | 0 | 0 | 111,285 | 90.23 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Net Expenses for Cost Allocation (from Wkst A col. 7) | CAPITAL RELATED COSTS | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | NEW BLDG & FIXT | NEW INTEREST | NEW MVBLE EQUIP | EMPLOYEE BENEFITS DEPARTMENT | |
| | | | 0 | 1.00 | 1.01 | 2.00 | 4.00 | |
| 91.00 | 09100 | EMERGENCY | 19,446,041 | 1,053,699 | 0 | 396,106 | 4,068,708 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 1,081,871 | 110,452 | 0 | 81,167 | 195,611 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 19,175,003 | 0 | 0 | 3,087,916 | 1,654,745 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 34,216,004 | 225,055 | 0 | 266,881 | 4,402,629 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 10,471,216 | 43,451 | 0 | 221,390 | 513,288 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 1,691,708 | 20,988 | 0 | 14,918 | 56,341 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 6,645,492 | 21,726 | 0 | 84,383 | 206,115 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,167,391 | 35,755 | 0 | 34,168 | 104,893 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,407,025 | 8,027 | 0 | 43,215 | 54,114 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 934,291 | 3,129 | 0 | 7,567 | 34,004 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 200,808 | 0 | 0 | 9,011 | 36,948 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 3,740,363 | 103,664 | 0 | 287,896 | 760,785 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 5,688,312 | 63,314 | 0 | 62,425 | 853,882 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 1,665,668,892 | 28,593,749 | 0 | 58,846,944 | 130,348,935 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 149 | 166,477 | 0 | 893 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 3,634,574 | 268,762 | 0 | 73,181 | 751,326 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 75,009 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 5,132,379 | 14,777 | 0 | 40,114 | 437,038 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 3,175,744 | 9,965 | 0 | 2,440 | 22,518 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 11,312,448 | 1,519,125 | 0 | 579,288 | 1,706,255 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 4,135,781 | 47,800 | 0 | 1,108,673 | 779,369 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 469,544 | 6,556,097 | 0 | 0 | 166 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 112,695 | 0 | 0 | 0 | 23,107 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 39,670 | 0 | 0 | 1,299 | 7,014 | 192.06 |
| 192.07 | 19207 | RHI | 231,249 | 0 | 0 | 2,998 | 34,600 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 18,166,196 | 137,141 | 0 | 939,584 | 1,066,965 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 78,163 | 0 | 0 | 0 | 7,825 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 1,292,030 | 0 | 0 | 39,894 | 187,656 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 1,391,513 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 1,713,449,514 | 38,780,415 | 0 | 61,635,308 | 135,372,774 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | CASHIERING | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | 132,854 | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 0 | 61,324,340 | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 139 | 64,326 | 13,279,428 | | | 5.03 |
| 5.04 | 00513 | ADMITTING | 174 | 80,408 | 7 | 10,979,442 | | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | 0 | 0 | 0 | 31,670,029 | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 6,782 | 3,130,543 | 13,233 | 0 | 0 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 232 | 107,210 | 1,499 | 0 | 0 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 23 | 10,721 | 365 | 0 | 0 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 0 | 5,351 | 0 | 0 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 0 | 0 | 233 | 0 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 1,498 | 691,507 | 6,755 | 0 | 0 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 12 | 5,361 | 0 | 0 | 0 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 1,556 | 718,310 | 1,380 | 0 | 0 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 662 | 305,550 | 220,375 | 0 | 0 | 14.00 |
| 15.00 | 01500 | PHARMACY | 4,065 | 1,876,182 | 135,515 | 0 | 0 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 105 | 48,245 | 0 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 1,452 | 670,065 | 78 | 0 | 0 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 360 | 166,176 | 322 | 0 | 0 | 18.00 |
| 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 | 627 | 289,468 | 3 | 0 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 1,057 | 487,807 | 608 | 0 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 128 | 58,966 | 4 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 58 | 26,803 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 93 | 42,884 | 233 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 70 | 32,163 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 174 | 80,408 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 116 | 53,605 | 447 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 35 | 16,082 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 12 | 5,361 | 21 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 70 | 32,163 | 154 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 26,073 | 12,034,363 | 842,951 | 1,952,499 | 3,392,274 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 2,903 | 1,340,130 | 130,695 | 220,554 | 363,181 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 1,486 | 686,146 | 126,791 | 162,878 | 268,160 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 906 | 418,121 | 22,501 | 72,586 | 119,446 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 197 | 91,129 | 8,819 | 21,738 | 35,770 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 1,370 | 632,541 | 62,348 | 53,631 | 88,297 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 848 | 391,318 | 67,030 | 123,683 | 203,625 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 0 | 25,341 | 27,500 | 45,275 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 116 | 53,605 | 6,332 | 20,107 | 33,041 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 1,045 | 482,447 | 3,397 | 39,633 | 69,310 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 941 | 434,202 | 19,974 | 62,322 | 102,605 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 6,410 | 2,959,007 | 5,418,843 | 1,456,953 | 3,519,766 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 511 | 235,863 | 37,471 | 51,709 | 130,177 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 1,812 | 836,241 | 29,906 | 115,736 | 384,094 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 2,241 | 1,034,580 | 47,181 | 164,559 | 301,405 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 337 | 155,455 | 221,018 | 99,737 | 227,763 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 708 | 326,992 | 15,831 | 12,015 | 158,158 | 53.01 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | CASHIERING | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 9,534 | 4,400,986 | 790,992 | 687,311 | 2,991,890 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 1,730 | 798,717 | 23,369 | 15,040 | 483,359 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 465 | 214,421 | 264,435 | 22,393 | 156,661 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 267 | 123,292 | 285,265 | 43,960 | 212,050 | 59.00 |
| 60.00 | 06000 | LABORATORY | 7,874 | 3,634,432 | 1,593,507 | 1,127,207 | 3,422,109 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 93 | 42,884 | 70,357 | 5,216 | 57,114 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 290 | 134,013 | 55,567 | 18,676 | 82,130 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 139 | 64,326 | 810,106 | 199,436 | 387,621 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 2,578 | 1,190,035 | 242,129 | 396,309 | 668,876 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 952 | 439,563 | 45,783 | 145,875 | 411,205 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 476 | 219,781 | 5,666 | 33,667 | 77,163 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 1,173 | 541,412 | 134,685 | 17,499 | 82,916 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 778 | 359,155 | 3,883 | 135,084 | 314,620 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 1,080 | 498,528 | 18,529 | 74,503 | 194,601 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 46 | 21,442 | 10,249 | 242,328 | 663,117 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 875,486 | 2,017,249 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 1,422,547 | 4,507,929 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 1,533 | 707,589 | 0 | 0 | 316,555 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 1,475 | 680,786 | 129,795 | 49,889 | 202,028 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 58 | 26,803 | 6,070 | 5,389 | 8,873 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 372 | 171,537 | 409,163 | 80,855 | 430,787 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 441 | 203,700 | 1,445 | 1,434 | 11,268 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 1,881 | 868,404 | 331,021 | 119,305 | 573,211 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1,370 | 632,541 | 30,338 | 3,298 | 38,553 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 445 | 732 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 267 | 123,292 | 210 | 439 | 5,679 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 18,007 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 732 | 337,713 | 5,677 | 1,606 | 50,157 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 3,170 | 1,463,422 | 99,357 | 2,215 | 401,543 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 255 | 117,931 | 415 | 27 | 16,462 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 395 | 182,258 | 50 | 3 | 14,441 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 7 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 964 | 444,923 | 3,415 | 23,736 | 99,789 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 2,497 | 1,152,512 | 16,815 | 1,574 | 51,703 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 12 | 5,361 | 4,051 | 70 | 4,527 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 105 | 48,245 | 58 | 1 | 466 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 987 | 455,644 | 5,749 | 119 | 80,742 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 337 | 155,455 | 562 | 8 | 1,693 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 1,377 | 0 | 22,494 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 685 | 316,271 | 1,067 | 14 | 6,330 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 58 | 26,803 | 6,253 | 7 | 12,246 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 2,750 | 26 | 25,221 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 255 | 117,931 | 1,190 | 31 | 2,373 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 151 | 69,687 | 49 | 6 | 935 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 174 | 15 | 11,009 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 1,297 | 16 | 3,545 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 5,632 | 2,599,852 | 187,003 | 321,401 | 1,759,251 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 209 | 96,489 | 116,234 | 8 | 67,950 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 674 | 310,910 | 16,187 | 629 | 352,282 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | CASHIERING | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 883 | 407,399 | 10,597 | 0 | 410,872 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 743 | 343,073 | 5,482 | 105,198 | 173,197 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 46 | 21,442 | 2 | 16,393 | 26,990 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 279 | 128,652 | 1,971 | 66,433 | 109,375 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 116 | 53,605 | 1 | 28,391 | 46,743 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 139 | 64,326 | 853 | 20,800 | 34,244 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 23 | 10,721 | 134 | 9,281 | 15,281 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 23 | 10,721 | 831 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 964 | 444,923 | 5,325 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 488 | 225,142 | 4,388 | 0 | 89,518 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 123,098 | 56,821,504 | 13,234,897 | 10,979,439 | 31,670,029 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 221 | 101,850 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 790 | 364,515 | 20,702 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 314 | 144,734 | 2,199 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 255 | 117,931 | 704 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 70 | 32,163 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 3,658 | 1,688,564 | 11,790 | 3 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 2,416 | 1,114,988 | 1,479 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 46 | 21,442 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 46 | 21,442 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 5,713 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 1,359 | 627,181 | 340 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 12 | 5,361 | 290 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 569 | 262,665 | 1,314 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 132,854 | 61,324,340 | 13,279,428 | 10,979,442 | 31,670,029 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Subtotal | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|---|
| | | | 5A.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 118,090,991 | 118,090,991 | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 23,996,449 | 1,776,265 | 25,772,714 | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 76,928,179 | 5,694,378 | 17,023 | 0 | 82,639,580 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 325,490 | 24,093 | 216,623 | 0 | 695,056 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 3,291,112 | 243,615 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 2,716,747 | 201,099 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 5,884,529 | 435,585 | 12,015 | 0 | 38,552 | 9.03 |
| 10.00 | 01000 | DIETARY | 13,387,214 | 990,948 | 258,080 | 0 | 828,075 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 1,899,575 | 140,610 | 8,310 | 0 | 26,662 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 27,628,119 | 2,045,089 | 203,280 | 0 | 652,242 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 127,891,443 | 9,466,780 | 325,970 | 0 | 1,045,906 | 14.00 |
| 15.00 | 01500 | PHARMACY | 86,916,757 | 6,433,752 | 372,096 | 0 | 1,193,907 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 9,685,906 | 716,970 | 6,193 | 0 | 19,871 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 8,531,087 | 631,488 | 36,618 | 0 | 117,493 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 2,662,568 | 197,089 | 5,926 | 0 | 19,015 | 18.00 |
| 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 | 46,761,805 | 3,461,402 | 21,223 | 0 | 68,097 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 12,879,269 | 953,349 | 303,177 | 0 | 972,773 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 384,768 | 28,481 | 68,385 | 0 | 219,420 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 1,051,243 | 77,815 | 25,196 | 0 | 80,843 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 165,170 | 12,226 | 24,193 | 0 | 77,625 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 300,969 | 22,278 | 23,516 | 0 | 75,452 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 756,502 | 55,998 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 593,470 | 43,930 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 1,562,229 | 115,639 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 20 | 1 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 285,166 | 21,109 | 14,907 | 0 | 47,829 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 344,428 | 25,495 | 14,574 | 0 | 46,763 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 193,022,151 | 14,287,251 | 4,844,882 | 0 | 15,545,280 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 21,010,909 | 1,555,270 | 323,710 | 0 | 1,038,656 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 15,603,793 | 1,155,024 | 255,202 | 0 | 818,839 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 6,500,905 | 481,210 | 53,804 | 0 | 172,636 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 2,205,209 | 163,234 | 98,205 | 0 | 315,099 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 5,634,604 | 417,085 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 11,462,893 | 848,506 | 190,268 | 0 | 610,493 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 2,819,179 | 208,681 | 88,299 | 0 | 283,317 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 2,747,324 | 203,362 | 277,643 | 0 | 890,844 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 5,018,571 | 371,485 | 139,473 | 0 | 447,511 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 5,610,911 | 415,331 | 107,400 | 0 | 344,603 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 70,409,419 | 5,211,846 | 1,485,488 | 0 | 4,766,328 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 2,441,575 | 180,730 | 43,847 | 0 | 140,687 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 9,440,066 | 698,773 | 332,561 | 0 | 1,067,052 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 11,873,569 | 878,905 | 365,513 | 0 | 1,172,782 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 3,476,141 | 257,311 | 10,270 | 0 | 32,952 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 4,446,895 | 329,168 | 128,656 | 0 | 412,804 | 53.01 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Subtotal | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|---|
| | | | 5A.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 64,260,020 | 4,756,655 | 1,549,301 | 0 | 4,971,080 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 8,965,489 | 663,643 | 287,353 | 0 | 921,998 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 2,322,312 | 171,902 | 127,060 | 0 | 407,685 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 2,007,284 | 148,583 | 73,686 | 0 | 236,429 | 59.00 |
| 60.00 | 06000 | LABORATORY | 39,084,136 | 2,893,086 | 1,132,023 | 0 | 3,632,203 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 2,703,335 | 200,106 | 29,110 | 0 | 93,401 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 1,889,266 | 139,847 | 115,189 | 0 | 369,593 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 5,651,181 | 418,312 | 58,512 | 0 | 187,743 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 29,564,249 | 2,188,405 | 163,216 | 0 | 523,695 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 16,778,226 | 1,241,958 | 268,584 | 0 | 861,778 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 3,378,659 | 250,095 | 79,137 | 0 | 253,918 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 5,436,205 | 402,399 | 167,606 | 0 | 537,778 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 4,048,022 | 299,643 | 72,644 | 0 | 233,085 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 7,060,369 | 522,623 | 127,197 | 0 | 408,124 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 35,786,250 | 2,648,970 | 19,954 | 0 | 64,023 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 63,090,267 | 4,670,068 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 143,228,256 | 10,602,042 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 11,378,536 | 842,262 | 37,159 | 0 | 119,228 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 10,443,296 | 773,034 | 221,820 | 0 | 711,730 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 753,996 | 55,812 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 6,772,854 | 501,340 | 62,967 | 0 | 202,035 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 494,877 | 36,632 | 18,579 | 0 | 59,614 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 9,710,246 | 718,772 | 199,236 | 0 | 639,266 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 6,509,366 | 481,836 | 171,506 | 0 | 550,294 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 36,790 | 2,723 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 666,690 | 49,350 | 7,737 | 0 | 24,823 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 5,201,135 | 384,998 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 3,360,978 | 248,786 | 132,036 | 0 | 423,649 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 44,409,137 | 3,287,253 | 840,483 | 0 | 2,696,769 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 747,418 | 55,325 | 2,182 | 0 | 7,000 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 1,027,150 | 76,032 | 187,624 | 0 | 602,010 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 194 | 14 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 3,729,018 | 276,029 | 74,487 | 0 | 238,999 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 4,576,534 | 338,764 | 246,098 | 0 | 789,627 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 168,487 | 12,472 | 2,768 | 0 | 8,880 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 131,932 | 9,766 | 30,301 | 0 | 97,225 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 4,663,580 | 345,208 | 86,750 | 0 | 278,344 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 609,741 | 45,134 | 65,858 | 0 | 211,313 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 298,926 | 22,127 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1,479,173 | 109,491 | 90,904 | 0 | 291,675 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 950,323 | 70,345 | 55,862 | 0 | 179,239 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,226,090 | 90,758 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 580,637 | 42,980 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 274,219 | 20,298 | 13,721 | 0 | 44,026 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,386,535 | 102,634 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 801,584 | 59,335 | 71,088 | 0 | 228,091 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 29,837,693 | 2,208,646 | 725,815 | 0 | 2,328,847 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 1,749,991 | 129,538 | 76,083 | 0 | 244,118 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 24,598,346 | 1,820,819 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Subtotal | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|---|
| | | | 5A.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 39,940,320 | 2,956,462 | 155,024 | 0 | 497,409 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 11,877,038 | 879,162 | 29,930 | 0 | 96,034 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 1,848,828 | 136,854 | 14,457 | 0 | 46,387 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 7,264,426 | 537,727 | 14,965 | 0 | 48,017 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,471,063 | 256,935 | 24,629 | 0 | 79,025 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,632,743 | 194,881 | 5,529 | 0 | 17,740 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,014,431 | 75,090 | 2,156 | 0 | 6,916 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 258,342 | 19,123 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 5,343,920 | 395,568 | 71,407 | 0 | 229,115 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 6,987,469 | 517,226 | 43,612 | 0 | 139,935 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 1,643,112,897 | 112,884,534 | 18,755,871 | 0 | 60,125,377 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 269,590 | 19,956 | 114,674 | 0 | 367,943 | 190.00 |
| 191.00 | 19100 | RESEARCH | 5,113,850 | 378,537 | 185,130 | 0 | 594,007 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 222,256 | 16,452 | 51,668 | 0 | 165,782 | 191.01 |
| 191.02 | 19102 | OSA | 5,743,198 | 425,123 | 10,179 | 0 | 32,659 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 3,242,900 | 240,046 | 6,864 | 0 | 22,023 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 16,821,131 | 1,245,134 | 1,046,413 | 0 | 3,357,515 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 7,190,506 | 532,256 | 32,926 | 0 | 105,646 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 7,047,295 | 521,655 | 4,516,011 | 0 | 14,490,050 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 135,802 | 10,052 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 69,471 | 5,142 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 274,560 | 20,323 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 20,938,766 | 1,549,929 | 94,467 | 0 | 303,105 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 91,651 | 6,784 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 1,784,128 | 132,065 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 1,391,513 | 103,003 | 958,511 | 0 | 3,075,473 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 1,713,449,514 | 118,090,991 | 25,772,714 | 0 | 82,639,580 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|---|
| | | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 1,261,262 | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 3,534,727 | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 2,917,846 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 0 | 60 | 0 | 0 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 0 | 0 | 0 | 42,733 | 9,365 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 0 | 0 | 0 | 16,666 | 6,080 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 0 | 4,559 | 0 | 47,459 | 27,873 | 14.00 |
| 15.00 | 01500 | PHARMACY | 0 | 229 | 0 | 74,267 | 39,947 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 0 | 3,188 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 0 | 4 | 0 | 369 | 11,637 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 0 | 0 | 2,795 | 0 | 18.00 |
| 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 | 234 | 0 | 1,113 | 9,762 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 1,526 | 0 | 13,709 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 629,342 | 0 | 717,649 | 851,244 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 54,827 | 0 | 0 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 53,343 | 0 | 57,297 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 3,603 | 0 | 0 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 3,612 | 0 | 0 | 50,296 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 16,412 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 12,135 | 0 | 0 | 97,447 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 12,149 | 0 | 45,448 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 4,213 | 0 | 0 | 142,196 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 12,493 | 0 | 0 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 7,730 | 0 | 32,339 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 92,662 | 0 | 299,068 | 107,166 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 6,386 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 15,619 | 0 | 28,484 | 18,868 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 52,623 | 0 | 47,184 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 613 | 187 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 1,197 | 0 | 13,019 | 42,545 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 54,440 | 0 | 248,367 | 183,824 | 54.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|---|
| | | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 6,792 | 0 | 90,802 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 2,923 | 0 | 25,571 | 7,298 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 1,809 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 58 | 0 | 35,560 | 22,440 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 30,351 | 16,033 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 4,083 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 354 | 0 | 12,747 | 30,564 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 10,391 | 0 | 11,638 | 18,261 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 9 | 0 | 10,900 | 12,637 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 132 | 0 | 17,624 | 44,626 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 3,302 | 0 | 11,698 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 374 | 0 | 0 | 11,146 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 10,219 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 37 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 23,506 | 0 | 70,879 | 14,805 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 578 | 0 | 4,284 | 27,986 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 12,186 | 0 | 825 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 16,074 | 0 | 75,561 | 10,863 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 4 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 4,617 | 0 | 67,959 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 5,555 | 0 | 368,214 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 1,123 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 4 | 0 | 1,471 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 1,223 | 0 | 38,339 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 3,704 | 0 | 0 | 126,040 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 1,417 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 3 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 773 | 0 | 46,789 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 1,181 | 0 | 28,752 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 7,027 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 615 | 0 | 36,589 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 117,811 | 0 | 22,210 | 91,163 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 39,160 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|---|
| | | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 868 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 15,405 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 7,703 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 2,846 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 972 | 137 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 20,976 | 107 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 1,840 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 1,253,413 | 0 | 2,795,506 | 2,051,206 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 13,847 | 34,073 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 870 | 0 | 1,498 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 3,158 | 0 | 15,281 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 1,414 | 3,802 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 3,533 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 3,821 | 0 | 11,748 | 9,959 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 621,702 | 676,857 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 797 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 70,198 | 141,152 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 1,261,262 | 0 | 3,534,727 | 2,917,846 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 6,370,741 | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | 94,712 | 15,611,127 | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | 5,020 | 0 | 2,080,177 | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 89,062 | 0 | 54,055 | 0 | 30,694,593 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 108,344 | 0 | 15,844 | 0 | 0 | 14.00 |
| 15.00 | 01500 | PHARMACY | 90,506 | 0 | 79,218 | 0 | 8,864 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 1,398 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 7,963 | 0 | 18,873 | 0 | 0 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 295 | 0 | 13,514 | 0 | 0 | 18.00 |
| 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 | 134,205 | 0 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 167,070 | 0 | 1,631 | 0 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 41,313 | 0 | 466 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 15,221 | 0 | 2,796 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 14,616 | 0 | 1,165 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 14,206 | 0 | 932 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 3,262 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 1,631 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 4,427 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 9,005 | 0 | 932 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 8,805 | 0 | 932 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 1,080,480 | 12,308,007 | 457,129 | 0 | 13,960,143 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 195,561 | 980,989 | 48,696 | 0 | 1,604,309 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 86,922 | 693,013 | 36,813 | 0 | 1,240,902 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 32,504 | 0 | 13,747 | 0 | 460,906 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 104,147 | 4,427 | 0 | 132,954 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 236,463 | 12,815 | 0 | 452,043 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 418,683 | 27,493 | 0 | 930,676 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 123,105 | 7,223 | 0 | 257,044 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 85,628 | 4,660 | 0 | 132,954 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 84,259 | 318,143 | 12,582 | 0 | 212,726 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 26,926 | 0 | 12,349 | 0 | 407,725 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 419,979 | 33,822 | 115,332 | 0 | 2,224,760 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 26,489 | 0 | 3,961 | 0 | 106,363 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 145,219 | 14,328 | 19,572 | 0 | 638,178 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 165,433 | 191,090 | 24,697 | 0 | 726,814 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 5,264 | 0 | 6,058 | 0 | 88,636 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 12,259 | 0 | 9,320 | 0 | 62,045 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 405,261 | 0 | 89,004 | 0 | 514,088 | 54.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 67,023 | 0 | 10,019 | 0 | 62,045 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 38,138 | 0 | 2,563 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 44,515 | 0 | 2,097 | 0 | 44,318 | 59.00 |
| 60.00 | 06000 | LABORATORY | 58,210 | 0 | 132,574 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 17,586 | 0 | 3,262 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 15,056 | 0 | 3,495 | 0 | 53,182 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 7,739 | 0 | 10,951 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 47,588 | 0 | 75,024 | 0 | 17,727 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 113,722 | 0 | 37,279 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 20,108 | 0 | 7,922 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 27,933 | 0 | 11,417 | 0 | 44,318 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 30,156 | 0 | 10,019 | 0 | 35,454 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 63,695 | 0 | 13,980 | 0 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 699 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 12,845 | 0 | 22,833 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 33,350 | 7,262 | 24,930 | 0 | 452,043 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 1,165 | 0 | 35,454 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 7,922 | 0 | 88,636 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 11,224 | 0 | 466 | 0 | 17,727 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 119,395 | 634 | 13,048 | 0 | 177,272 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 2,109 | 48,150 | 16,543 | 0 | 443,179 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 4,674 | 0 | 932 | 0 | 26,591 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 13,980 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 10,485 | 0 | 115,227 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 75,572 | 0 | 62,443 | 0 | 460,906 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 1,398 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 111,621 | 0 | 1,398 | 0 | 26,591 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 8,155 | 0 | 70,909 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 17,941 | 0 | 292,498 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 233 | 0 | 8,864 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 18,306 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 52,407 | 0 | 9,320 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 39,787 | 0 | 1,165 | 0 | 17,727 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 699 | 0 | 17,727 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 4,194 | 0 | 26,591 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 3,262 | 0 | 53,182 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 2,330 | 0 | 44,318 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 1,631 | 0 | 17,727 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 466 | 0 | 17,727 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 2,796 | 0 | 8,864 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 2,563 | 0 | 35,454 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 286,885 | 244 | 67,801 | 0 | 1,923,398 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 3,029 | 0 | 62,045 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 24,930 | 0 | 381,134 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 3,167 | 0 | 72,228 | 0 | 558,406 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 6,990 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 8,734 | 0 | 699 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 2,796 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 14,879 | 0 | 1,398 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 699 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 466 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 466 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 18,392 | 0 | 10,019 | 0 | 8,864 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 24,187 | 47,419 | 15,378 | 0 | 248,180 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 4,741,697 | 15,611,127 | 2,001,657 | 0 | 30,056,415 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 12,829 | 0 | 3,495 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 103,631 | 0 | 10,019 | 0 | 97,499 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 13,278 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 3,961 | 0 | 62,045 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 233 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 555,752 | 0 | 32,619 | 0 | 177,272 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 19,891 | 0 | 10,485 | 0 | 248,180 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 642,116 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 233 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 233 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 699 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 10,469 | 0 | 13,514 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 233 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 2,796 | 0 | 53,182 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 271,078 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 6,370,741 | 15,611,127 | 2,080,177 | 0 | 30,694,593 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 138,934,178 | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | 1,444,926 | 96,654,469 | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 10,433,526 | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 833 | 0 | 0 | 9,356,365 | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 3,436 | 0 | 0 | 0 | 2,904,638 | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 34 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 6,479 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 41 | 0 | 0 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 2,485 | 0 | 0 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 4,771 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 222 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 1,637 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 8,987,964 | 0 | 1,117,701 | 6,956,801 | 311,415 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 1,393,530 | 0 | 119,662 | 554,480 | 33,341 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 1,351,909 | 0 | 88,354 | 391,709 | 24,617 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 239,914 | 0 | 39,356 | 225,219 | 10,965 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 94,028 | 0 | 11,786 | 58,867 | 3,284 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 664,783 | 0 | 29,093 | 133,655 | 8,106 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 714,707 | 0 | 67,091 | 236,651 | 18,693 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 270,202 | 0 | 14,918 | 69,582 | 4,156 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 67,517 | 0 | 10,887 | 48,399 | 3,033 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 36,221 | 0 | 22,837 | 179,823 | 6,363 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 212,975 | 0 | 33,807 | 307,335 | 9,419 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 57,777,767 | 0 | 1,159,707 | 19,117 | 323,119 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 399,536 | 0 | 42,891 | 0 | 11,950 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 318,873 | 0 | 126,553 | 8,099 | 35,260 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 503,071 | 0 | 99,308 | 108,009 | 27,669 | 52.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 2,356,602 | 0 | 75,044 | 0 | 20,909 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 168,803 | 0 | 52,111 | 0 | 14,519 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 8,433,952 | 0 | 985,780 | 0 | 274,660 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 249,173 | 0 | 159,259 | 0 | 44,373 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 2,819,542 | 0 | 51,617 | 0 | 14,382 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 3,041,635 | 0 | 69,867 | 0 | 19,466 | 59.00 |
| 60.00 | 06000 | LABORATORY | 16,990,767 | 0 | 1,127,531 | 0 | 314,154 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 750,185 | 0 | 18,818 | 0 | 5,243 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 592,478 | 0 | 27,061 | 0 | 7,540 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 8,637,758 | 0 | 127,715 | 0 | 35,584 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 2,581,704 | 0 | 220,384 | 0 | 61,404 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 488,157 | 0 | 135,486 | 0 | 37,749 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 60,415 | 0 | 25,424 | 0 | 7,084 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 1,436,074 | 0 | 27,320 | 0 | 7,612 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 41,405 | 0 | 103,662 | 0 | 28,883 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 197,565 | 0 | 64,118 | 0 | 17,865 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 109,281 | 0 | 218,487 | 0 | 60,875 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 664,652 | 0 | 185,186 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 96,654,469 | 1,484,038 | 0 | 411,120 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 104,300 | 0 | 29,060 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 1,383,938 | 0 | 66,565 | 4,104 | 18,546 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 64,717 | 0 | 2,923 | 0 | 815 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 4,362,704 | 0 | 141,938 | 0 | 39,547 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 15,405 | 0 | 3,713 | 0 | 1,034 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 3,529,511 | 0 | 188,864 | 358 | 52,622 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 323,476 | 0 | 12,703 | 27,216 | 3,539 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 241 | 0 | 67 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 2,239 | 0 | 1,871 | 0 | 521 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 5,933 | 0 | 1,653 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 60,532 | 0 | 16,526 | 0 | 4,605 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 1,059,395 | 0 | 132,302 | 0 | 36,862 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 4,424 | 0 | 5,424 | 0 | 1,511 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 529 | 0 | 4,758 | 0 | 1,326 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 78 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 36,415 | 0 | 32,879 | 0 | 9,161 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 179,293 | 0 | 17,035 | 0 | 4,746 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 43,197 | 0 | 1,492 | 0 | 416 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 615 | 0 | 154 | 0 | 43 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 61,302 | 0 | 26,603 | 0 | 7,412 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 5,995 | 0 | 558 | 0 | 155 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 14,680 | 0 | 7,411 | 0 | 2,065 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 11,374 | 0 | 2,086 | 0 | 581 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 66,670 | 0 | 4,035 | 0 | 1,124 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 29,326 | 0 | 8,310 | 0 | 2,315 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 12,690 | 0 | 782 | 0 | 218 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 527 | 0 | 308 | 0 | 86 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,851 | 0 | 3,627 | 0 | 1,011 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 13,827 | 0 | 1,168 | 0 | 325 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 1,993,921 | 0 | 579,646 | 138 | 161,502 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 1,239,350 | 0 | 22,389 | 0 | 6,238 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 172,594 | 0 | 116,071 | 0 | 32,340 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 112,992 | 0 | 135,376 | 0 | 37,719 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 58,452 | 0 | 57,066 | 0 | 15,900 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 23 | 0 | 8,893 | 0 | 2,478 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 21,019 | 0 | 36,037 | 0 | 10,041 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 11 | 0 | 15,401 | 0 | 4,291 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 9,091 | 0 | 11,283 | 0 | 3,144 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,424 | 0 | 5,035 | 0 | 1,403 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 8,865 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 56,778 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 46,782 | 0 | 29,495 | 26,803 | 8,218 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 138,459,369 | 96,654,469 | 10,433,526 | 9,356,365 | 2,904,638 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 220,734 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 23,451 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 7,503 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 125,716 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 15,765 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 60,915 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 3,627 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 3,089 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 14,009 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 138,934,178 | 96,654,469 | 10,433,526 | 9,356,365 | 2,904,638 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|---|
| | | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | 0 | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | 0 | 0 | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0 | 0 | 50,457,875 | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 0 | 0 | 15,298,983 | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 0 | 13,655,167 | 4,140,287 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 0 | 1,223,626 | 371,007 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 0 | 529,826 | 160,645 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 1,112,387 | 337,279 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 6,592 | 1,999 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 0 | 659,192 | 199,869 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 0 | 5,768 | 1,749 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 0 | 0 | 0 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 0 | 156,558 | 47,469 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 4,444,604 | 1,347,618 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 249,669 | 75,700 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 12,360 | 3,748 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 4,702,513 | 1,425,816 | 0 | 53.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|---|
| | | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 295,813 | 89,691 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 4,868,959 | 1,476,283 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 149,142 | 45,220 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 78,279 | 23,734 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 1,824,315 | 553,138 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 34,608 | 10,493 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 81,575 | 24,734 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 222,477 | 67,456 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 0 | 55,207 | 16,739 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 0 | 559,489 | 169,639 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 0 | 388,099 | 117,673 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 0 | 308,996 | 93,689 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 210,942 | 63,958 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 337,836 | 102,433 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 31,312 | 9,494 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 48,615 | 14,740 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 1,648 | 500 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 373,268 | 113,176 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 2,079,752 | 630,587 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 334,540 | 101,434 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 891,558 | 270,323 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 6,592 | 1,999 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 706,984 | 214,360 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 1,588,653 | 481,685 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 500,162 | 151,651 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 824 | 250 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 21,424 | 6,496 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 293,341 | 88,942 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 784,439 | 237,844 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 105,471 | 31,979 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 90,639 | 27,482 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 918,749 | 278,568 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 8,240 | 2,498 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 4,460,260 | 1,352,365 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|---|
| | | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 23,896 | 7,245 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 0 | 49,444,366 | 14,991,684 | 0 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 0 | 787,735 | 238,844 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 40,376 | 12,242 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 0 | 9,064 | 2,748 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 82,399 | 24,984 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 18,952 | 5,746 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 824 | 250 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 50,263 | 15,240 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 23,896 | 7,245 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 0 | 50,457,875 | 15,298,983 | 0 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METHODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 742,874 | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 155,510 | 1,408,624 | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 74,325 | 0 | 371,805 | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 42,163 | 0 | 0 | 479,516 | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 90,159 | 0 | 0 | 0 | 905,921 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 86,979 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 211,144 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 3 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 40,574 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 42,017 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 0 | 0 | 0 | 673,580 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 53,687 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 0 | 0 | 0 | 37,927 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 21,806 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 5,700 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 0 | 0 | 12,941 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 0 | 0 | 0 | 22,913 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 0 | 0 | 0 | 6,737 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 0 | 0 | 0 | 4,686 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 0 | 0 | 0 | 17,411 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 0 | 0 | 0 | 29,757 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 0 | 0 | 1,851 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 0 | 0 | 784 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 0 | 10,458 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METH ODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 1,408,624 | 0 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 371,805 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 0 | 0 | 397 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | 0 | 35 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 0 | 0 | 2,635 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 0 | 479,516 | 13 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METH ODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 0 | 2,595 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 742,874 | 1,408,624 | 371,805 | 479,516 | 905,913 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 8 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 742,874 | 1,408,624 | 371,805 | 479,516 | 905,921 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 730,781 | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 1,893,439 | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 24 | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 419,744 | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | 484,651 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 0 | 24 | 0 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 0 | 0 | 0 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 0 | 0 | 0 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 0 | 0 | 0 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 0 | 0 | 0 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 0 | 419,744 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 0 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 730,781 | 0 | 0 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 65.00 |
| 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 1,893,439 | 0 | 0 | 484,651 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 0 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 0 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 730,781 | 1,893,439 | 24 | 419,744 | 484,651 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 730,781 | 1,893,439 | 24 | 419,744 | 484,651 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | Total | | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.11 | 24.00 | 25.00 | 26.00 | | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | | | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | | | | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | | | | | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | | | | | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | | | | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 293,546,497 | -17,795,454 | 275,751,043 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 30,562,260 | -1,594,633 | 28,967,627 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 22,586,135 | -690,471 | 21,895,664 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 9,706,241 | -1,449,666 | 8,256,575 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 3,250,848 | 0 | 3,250,848 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 7,626,591 | -8,591 | 7,618,000 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 16,517,710 | -859,061 | 15,658,649 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 4,217,557 | -7,517 | 4,210,040 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 4,623,346 | 0 | 4,623,346 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 7,083,925 | -204,027 | 6,879,898 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 7,558,607 | 0 | 7,558,607 | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 150,659,397 | -5,792,222 | 144,867,175 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 3,729,784 | -325,369 | 3,404,415 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 12,924,397 | -16,108 | 12,908,289 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 16,247,125 | 0 | 16,247,125 | | 52.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | Total | | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.11 | 24.00 | 25.00 | 26.00 | | |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 12,458,316 | -6,128,329 | 6,329,987 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 6,078,845 | -385,504 | 5,693,341 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 94,480,298 | -6,345,242 | 88,135,056 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 11,722,331 | -194,362 | 11,527,969 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 5,990,993 | 0 | 5,990,993 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 5,791,702 | -102,013 | 5,689,689 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 68,530,976 | -2,377,453 | 66,153,523 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 3,866,147 | -45,101 | 3,821,046 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 3,365,400 | -106,309 | 3,259,091 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | 0 | | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 15,429,511 | -289,933 | 15,139,578 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 35,858,866 | 0 | 35,858,866 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 20,075,175 | -71,946 | 20,003,229 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 4,106,308 | 0 | 4,106,308 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 8,890,172 | -729,128 | 8,161,044 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 5,423,745 | -505,772 | 4,917,973 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 8,889,741 | -402,685 | 8,487,056 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 38,918,758 | 0 | 38,918,758 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 68,610,173 | 0 | 68,610,173 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 254,758,015 | 0 | 254,758,015 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 12,546,260 | 0 | 12,546,260 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 14,525,105 | -1,366,136 | 13,158,969 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 914,882 | 0 | 914,882 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 12,653,060 | -440,269 | 12,212,791 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 659,271 | 0 | 659,271 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 15,362,270 | 0 | 15,362,270 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 8,735,856 | -40,806 | 8,695,050 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 63,355 | -63,355 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 2,148 | -2,148 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 39,821 | 0 | 39,821 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 785,432 | 0 | 785,432 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 5,607,699 | 0 | 5,607,699 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 4,931,844 | -486,444 | 4,445,400 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 56,145,230 | -2,710,339 | 53,434,891 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 1,261,779 | -435,974 | 825,805 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 3,202,395 | -1,161,881 | 2,040,514 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 286 | 0 | 286 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 4,524,205 | -8,591 | 4,515,614 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 7,513,624 | -921,344 | 6,592,280 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 2,318,564 | -2,070,338 | 248,226 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 940,155 | -651,813 | 288,342 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 5,532,000 | -1,074 | 5,530,926 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 1,025,353 | -27,920 | 997,433 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 745,921 | -382,283 | 363,638 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 1,022,283 | -1,022,283 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 137,450 | -137,450 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 2,181,752 | -118,121 | 2,063,631 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 1,413,975 | 0 | 1,413,975 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 2,600,764 | -1,197,317 | 1,403,447 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 667,403 | -10,738 | 656,665 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 378,405 | 0 | 378,405 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 1,507,318 | 0 | 1,507,318 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 1,250,639 | 0 | 1,250,639 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 46,637,874 | -5,812,625 | 40,825,249 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | 0 | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | | 93.00 |

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | Total | | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.11 | 24.00 | 25.00 | 26.00 | | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 3,571,941 | -491,004 | 3,080,937 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 27,146,234 | 0 | 27,146,234 | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 44,469,971 | 0 | 44,469,971 | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 13,035,977 | 0 | 13,035,977 | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 2,067,353 | 0 | 2,067,353 | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 7,942,731 | 0 | 7,942,731 | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 3,898,773 | -31,141 | 3,867,632 | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 2,877,956 | 0 | 2,877,956 | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 1,108,030 | 0 | 1,108,030 | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 286,796 | 0 | 286,796 | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 6,155,146 | 0 | 6,155,146 | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 8,139,139 | 0 | 8,139,139 | | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 1,602,620,317 | -66,018,290 | 1,536,602,027 | | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 836,407 | 0 | 836,407 | | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 7,732,354 | -1,026,579 | 6,705,775 | | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 511,334 | 0 | 511,334 | | 191.01 |
| 191.02 | 19102 | OSA | 0 | 6,289,884 | 0 | 6,289,884 | | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 3,568,217 | -52,618 | 3,515,599 | | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 23,398,892 | -11,812 | 23,387,080 | | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 8,263,038 | -107,383 | 8,155,655 | | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 28,515,686 | 0 | 28,515,686 | | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 170,785 | -24,698 | 146,087 | | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 75,920 | -1,074 | 74,846 | | 192.06 |
| 192.07 | 19207 | RHI | 0 | 356,497 | 0 | 356,497 | | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 22,980,177 | -65,503 | 22,914,674 | | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 101,757 | 0 | 101,757 | | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 2,017,321 | -31,141 | 1,986,180 | | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 6,010,928 | 0 | 6,010,928 | | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | 0 | 0 | 0 | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 1,713,449,514 | -67,339,098 | 1,646,110,416 | | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Directly Assigned New Capital Related Costs | CAPITAL RELATED COSTS NEW BLDG & FIXT | CAPITAL RELATED COSTS NEW INTEREST | CAPITAL RELATED COSTS NEW MVBLE EQUIP | CAPITAL RELATED COSTS Subtotal | |
|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1.00 | 1.01 | 2.00 | 2A | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 0 | 12,196 | 0 | 0 | 12,196 | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | 0 | 0 | 0 | 0 | 0 | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 0 | 19,702 | 0 | 0 | 19,702 | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 0 | 21,366 | 0 | 232,163 | 253,529 | 5.03 |
| 5.04 | 00513 | ADMITTING | 0 | 13,434 | 0 | 0 | 13,434 | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | 0 | 0 | 0 | 0 | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 0 | 1,053,132 | 0 | 3,138,580 | 4,191,712 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 0 | 245,174 | 0 | 1,750 | 246,924 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 0 | 24,713 | 0 | 88,519 | 113,232 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 314,482 | 0 | 1,436 | 315,918 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 0 | 17,443 | 0 | 0 | 17,443 | 9.03 |
| 10.00 | 01000 | DIETARY | 0 | 374,667 | 0 | 178,129 | 552,796 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 0 | 12,063 | 0 | 0 | 12,063 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 0 | 295,110 | 0 | 294,529 | 589,639 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 0 | 473,226 | 0 | 640,785 | 1,114,011 | 14.00 |
| 15.00 | 01500 | PHARMACY | 0 | 540,189 | 0 | 2,291,730 | 2,831,919 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 8,991 | 0 | 0 | 8,991 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 0 | 53,160 | 0 | 2,592 | 55,752 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 8,603 | 0 | 78,982 | 87,585 | 18.00 |
| 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 | 30,811 | 0 | 0 | 30,811 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 440,136 | 0 | 18,061 | 458,197 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 99,278 | 0 | 23,279 | 122,557 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 36,578 | 0 | 0 | 36,578 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 35,122 | 0 | 0 | 35,122 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 34,139 | 0 | 0 | 34,139 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 3,192 | 3,192 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 21,640 | 0 | 0 | 21,640 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 21,158 | 0 | 0 | 21,158 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 7,033,542 | 0 | 5,283,788 | 12,317,330 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 469,945 | 0 | 251,194 | 721,139 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 370,488 | 0 | 108,702 | 479,190 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 78,110 | 0 | 157,599 | 235,709 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 142,568 | 0 | 30,528 | 173,096 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 0 | 142,559 | 142,559 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 276,221 | 0 | 182,902 | 459,123 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 128,188 | 0 | 1,678 | 129,866 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 403,067 | 0 | 597,053 | 1,000,120 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 202,479 | 0 | 13,984 | 216,463 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 155,917 | 0 | 50,737 | 206,654 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 2,156,550 | 0 | 11,804,529 | 13,961,079 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 63,655 | 0 | 347,216 | 410,871 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 482,793 | 0 | 187,101 | 669,894 | 51.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Directly Assigned New Capital Related Costs | CAPITAL RELATED COSTS NEW BLDG & FIXT | NEW INTEREST | NEW MVBLE EQUIP | Subtotal | |
|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1.00 | 1.01 | 2.00 | 2A | |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 530,631 | 0 | 402,120 | 932,751 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 14,909 | 0 | 802,282 | 817,191 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 186,775 | 0 | 247,345 | 434,120 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 2,249,190 | 0 | 12,409,384 | 14,658,574 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 417,163 | 0 | 1,439,996 | 1,857,159 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 184,459 | 0 | 257,017 | 441,476 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 106,973 | 0 | 0 | 106,973 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 1,643,409 | 0 | 1,706,774 | 3,350,183 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 42,260 | 0 | 18,817 | 61,077 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 167,224 | 0 | 161,182 | 328,406 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 84,945 | 0 | 77,514 | 162,459 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 236,948 | 0 | 1,065,273 | 1,302,221 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 389,916 | 0 | 261,270 | 651,186 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 114,886 | 0 | 23,521 | 138,407 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 243,321 | 0 | 273,512 | 516,833 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 105,461 | 0 | 303,519 | 408,980 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 184,658 | 0 | 627,870 | 812,528 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 28,967 | 0 | 0 | 28,967 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 53,945 | 0 | 266,434 | 320,379 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 322,026 | 0 | 305,956 | 627,982 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 35,153 | 35,153 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 91,412 | 0 | 1,319,001 | 1,410,413 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 26,973 | 0 | 6,025 | 32,998 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 289,239 | 0 | 542,868 | 832,107 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 248,984 | 0 | 40,813 | 289,797 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 11,231 | 0 | 1,672 | 12,903 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 191,682 | 0 | 90,523 | 282,205 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 1,220,167 | 0 | 4,315,485 | 5,535,652 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 3,167 | 0 | 299,617 | 302,784 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 272,382 | 0 | 54,559 | 326,941 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 108,136 | 0 | 201,401 | 309,537 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 357,271 | 0 | 305,426 | 662,697 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 4,018 | 0 | 32,342 | 36,360 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 43,990 | 0 | 3,810 | 47,800 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 125,938 | 0 | 84,548 | 210,486 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 95,609 | 0 | 3,079 | 98,688 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 3,697 | 3,697 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 131,970 | 0 | 8,819 | 140,789 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 81,097 | 0 | 56,619 | 137,716 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 7,037 | 7,037 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 2,591 | 2,591 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 19,920 | 0 | 1,981 | 21,901 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 29,752 | 29,752 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 103,201 | 0 | 0 | 103,201 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 1,053,699 | 0 | 396,106 | 1,449,805 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | Directly Assigned New Capital Related Costs | CAPITAL RELATED COSTS NEW BLDG & FIXT | CAPITAL RELATED COSTS NEW INTEREST | CAPITAL RELATED COSTS NEW MVBLE EQUIP | Subtotal | |
|---|---|---|---|---|---|---|---|---|
| | | | 0 | 1.00 | 1.01 | 2.00 | 2A | |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 110,452 | 0 | 81,167 | 191,619 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 3,087,916 | 3,087,916 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 225,055 | 0 | 266,881 | 491,936 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 43,451 | 0 | 221,390 | 264,841 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 20,988 | 0 | 14,918 | 35,906 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 21,726 | 0 | 84,383 | 106,109 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 35,755 | 0 | 34,168 | 69,923 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 8,027 | 0 | 43,215 | 51,242 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 3,129 | 0 | 7,567 | 10,696 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 9,011 | 9,011 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 103,664 | 0 | 287,896 | 391,560 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 63,314 | 0 | 62,425 | 125,739 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 28,593,749 | 0 | 58,846,944 | 87,440,693 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 166,477 | 0 | 893 | 167,370 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 268,762 | 0 | 73,181 | 341,943 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 75,009 | 0 | 0 | 75,009 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 14,777 | 0 | 40,114 | 54,891 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 9,965 | 0 | 2,440 | 12,405 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 1,519,125 | 0 | 579,288 | 2,098,413 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 47,800 | 0 | 1,108,673 | 1,156,473 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 6,556,097 | 0 | 0 | 6,556,097 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 1,299 | 1,299 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 2,998 | 2,998 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 137,141 | 0 | 939,584 | 1,076,725 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 39,894 | 39,894 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 1,391,513 | 0 | 0 | 1,391,513 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | 0 | 200.00 |
| 201.00 | | Negative Cost Centers | | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 38,780,415 | 0 | 61,635,308 | 100,415,723 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | EMPLOYEE BENEFITS DEPARTMENT | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | |
|---|---|---|---|---|---|---|---|---|
| | | | 4.00 | 5.01 | 5.02 | 5.03 | 5.04 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 12,196 | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | 0 | 0 | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 1 | 0 | 19,703 | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 0 | 0 | 21 | 253,550 | | 5.03 |
| 5.04 | 00513 | ADMITTING | 0 | 0 | 26 | 0 | 13,460 | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | 0 | 0 | 0 | 0 | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 285 | 0 | 1,006 | 253 | 0 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 7 | 0 | 34 | 29 | 0 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 35 | 0 | 3 | 7 | 0 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 0 | 0 | 102 | 0 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 7 | 0 | 0 | 4 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 179 | 0 | 222 | 129 | 0 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 2 | 0 | 2 | 0 | 0 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 335 | 0 | 231 | 26 | 0 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 55 | 0 | 98 | 4,208 | 0 | 14.00 |
| 15.00 | 01500 | PHARMACY | 583 | 0 | 603 | 2,587 | 0 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 7 | 0 | 16 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 91 | 0 | 215 | 1 | 0 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 38 | 0 | 53 | 6 | 0 | 18.00 |
| 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 | 619 | 0 | 93 | 0 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 11 | 0 | 157 | 12 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 3 | 0 | 19 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 18 | 0 | 9 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 8 | 0 | 14 | 4 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 5 | 0 | 10 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 12 | 0 | 26 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 10 | 0 | 17 | 9 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 24 | 0 | 5 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 5 | 0 | 2 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 5 | 0 | 10 | 3 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 2,393 | 0 | 3,864 | 16,095 | 2,018 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 288 | 0 | 431 | 2,495 | 280 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 218 | 0 | 220 | 2,421 | 206 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 89 | 0 | 134 | 430 | 92 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 29 | 0 | 29 | 168 | 28 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 73 | 0 | 203 | 1,190 | 68 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 161 | 0 | 126 | 1,280 | 157 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 40 | 0 | 0 | 484 | 35 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 25 | 0 | 17 | 121 | 25 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 67 | 0 | 155 | 65 | 50 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 76 | 0 | 140 | 381 | 79 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 638 | 0 | 951 | 103,467 | 1,847 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 23 | 0 | 76 | 715 | 66 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 115 | 0 | 269 | 571 | 147 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 147 | 0 | 332 | 901 | 209 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 30 | 0 | 50 | 4,220 | 126 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 53 | 0 | 105 | 302 | 15 | 53.01 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | EMPLOYEE BENEFITS DEPARTMENT | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | |
|---|---|---|---|---|---|---|---|---|
| | | | 4.00 | 5.01 | 5.02 | 5.03 | 5.04 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 532 | 0 | 1,414 | 15,103 | 871 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 91 | 0 | 257 | 446 | 19 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 18 | 0 | 69 | 5,049 | 28 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 18 | 0 | 40 | 5,447 | 56 | 59.00 |
| 60.00 | 06000 | LABORATORY | 656 | 0 | 1,168 | 30,426 | 1,429 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 19 | 0 | 14 | 1,343 | 7 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 20 | 0 | 43 | 1,061 | 24 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 64 | 0 | 21 | 15,468 | 253 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 408 | 0 | 382 | 4,623 | 502 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 229 | 0 | 141 | 874 | 185 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 46 | 0 | 71 | 108 | 43 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 66 | 0 | 174 | 2,572 | 22 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 53 | 0 | 115 | 74 | 171 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 81 | 0 | 160 | 354 | 94 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 4 | 0 | 7 | 196 | 307 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 1,110 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 1,803 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 148 | 0 | 227 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 129 | 0 | 219 | 2,478 | 63 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 11 | 0 | 9 | 116 | 7 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 43 | 0 | 55 | 7,812 | 102 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 4 | 0 | 65 | 28 | 2 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 85 | 0 | 279 | 6,320 | 151 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 87 | 0 | 203 | 579 | 4 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 1 | 0 | 0 | 0 | 1 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 6 | 0 | 40 | 4 | 1 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 67 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 43 | 0 | 109 | 108 | 2 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 531 | 0 | 470 | 1,897 | 3 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 5 | 0 | 38 | 8 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 8 | 0 | 59 | 1 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 45 | 0 | 143 | 65 | 30 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 91 | 0 | 370 | 321 | 2 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 2 | 0 | 2 | 77 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 16 | 1 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 49 | 0 | 146 | 110 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 6 | 0 | 50 | 11 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 3 | 0 | 0 | 26 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 14 | 0 | 102 | 20 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 12 | 0 | 9 | 119 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 14 | 0 | 0 | 53 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 7 | 0 | 38 | 23 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 3 | 0 | 22 | 1 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 17 | 0 | 0 | 3 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 10 | 0 | 0 | 25 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 371 | 0 | 835 | 3,571 | 407 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 18 | 0 | 31 | 2,219 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 151 | 0 | 100 | 309 | 1 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | EMPLOYEE BENEFITS DEPARTMENT | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | |
|---|---|---|---|---|---|---|---|---|
| | | | 4.00 | 5.01 | 5.02 | 5.03 | 5.04 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 402 | 0 | 131 | 202 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 47 | 0 | 110 | 105 | 133 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 5 | 0 | 7 | 0 | 21 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 19 | 0 | 41 | 38 | 84 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 10 | 0 | 17 | 0 | 36 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 5 | 0 | 21 | 16 | 26 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 3 | 0 | 3 | 3 | 12 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 3 | 0 | 3 | 16 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 69 | 0 | 143 | 102 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 78 | 0 | 72 | 84 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 11,737 | 0 | 18,255 | 252,701 | 13,460 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 33 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 69 | 0 | 117 | 395 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 47 | 42 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 40 | 0 | 38 | 13 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 2 | 0 | 10 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 156 | 0 | 543 | 225 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 71 | 0 | 358 | 28 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 7 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 2 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 1 | 0 | 7 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 3 | 0 | 0 | 109 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 97 | 0 | 202 | 6 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 1 | 0 | 2 | 6 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 17 | 0 | 84 | 25 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 12,196 | 0 | 19,703 | 253,550 | 13,460 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CASHIERING | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 0 | 4,193,256 | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 0 | 63,063 | 310,057 | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 0 | 202,167 | 205 | 0 | 315,649 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 855 | 2,606 | 0 | 2,655 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 8,649 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 7,140 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 0 | 15,465 | 145 | 0 | 147 | 9.03 |
| 10.00 | 01000 | DIETARY | 0 | 35,182 | 3,105 | 0 | 3,163 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 0 | 4,992 | 100 | 0 | 102 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 0 | 72,607 | 2,446 | 0 | 2,491 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 0 | 336,099 | 3,922 | 0 | 3,995 | 14.00 |
| 15.00 | 01500 | PHARMACY | 0 | 228,417 | 4,476 | 0 | 4,560 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 25,455 | 75 | 0 | 76 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 0 | 22,420 | 441 | 0 | 449 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 6,997 | 71 | 0 | 73 | 18.00 |
| 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 | 122,890 | 255 | 0 | 260 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 33,847 | 3,647 | 0 | 3,716 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 1,011 | 823 | 0 | 838 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 2,763 | 303 | 0 | 309 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 434 | 291 | 0 | 296 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 791 | 283 | 0 | 288 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 1,988 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 1,560 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 4,106 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 749 | 179 | 0 | 183 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 905 | 175 | 0 | 179 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 507,914 | 58,286 | 0 | 59,374 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 55,217 | 3,894 | 0 | 3,967 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 41,007 | 3,070 | 0 | 3,128 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 17,084 | 647 | 0 | 659 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 5,795 | 1,181 | 0 | 1,204 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 14,808 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 30,124 | 2,289 | 0 | 2,332 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 7,409 | 1,062 | 0 | 1,082 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 7,220 | 3,340 | 0 | 3,403 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 13,189 | 1,678 | 0 | 1,709 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 14,745 | 1,292 | 0 | 1,316 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 185,036 | 17,871 | 0 | 18,205 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 6,416 | 527 | 0 | 537 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 24,808 | 4,001 | 0 | 4,076 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 31,204 | 4,397 | 0 | 4,480 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 9,135 | 124 | 0 | 126 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 11,686 | 1,548 | 0 | 1,577 | 53.01 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CASHIERING | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 168,875 | 18,639 | 0 | 18,988 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 23,561 | 3,457 | 0 | 3,522 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 6,103 | 1,529 | 0 | 1,557 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 5,275 | 886 | 0 | 903 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 102,713 | 13,619 | 0 | 13,874 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 7,104 | 350 | 0 | 357 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 4,965 | 1,386 | 0 | 1,412 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 14,851 | 704 | 0 | 717 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 77,695 | 1,964 | 0 | 2,000 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 44,093 | 3,231 | 0 | 3,292 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 8,879 | 952 | 0 | 970 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 14,286 | 2,016 | 0 | 2,054 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 10,638 | 874 | 0 | 890 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 18,555 | 1,530 | 0 | 1,559 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 94,046 | 240 | 0 | 245 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 165,801 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 376,404 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 29,903 | 447 | 0 | 455 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 27,445 | 2,669 | 0 | 2,719 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 1,982 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 17,799 | 758 | 0 | 772 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 1,301 | 224 | 0 | 228 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 25,519 | 2,397 | 0 | 2,442 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 17,107 | 2,063 | 0 | 2,102 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 97 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 1,752 | 93 | 0 | 95 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 13,669 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 8,833 | 1,588 | 0 | 1,618 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 116,707 | 10,111 | 0 | 10,301 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 1,964 | 26 | 0 | 27 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 2,699 | 2,257 | 0 | 2,299 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 1 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 9,800 | 896 | 0 | 913 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 12,027 | 2,961 | 0 | 3,016 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 443 | 33 | 0 | 34 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 347 | 365 | 0 | 371 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 12,256 | 1,044 | 0 | 1,063 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 1,602 | 792 | 0 | 807 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 786 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 3,887 | 1,094 | 0 | 1,114 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 2,497 | 672 | 0 | 685 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 3,222 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 1,526 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 721 | 165 | 0 | 168 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 3,644 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 2,107 | 855 | 0 | 871 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 78,413 | 8,732 | 0 | 8,895 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 4,599 | 915 | 0 | 932 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 64,644 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CASHIERING | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 104,963 | 1,865 | 0 | 1,900 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 31,213 | 360 | 0 | 367 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 4,859 | 174 | 0 | 177 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 19,091 | 180 | 0 | 183 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 9,122 | 296 | 0 | 302 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 6,919 | 67 | 0 | 68 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 2,666 | 26 | 0 | 26 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 679 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 14,044 | 859 | 0 | 875 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 18,363 | 525 | 0 | 534 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 4,008,411 | 225,641 | 0 | 229,654 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 708 | 1,380 | 0 | 1,405 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 13,439 | 2,227 | 0 | 2,269 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 584 | 622 | 0 | 633 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 15,093 | 122 | 0 | 125 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 8,522 | 83 | 0 | 84 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 44,206 | 12,589 | 0 | 12,824 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 18,897 | 396 | 0 | 404 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 18,520 | 54,330 | 0 | 55,346 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 357 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 183 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 722 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 55,027 | 1,136 | 0 | 1,158 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 241 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 4,689 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 3,657 | 11,531 | 0 | 11,747 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 4,193,256 | 310,057 | 0 | 315,649 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|---|
| | | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 322,136 | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 8,649 | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 7,140 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 0 | 15 | 0 | 0 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 0 | 0 | 0 | 105 | 23 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 0 | 0 | 0 | 41 | 15 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 0 | 1,164 | 0 | 116 | 68 | 14.00 |
| 15.00 | 01500 | PHARMACY | 0 | 59 | 0 | 182 | 98 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 0 | 8 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 0 | 1 | 0 | 1 | 28 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 0 | 0 | 7 | 0 | 18.00 |
| 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 | 60 | 0 | 3 | 24 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 390 | 0 | 34 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 160,742 | 0 | 1,754 | 2,088 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 14,003 | 0 | 0 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 13,624 | 0 | 140 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 920 | 0 | 0 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 922 | 0 | 0 | 123 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 4,192 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 3,099 | 0 | 0 | 238 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 3,103 | 0 | 111 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 1,076 | 0 | 0 | 348 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 3,191 | 0 | 0 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 1,974 | 0 | 79 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 23,666 | 0 | 732 | 262 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 1,631 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 3,989 | 0 | 70 | 46 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 13,440 | 0 | 115 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 2 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 306 | 0 | 32 | 104 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 13,904 | 0 | 608 | 450 | 54.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|---|
| | | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 1,735 | 0 | 222 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 747 | 0 | 63 | 18 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 462 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 15 | 0 | 87 | 55 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 74 | 39 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 10 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 90 | 0 | 31 | 75 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 2,654 | 0 | 28 | 45 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 2 | 0 | 27 | 31 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 34 | 0 | 43 | 109 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 843 | 0 | 29 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 96 | 0 | 0 | 27 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 25 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 9 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 6,004 | 0 | 173 | 36 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 148 | 0 | 10 | 68 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 3,112 | 0 | 2 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 4,105 | 0 | 185 | 27 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 1 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 1,179 | 0 | 166 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 1,419 | 0 | 901 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 3 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 1 | 0 | 4 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 312 | 0 | 94 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 946 | 0 | 0 | 308 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 3 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 1 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 197 | 0 | 114 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 302 | 0 | 70 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 17 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 157 | 0 | 90 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 30,090 | 0 | 54 | 223 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 96 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|---|
| | | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 2 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 38 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 19 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 7 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 2 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 51 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 5 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 320,132 | 0 | 6,840 | 5,021 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 34 | 83 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 222 | 0 | 4 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 806 | 0 | 37 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 3 | 9 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 9 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 976 | 0 | 29 | 24 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 1,521 | 1,656 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 2 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 172 | 345 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 322,136 | 0 | 8,649 | 7,140 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 33,226 | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | 494 | 595,398 | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | 26 | 0 | 17,287 | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 464 | 0 | 449 | 0 | 668,744 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 565 | 0 | 132 | 0 | 0 | 14.00 |
| 15.00 | 01500 | PHARMACY | 472 | 0 | 658 | 0 | 193 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 12 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 42 | 0 | 157 | 0 | 0 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 2 | 0 | 112 | 0 | 0 | 18.00 |
| 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 | 1,115 | 0 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 871 | 0 | 14 | 0 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 215 | 0 | 4 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 79 | 0 | 23 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 76 | 0 | 10 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 74 | 0 | 8 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 27 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 14 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 37 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 47 | 0 | 8 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 46 | 0 | 8 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 5,637 | 469,420 | 3,799 | 0 | 304,150 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 1,020 | 37,414 | 405 | 0 | 34,953 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 453 | 26,431 | 306 | 0 | 27,036 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 170 | 0 | 114 | 0 | 10,042 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 3,972 | 37 | 0 | 2,897 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 9,019 | 106 | 0 | 9,849 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 15,968 | 228 | 0 | 20,277 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 4,695 | 60 | 0 | 5,600 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 3,266 | 39 | 0 | 2,897 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 439 | 12,134 | 105 | 0 | 4,635 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 140 | 0 | 103 | 0 | 8,883 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 2,190 | 1,290 | 958 | 0 | 48,471 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 138 | 0 | 33 | 0 | 2,317 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 757 | 546 | 163 | 0 | 13,904 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 863 | 7,288 | 205 | 0 | 15,835 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 27 | 0 | 50 | 0 | 1,931 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 64 | 0 | 77 | 0 | 1,352 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 2,114 | 0 | 740 | 0 | 11,200 | 54.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 350 | 0 | 83 | 0 | 1,352 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 199 | 0 | 21 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 232 | 0 | 17 | 0 | 966 | 59.00 |
| 60.00 | 06000 | LABORATORY | 304 | 0 | 1,102 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 92 | 0 | 27 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 79 | 0 | 29 | 0 | 1,159 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 40 | 0 | 91 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 248 | 0 | 623 | 0 | 386 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 593 | 0 | 310 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 105 | 0 | 66 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 146 | 0 | 95 | 0 | 966 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 157 | 0 | 83 | 0 | 772 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 332 | 0 | 116 | 0 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 6 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 67 | 0 | 190 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 174 | 277 | 207 | 0 | 9,849 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 10 | 0 | 772 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 66 | 0 | 1,931 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 59 | 0 | 4 | 0 | 386 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 623 | 24 | 108 | 0 | 3,862 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 11 | 1,836 | 137 | 0 | 9,656 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 24 | 0 | 8 | 0 | 579 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 116 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 87 | 0 | 2,510 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 394 | 0 | 519 | 0 | 10,042 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 12 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 582 | 0 | 12 | 0 | 579 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 68 | 0 | 1,545 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 149 | 0 | 6,373 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 2 | 0 | 193 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 95 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 273 | 0 | 77 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 207 | 0 | 10 | 0 | 386 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 6 | 0 | 386 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 35 | 0 | 579 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 27 | 0 | 1,159 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 19 | 0 | 966 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 14 | 0 | 386 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 4 | 0 | 386 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 23 | 0 | 193 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 21 | 0 | 772 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 1,496 | 9 | 563 | 0 | 41,905 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 25 | 0 | 1,352 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 207 | 0 | 8,304 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 17 | 0 | 600 | 0 | 12,166 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 58 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 46 | 0 | 6 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 23 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 78 | 0 | 12 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 6 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 4 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 4 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 96 | 0 | 83 | 0 | 193 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 126 | 1,809 | 128 | 0 | 5,407 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 24,730 | 595,398 | 16,635 | 0 | 654,840 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 67 | 0 | 29 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 540 | 0 | 83 | 0 | 2,124 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 69 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 33 | 0 | 1,352 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 2 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 2,898 | 0 | 271 | 0 | 3,862 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 104 | 0 | 87 | 0 | 5,407 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 3,349 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 2 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 2 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 6 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 55 | 0 | 112 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 2 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 23 | 0 | 1,159 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 1,414 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 33,226 | 595,398 | 17,287 | 0 | 668,744 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 1,464,433 | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | 15,230 | 3,090,037 | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 34,640 | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 9 | 0 | 0 | 79,607 | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 36 | 0 | 0 | 0 | 94,980 | 18.00 |
| 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 | 68 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 26 | 0 | 0 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 50 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 2 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 17 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 94,737 | 0 | 3,917 | 59,190 | 10,446 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 14,688 | 0 | 419 | 4,718 | 1,118 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 14,250 | 0 | 310 | 3,333 | 826 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 2,529 | 0 | 138 | 1,916 | 368 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 991 | 0 | 41 | 501 | 110 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 7,007 | 0 | 102 | 1,137 | 272 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 7,533 | 0 | 235 | 2,013 | 627 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 2,848 | 0 | 52 | 592 | 139 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 712 | 0 | 38 | 412 | 102 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 382 | 0 | 80 | 1,530 | 213 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 2,245 | 0 | 118 | 2,615 | 316 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 609,012 | 0 | 4,064 | 163 | 10,838 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 4,211 | 0 | 150 | 0 | 401 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 3,361 | 0 | 444 | 69 | 1,183 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 5,303 | 0 | 348 | 919 | 928 | 52.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 24,840 | 0 | 263 | 0 | 701 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 1,779 | 0 | 183 | 0 | 487 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 88,897 | 0 | 3,455 | 0 | 9,213 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 2,626 | 0 | 558 | 0 | 1,488 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 29,719 | 0 | 181 | 0 | 482 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 32,060 | 0 | 245 | 0 | 653 | 59.00 |
| 60.00 | 06000 | LABORATORY | 179,090 | 0 | 3,952 | 0 | 10,538 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 7,907 | 0 | 66 | 0 | 176 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 6,245 | 0 | 95 | 0 | 253 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 91,046 | 0 | 448 | 0 | 1,194 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 27,212 | 0 | 772 | 0 | 2,060 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 5,145 | 0 | 475 | 0 | 1,266 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 637 | 0 | 89 | 0 | 238 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 15,137 | 0 | 96 | 0 | 255 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 436 | 0 | 363 | 0 | 969 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 2,082 | 0 | 225 | 0 | 599 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,152 | 0 | 766 | 0 | 2,042 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 2,329 | 0 | 6,212 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 3,090,037 | 3,275 | 0 | 11,343 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 366 | 0 | 975 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 14,587 | 0 | 233 | 35 | 622 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 682 | 0 | 10 | 0 | 27 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 45,985 | 0 | 497 | 0 | 1,327 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 162 | 0 | 13 | 0 | 35 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 37,203 | 0 | 662 | 3 | 1,765 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 3,410 | 0 | 45 | 232 | 119 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 1 | 0 | 2 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 24 | 0 | 7 | 0 | 17 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 21 | 0 | 55 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 638 | 0 | 58 | 0 | 154 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 11,166 | 0 | 464 | 0 | 1,236 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 47 | 0 | 19 | 0 | 51 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 6 | 0 | 17 | 0 | 44 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 1 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 384 | 0 | 115 | 0 | 307 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 1,890 | 0 | 60 | 0 | 159 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 455 | 0 | 5 | 0 | 14 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 6 | 0 | 1 | 0 | 1 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 646 | 0 | 93 | 0 | 249 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 63 | 0 | 2 | 0 | 5 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 155 | 0 | 26 | 0 | 69 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 120 | 0 | 7 | 0 | 19 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 703 | 0 | 14 | 0 | 38 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 309 | 0 | 29 | 0 | 78 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 134 | 0 | 3 | 0 | 7 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 6 | 0 | 1 | 0 | 3 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 20 | 0 | 13 | 0 | 34 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 146 | 0 | 4 | 0 | 11 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 21,017 | 0 | 2,031 | 1 | 5,417 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 13,063 | 0 | 78 | 0 | 209 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 1,819 | 0 | 407 | 0 | 1,085 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 1,191 | 0 | 474 | 0 | 1,265 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 616 | 0 | 200 | 0 | 533 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 31 | 0 | 83 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 222 | 0 | 126 | 0 | 337 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 54 | 0 | 144 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 96 | 0 | 40 | 0 | 105 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 15 | 0 | 18 | 0 | 47 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 93 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 598 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 493 | 0 | 103 | 228 | 276 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 1,459,428 | 3,090,037 | 34,640 | 79,607 | 94,980 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 2,327 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 247 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 79 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 1,325 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 166 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 642 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 38 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 33 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 148 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 1,464,433 | 3,090,037 | 34,640 | 79,607 | 94,980 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|---|
| | | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | 0 | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | 0 | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | 156,130 | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | 500,964 | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | | | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | | | | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | | | | | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | | | | | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | | | | | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | | | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | | | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | | | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | | | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | | | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | | | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | | | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | | | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | | | | | 34.03 |
| 34.04 | 03403 | RH PED IC | | | | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | | | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | | | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | | | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | | | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | | | | | 42.00 |
| 43.00 | 04300 | NURSERY | | | | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | | | | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | | | | | | 45.00 |
| 45.01 | 04510 | ICF/MR | | | | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | | | | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | | | | | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | | | | | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | | | | | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | | | | | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | | | | | | 53.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|---|
| | | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | | | | | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | | | | | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | | | | | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | | | | | | 56.00 |
| 57.00 | 05700 | CT SCAN | | | | | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | | | | | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | | | | | | 59.00 |
| 60.00 | 06000 | LABORATORY | | | | | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | | | | | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | | | | | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | | | | | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | | | | | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | | | | | | 65.00 |
| 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 PATIENT | | | | | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | | | | | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | | | | | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | | | | | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | | | | | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | | | | | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | | | | | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | | | | | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | | | | | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | | | | | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | | | | | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | | | | | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | | | | | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | | | | | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | | | | | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | | | | | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | | | | | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | | | | | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | | | | | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | | | | | | 89.00 |
| 90.00 | 09000 | CLINIC | | | | | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | | | | | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | | | | | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | | | | | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | | | | | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | | | | | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | | | | | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | | | | | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | | | | | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | | | | | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | | | | | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | | | | | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | | | | | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | | | | | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | | | | | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | | | | | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | | | | | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | | | | | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | | | | | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | | | | | | 90.19 |
| 90.20 | 09025 | IUMG - MH | | | | | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | | | | | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | | | | | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | | | | | | 90.23 |
| 91.00 | 09100 | EMERGENCY | | | | | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | | | | | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | | | | | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | | | | | | 94.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|---|
| | | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | | | | | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | | | | | | 97.00 |
| 99.00 | 09900 | CMHC | | | | | | 99.00 |
| 99.10 | 09910 | CORF | | | | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | | | | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | | | | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | | | | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | | | | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | | | | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | | | | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | | | | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | | | | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | | | | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | | | | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | | | | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | | | | | | 115.00 |
| 116.00 | 11600 | HOSPICE | | | | | | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 0 | 0 | 0 | 0 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190.00 |
| 191.00 | 19100 | RESEARCH | | | | | | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | | | | | | 191.01 |
| 191.02 | 19102 | OSA | | | | | | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | | | | | | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | | | | | | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | | | | | | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | | | | | | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | | | | | | 192.04 |
| 192.05 | 19205 | MHH LABS | | | | | | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | | | | | | 192.06 |
| 192.07 | 19207 | RHI | | | | | | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | | | | | | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | | | | | | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | | | | | | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | | | | | | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | | | | | | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | 0 | 156,130 | 500,964 | 0 | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 0 | 156,130 | 500,964 | 0 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METHODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 125,470 | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | 40,082 | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | 36,281 | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | 35,598 | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | 2,053 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | | | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | | | | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | | | | | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | | | | | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | | | | | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | | | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | | | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | | | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | | | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | | | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | | | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | | | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | | | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | | | | | 34.03 |
| 34.04 | 03403 | RH PED IC | | | | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | | | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | | | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | | | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | | | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | | | | | 42.00 |
| 43.00 | 04300 | NURSERY | | | | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | | | | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | | | | | | 45.00 |
| 45.01 | 04510 | ICF/MR | | | | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | | | | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | | | | | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | | | | | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | | | | | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | | | | | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | | | | | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | | | | | | 53.01 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METH ODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | | | | | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | | | | | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | | | | | | 56.00 |
| 57.00 | 05700 | CT SCAN | | | | | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | | | | | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | | | | | | 59.00 |
| 60.00 | 06000 | LABORATORY | | | | | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | | | | | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | | | | | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | | | | | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | | | | | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | | | | | | 65.00 |
| 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 PATIENT | | | | | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | | | | | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | | | | | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | | | | | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | | | | | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | | | | | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | | | | | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | | | | | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | | | | | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | | | | | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | | | | | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | | | | | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | | | | | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | | | | | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | | | | | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | | | | | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | | | | | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | | | | | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | | | | | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | | | | | | 89.00 |
| 90.00 | 09000 | CLINIC | | | | | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | | | | | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | | | | | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | | | | | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | | | | | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | | | | | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | | | | | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | | | | | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | | | | | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | | | | | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | | | | | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | | | | | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | | | | | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | | | | | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | | | | | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | | | | | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | | | | | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | | | | | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | | | | | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | | | | | | 90.19 |
| 90.20 | 09025 | IUMG - MH | | | | | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | | | | | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | | | | | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | | | | | | 90.23 |
| 91.00 | 09100 | EMERGENCY | | | | | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | | | | | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | | | | | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | | | | | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | | | | | | 96.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METH ODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | | | | | | 97.00 |
| 99.00 | 09900 | CMHC | | | | | | 99.00 |
| 99.10 | 09910 | CORF | | | | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | | | | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | | | | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | | | | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | | | | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | | | | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | | | | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | | | | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | | | | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | | | | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | | | | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | | | | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | | | | | | 115.00 |
| 116.00 | 11600 | HOSPICE | | | | | | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 0 | 0 | 0 | 0 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190.00 |
| 191.00 | 19100 | RESEARCH | | | | | | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | | | | | | 191.01 |
| 191.02 | 19102 | OSA | | | | | | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | | | | | | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | | | | | | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | | | | | | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | | | | | | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | | | | | | 192.04 |
| 192.05 | 19205 | MHH LABS | | | | | | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | | | | | | 192.06 |
| 192.07 | 19207 | RHI | | | | | | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | | | | | | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | | | | | | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | | | | | | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | | | | | | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | | | | | | 193.00 |
| 200.00 | | Cross Foot Adjustments | 125,470 | 40,082 | 36,281 | 35,598 | 2,053 | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 125,470 | 40,082 | 36,281 | 35,598 | 2,053 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 1,660 | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | | 7,364 | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | | | 0 | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | | | | 22,815 | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | | | | | 22,506 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | | | | | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | | | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | | | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | | | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | | | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | | | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | | | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | | | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | | | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | | | | | 34.03 |
| 34.04 | 03403 | RH PED IC | | | | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | | | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | | | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | | | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | | | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | | | | | 42.00 |
| 43.00 | 04300 | NURSERY | | | | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | | | | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | | | | | | 45.00 |
| 45.01 | 04510 | ICF/MR | | | | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | | | | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | | | | | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | | | | | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | | | | | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | | | | | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | | | | | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | | | | | | 53.01 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | | | | | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | | | | | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | | | | | | 56.00 |
| 57.00 | 05700 | CT SCAN | | | | | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | | | | | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | | | | | | 59.00 |
| 60.00 | 06000 | LABORATORY | | | | | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | | | | | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | | | | | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | | | | | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | | | | | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | | | | | | 65.00 |
| 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 PATIENT | | | | | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | | | | | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | | | | | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | | | | | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | | | | | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | | | | | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | | | | | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | | | | | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | | | | | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | | | | | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | | | | | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | | | | | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | | | | | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | | | | | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | | | | | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | | | | | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | | | | | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | | | | | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | | | | | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | | | | | | 89.00 |
| 90.00 | 09000 | CLINIC | | | | | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | | | | | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | | | | | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | | | | | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | | | | | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | | | | | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | | | | | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | | | | | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | | | | | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | | | | | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | | | | | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | | | | | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | | | | | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | | | | | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | | | | | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | | | | | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | | | | | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | | | | | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | | | | | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | | | | | | 90.19 |
| 90.20 | 09025 | IUMG - MH | | | | | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | | | | | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | | | | | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | | | | | | 90.23 |
| 91.00 | 09100 | EMERGENCY | | | | | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | | | | | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | | | | | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | | | | | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | | | | | | 96.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | | | | | | 97.00 |
| 99.00 | 09900 | CMHC | | | | | | 99.00 |
| 99.10 | 09910 | CORF | | | | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | | | | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | | | | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | | | | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | | | | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | | | | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | | | | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | | | | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | | | | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | | | | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | | | | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | | | | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | | | | | | 115.00 |
| 116.00 | 11600 | HOSPICE | | | | | | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 0 | 0 | 0 | 0 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190.00 |
| 191.00 | 19100 | RESEARCH | | | | | | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | | | | | | 191.01 |
| 191.02 | 19102 | OSA | | | | | | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | | | | | | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | | | | | | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | | | | | | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | | | | | | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | | | | | | 192.04 |
| 192.05 | 19205 | MHH LABS | | | | | | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | | | | | | 192.06 |
| 192.07 | 19207 | RHI | | | | | | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | | | | | | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | | | | | | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | | | | | | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | | | | | | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | | | | | | 193.00 |
| 200.00 | | Cross Foot Adjustments | 1,660 | 7,364 | 0 | 22,815 | 22,506 | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | 0 | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 1,660 | 7,364 | 0 | 22,815 | 22,506 | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | Total | | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.11 | 24.00 | 25.00 | 26.00 | | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | | | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | | | | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | | | | | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | | | | | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | | | | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | 14,083,154 | 0 | 14,083,154 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | 896,449 | 0 | 896,449 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | 616,169 | 0 | 616,169 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | 271,041 | 0 | 271,041 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | 191,124 | 0 | 191,124 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | 0 | 0 | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | 0 | 0 | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | 190,585 | 0 | 190,585 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | 0 | 0 | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | | 545,810 | 0 | 545,810 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | 157,178 | 0 | 157,178 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | 1,023,161 | 0 | 1,023,161 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | 256,085 | 0 | 256,085 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | 0 | 0 | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | 0 | 0 | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | | 241,156 | 0 | 241,156 | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | | 0 | 0 | 0 | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | | 0 | 0 | 0 | | 45.00 |
| 45.01 | 04510 | ICF/MR | | 0 | 0 | 0 | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | | 0 | 0 | 0 | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | | 14,990,740 | 0 | 14,990,740 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | | 428,112 | 0 | 428,112 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | | 728,413 | 0 | 728,413 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | | 1,019,665 | 0 | 1,019,665 | | 52.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | Total | | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.11 | 24.00 | 25.00 | 26.00 | | |
| 53.00 | 05300 | ANESTHESIOLOGY | | 858,816 | 0 | 858,816 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | | 453,790 | 0 | 453,790 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | | 15,013,577 | 0 | 15,013,577 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | | 1,896,926 | 0 | 1,896,926 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | | 487,259 | 0 | 487,259 | | 56.00 |
| 57.00 | 05700 | CT SCAN | | 0 | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | | 0 | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | | 154,233 | 0 | 154,233 | | 59.00 |
| 60.00 | 06000 | LABORATORY | | 3,709,211 | 0 | 3,709,211 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | | 78,539 | 0 | 78,539 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | | 345,290 | 0 | 345,290 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | 0 | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | | 287,366 | 0 | 287,366 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | | 0 | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | | 1,421,292 | 0 | 1,421,292 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | | 713,747 | 0 | 713,747 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | | 150,671 | 0 | 150,671 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | | 554,904 | 0 | 554,904 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | | 425,447 | 0 | 425,447 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | | 838,338 | 0 | 838,338 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 128,003 | 0 | 128,003 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | | 175,452 | 0 | 175,452 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | | 3,482,862 | 0 | 3,482,862 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | | 0 | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | | 0 | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | | 353,166 | 0 | 353,166 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | | 695,901 | 0 | 695,901 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | | 0 | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | | 0 | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | | 38,779 | 0 | 38,779 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | | 1,487,786 | 0 | 1,487,786 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | | 35,509 | 0 | 35,509 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | | 916,664 | 0 | 916,664 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | | 331,705 | 0 | 331,705 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | | 0 | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | | 0 | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | | 0 | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | | 102 | 0 | 102 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | | 15,554 | 0 | 15,554 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | | 0 | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | | 13,928 | 0 | 13,928 | | 89.00 |
| 90.00 | 09000 | CLINIC | | 0 | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | | 299,298 | 0 | 299,298 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | | 5,701,813 | 0 | 5,701,813 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | | 304,984 | 0 | 304,984 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | | 335,509 | 0 | 335,509 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | | 2 | 0 | 2 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | | 324,254 | 0 | 324,254 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | | 691,370 | 0 | 691,370 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | | 37,623 | 0 | 37,623 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | | 0 | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | | 49,003 | 0 | 49,003 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | | 226,492 | 0 | 226,492 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | | 102,629 | 0 | 102,629 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | | 0 | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | | 5,155 | 0 | 5,155 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | | 0 | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | | 0 | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | | 148,091 | 0 | 148,091 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | | 144,023 | 0 | 144,023 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | | 11,727 | 0 | 11,727 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | | 4,729 | 0 | 4,729 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | | 23,398 | 0 | 23,398 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | | 33,699 | 0 | 33,699 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | | 108,270 | 0 | 108,270 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | | 1,653,835 | 0 | 1,653,835 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | | 0 | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | 0 | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | | 0 | 0 | 0 | | 93.00 |

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | Total | | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.11 | 24.00 | 25.00 | 26.00 | | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | | 215,156 | 0 | 215,156 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | 3,164,943 | 0 | 3,164,943 | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | | 0 | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | | 0 | 0 | 0 | | 97.00 |
| 99.00 | 09900 | CMHC | | 0 | 0 | 0 | | 99.00 |
| 99.10 | 09910 | CORF | | 0 | 0 | 0 | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | | 0 | 0 | 0 | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | | 617,114 | 0 | 617,114 | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | | 298,621 | 0 | 298,621 | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | | 41,315 | 0 | 41,315 | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | | 126,472 | 0 | 126,472 | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | | 79,994 | 0 | 79,994 | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | | 58,618 | 0 | 58,618 | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | | 13,521 | 0 | 13,521 | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | | 0 | 0 | 0 | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | | 9,809 | 0 | 9,809 | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | | 408,673 | 0 | 408,673 | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | | 0 | 0 | 0 | | 115.00 |
| 116.00 | 11600 | HOSPICE | | 153,970 | 0 | 153,970 | | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 86,097,769 | 0 | 86,097,769 | | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 171,109 | 0 | 171,109 | | 190.00 |
| 191.00 | 19100 | RESEARCH | | 365,759 | 0 | 365,759 | | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | | 78,096 | 0 | 78,096 | | 191.01 |
| 191.02 | 19102 | OSA | | 71,798 | 0 | 71,798 | | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | | 21,117 | 0 | 21,117 | | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | | 2,178,341 | 0 | 2,178,341 | | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | | 1,182,391 | 0 | 1,182,391 | | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | | 6,690,826 | 0 | 6,690,826 | | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | | 361 | 0 | 361 | | 192.04 |
| 192.05 | 19205 | MHH LABS | | 0 | 0 | 0 | | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | | 1,492 | 0 | 1,492 | | 192.06 |
| 192.07 | 19207 | RHI | | 4,480 | 0 | 4,480 | | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | | 1,134,558 | 0 | 1,134,558 | | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | | 285 | 0 | 285 | | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | | 46,039 | 0 | 46,039 | | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | | 1,420,379 | 0 | 1,420,379 | | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | | 0 | 0 | 0 | | 193.00 |
| 200.00 | | Cross Foot Adjustments | 0 | 950,923 | 0 | 950,923 | | 200.00 |
| 201.00 | | Negative Cost Centers | 0 | 0 | 0 | 0 | | 201.00 |
| 202.00 | | TOTAL (sum lines 118-201) | 0 | 100,415,723 | 0 | 100,415,723 | | 202.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CAPITAL RELATED COSTS | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | NEW BLDG & FIXT (SQUARE FEET) | NEW INTEREST (SQUARE FEET) | NEW MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | NONPATIENT TELEPHONES (PHONE LINES) | |
| | | | 1.00 | 1.01 | 2.00 | 4.00 | 5.01 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | 4,101,962 | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | 0 | 4,101,962 | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | 44,084,027 | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 1,290 | 1,290 | 0 | 588,073,040 | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | 0 | 0 | 0 | 0 | 11,440 | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 2,084 | 2,084 | 0 | 36,881 | 0 | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 2,260 | 2,260 | 166,052 | 9,876 | 12 | 5.03 |
| 5.04 | 00513 | ADMITTING | 1,421 | 1,421 | 0 | 0 | 15 | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | 0 | 0 | 0 | 0 | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 111,394 | 111,394 | 2,244,838 | 13,561,330 | 584 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 25,933 | 25,933 | 1,252 | 335,017 | 20 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 2,614 | 2,614 | 63,312 | 1,689,343 | 2 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 33,264 | 33,264 | 1,027 | 1,012 | 0 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 1,845 | 1,845 | 0 | 326,102 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 39,630 | 39,630 | 127,405 | 8,515,641 | 129 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 1,276 | 1,276 | 0 | 106,338 | 1 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 31,215 | 31,215 | 210,659 | 15,941,220 | 134 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 50,055 | 50,055 | 458,315 | 2,628,058 | 57 | 14.00 |
| 15.00 | 01500 | PHARMACY | 57,138 | 57,138 | 1,639,137 | 27,776,974 | 350 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 951 | 951 | 0 | 330,389 | 9 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 5,623 | 5,623 | 1,854 | 4,349,056 | 125 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 910 | 910 | 56,491 | 1,832,666 | 31 | 18.00 |
| 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 | 3,259 | 3,259 | 0 | 29,490,593 | 54 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 46,555 | 46,555 | 12,918 | 528,555 | 91 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 10,501 | 10,501 | 16,650 | 129,859 | 11 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 3,869 | 3,869 | 0 | 867,773 | 5 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 3,715 | 3,715 | 0 | 377,233 | 8 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 3,611 | 3,611 | 0 | 231,656 | 6 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 561,480 | 15 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 480,945 | 10 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 2,283 | 1,141,038 | 3 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 2,289 | 2,289 | 0 | 225,919 | 1 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 2,238 | 2,238 | 0 | 233,988 | 6 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 743,966 | 743,966 | 3,779,177 | 121,235,620 | 2,245 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 49,708 | 49,708 | 179,664 | 13,709,675 | 250 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 39,188 | 39,188 | 77,748 | 10,377,015 | 128 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 8,262 | 8,262 | 112,721 | 4,249,564 | 78 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 15,080 | 15,080 | 21,835 | 1,385,606 | 17 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 101,964 | 3,464,880 | 118 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 29,217 | 29,217 | 130,819 | 7,664,070 | 73 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 13,559 | 13,559 | 1,200 | 1,926,985 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 42,634 | 42,634 | 427,036 | 1,197,740 | 10 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 21,417 | 21,417 | 10,002 | 3,170,353 | 90 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 16,492 | 16,492 | 36,289 | 3,616,882 | 81 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 228,107 | 228,107 | 8,443,072 | 30,374,136 | 552 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 6,733 | 6,733 | 248,343 | 1,106,680 | 44 | 50.01 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CAPITAL RELATED COSTS | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | NEW BLDG & FIXT (SQUARE FEET) | NEW INTEREST (SQUARE FEET) | NEW MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | NONPATIENT TELEPHONES (PHONE LINES) | |
| | | | 1.00 | 1.01 | 2.00 | 4.00 | 5.01 | |
| 51.00 | 05100 | RECOVERY ROOM | 51,067 | 51,067 | 133,822 | 5,491,552 | 156 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 56,127 | 56,127 | 287,612 | 6,992,890 | 193 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 1,577 | 1,577 | 573,824 | 1,411,453 | 29 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 19,756 | 19,756 | 176,911 | 2,522,875 | 61 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 237,906 | 237,906 | 8,875,676 | 25,333,795 | 821 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 44,125 | 44,125 | 1,029,943 | 4,355,493 | 149 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 19,511 | 19,511 | 183,829 | 852,791 | 40 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 11,315 | 11,315 | 0 | 880,245 | 23 | 59.00 |
| 60.00 | 06000 | LABORATORY | 173,830 | 173,830 | 1,220,753 | 31,248,421 | 678 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 4,470 | 4,470 | 13,459 | 896,016 | 8 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 17,688 | 17,688 | 115,284 | 935,354 | 25 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 8,985 | 8,985 | 55,441 | 3,058,469 | 12 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 25,063 | 25,063 | 761,926 | 19,426,527 | 222 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 41,243 | 41,243 | 186,871 | 10,928,383 | 82 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 12,152 | 12,152 | 16,823 | 2,210,105 | 41 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 25,737 | 25,737 | 195,627 | 3,132,880 | 101 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 11,155 | 11,155 | 217,089 | 2,519,675 | 67 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 19,532 | 19,532 | 449,078 | 3,837,212 | 93 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 3,064 | 3,064 | 0 | 192,239 | 4 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 5,706 | 5,706 | 190,564 | 7,042,698 | 132 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 34,062 | 34,062 | 218,832 | 6,140,578 | 127 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 25,143 | 510,207 | 5 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 9,669 | 9,669 | 943,402 | 2,036,692 | 32 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 2,853 | 2,853 | 4,309 | 172,039 | 38 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 30,594 | 30,594 | 388,281 | 4,069,207 | 162 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 26,336 | 26,336 | 29,191 | 4,140,268 | 118 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 27,282 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 1,188 | 1,188 | 1,196 | 278,893 | 23 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 3,190,298 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 20,275 | 20,275 | 64,746 | 2,071,221 | 63 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 129,062 | 129,062 | 3,086,608 | 25,265,406 | 273 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 335 | 335 | 214,298 | 225,317 | 22 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 28,811 | 28,811 | 39,023 | 375,336 | 34 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 11,438 | 11,438 | 144,050 | 2,144,224 | 83 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 37,790 | 37,790 | 218,453 | 4,315,886 | 215 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 425 | 425 | 23,132 | 102,346 | 1 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 4,653 | 4,653 | 2,725 | 22,190 | 9 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 13,321 | 13,321 | 60,472 | 2,348,987 | 85 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 10,113 | 10,113 | 2,202 | 265,781 | 29 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 2,644 | 150,766 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 13,959 | 13,959 | 6,308 | 688,398 | 59 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 8,578 | 8,578 | 40,496 | 575,158 | 5 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 5,033 | 661,479 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 1,853 | 347,116 | 22 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2,107 | 2,107 | 1,417 | 137,527 | 13 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 21,280 | 824,017 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 10,916 | 10,916 | 0 | 483,432 | 0 | 90.23 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | CAPITAL RELATED COSTS | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | NEW BLDG & FIXT (SQUARE FEET) | NEW INTEREST (SQUARE FEET) | NEW MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | NONPATIENT TELEPHONES (PHONE LINES) | |
| | | | 1.00 | 1.01 | 2.00 | 4.00 | 5.01 | |
| 91.00 | 09100 | EMERGENCY | 111,454 | 111,454 | 283,311 | 17,674,897 | 485 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 11,683 | 11,683 | 58,054 | 849,755 | 18 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 2,208,601 | 7,188,385 | 58 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 23,805 | 23,805 | 190,884 | 19,125,483 | 76 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 4,596 | 4,596 | 158,347 | 2,229,775 | 64 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 2,220 | 2,220 | 10,670 | 244,751 | 4 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 2,298 | 2,298 | 60,354 | 895,387 | 24 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,782 | 3,782 | 24,438 | 455,665 | 10 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 849 | 849 | 30,909 | 235,076 | 12 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 331 | 331 | 5,412 | 147,716 | 2 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 6,445 | 160,505 | 2 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 10,965 | 10,965 | 205,915 | 3,304,931 | 83 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 6,697 | 6,697 | 44,649 | 3,709,354 | 42 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 3,024,477 | 3,024,477 | 42,089,678 | 566,248,952 | 10,600 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 17,609 | 17,609 | 639 | 0 | 19 | 190.00 |
| 191.00 | 19100 | RESEARCH | 28,428 | 28,428 | 52,342 | 3,263,841 | 68 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 7,934 | 7,934 | 0 | 0 | 27 | 191.01 |
| 191.02 | 19102 | OSA | 1,563 | 1,563 | 28,691 | 1,898,538 | 22 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 1,054 | 1,054 | 1,745 | 97,820 | 6 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 160,684 | 160,684 | 414,330 | 7,412,151 | 315 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 5,056 | 5,056 | 792,967 | 3,385,661 | 208 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 693,465 | 693,465 | 0 | 720 | 4 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 100,381 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 929 | 30,470 | 4 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 2,144 | 150,306 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 14,506 | 14,506 | 672,028 | 4,635,009 | 117 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 33,994 | 1 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 28,534 | 815,197 | 49 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 147,186 | 147,186 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 38,780,415 | 0 | 61,635,308 | 135,372,774 | 132,854 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 9.454114 | 0.000000 | 1.398132 | 0.230197 | 11.613112 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | | | | 12,196 | 0 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | | | | 0.000021 | 0.000000 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | DATA PROCESSING (PHONE LINES) | PURCHASING, RECEIVING, & STORES (COSTED REQ) | ADMITTING (INPATIENT CHARGES) | CASHIERING (TOTAL CHARGES) | Reconciliation | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.02 | 5.03 | 5.04 | 5.05 | 5A.06 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | 11,440 | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | 12 | 215,420,271 | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | 15 | 121 | 3,478,976,413 | | | 5.04 |
| 5.05 | 00514 | CASHIERING | 0 | 0 | 0 | 6,094,568,278 | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 584 | 214,672 | 0 | 0 | -118,090,991 | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 20 | 24,320 | 0 | 0 | 0 | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | 0 | 0 | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 2 | 5,925 | 0 | 0 | 0 | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 0 | 86,798 | 0 | 0 | 0 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 0 | 3,774 | 0 | 0 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 129 | 109,577 | 0 | 0 | 0 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 1 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 134 | 22,394 | 0 | 0 | 0 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 57 | 3,574,956 | 0 | 0 | 0 | 14.00 |
| 15.00 | 01500 | PHARMACY | 350 | 2,198,345 | 0 | 0 | 0 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 9 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 125 | 1,267 | 0 | 0 | 0 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 31 | 5,228 | 0 | 0 | 0 | 18.00 |
| 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 | 54 | 52 | 0 | 0 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 91 | 9,858 | 0 | 0 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 11 | 63 | 0 | 0 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 5 | 0 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 8 | 3,781 | 0 | 0 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 6 | 0 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 15 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 10 | 7,258 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 3 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 1 | 338 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 6 | 2,491 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 2,245 | 13,674,503 | 618,727,778 | 652,862,620 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 250 | 2,120,150 | 69,884,117 | 69,896,293 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 128 | 2,056,826 | 51,608,905 | 51,608,917 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 78 | 365,011 | 22,999,523 | 22,988,128 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 17 | 143,057 | 6,887,930 | 6,884,092 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 118 | 1,011,417 | 16,993,284 | 16,993,286 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 73 | 1,087,372 | 39,189,866 | 39,188,816 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 411,092 | 8,713,504 | 8,713,506 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 10 | 102,722 | 6,371,143 | 6,358,954 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 90 | 55,107 | 12,557,993 | 13,339,174 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 81 | 324,026 | 19,747,015 | 19,747,015 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 552 | 87,904,422 | 461,645,442 | 677,399,161 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 44 | 607,864 | 16,384,323 | 25,053,228 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 156 | 485,141 | 36,671,894 | 73,921,112 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 193 | 765,385 | 52,141,600 | 58,007,181 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 29 | 3,585,391 | 31,602,343 | 43,834,226 | 0 | 53.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | DATA PROCESSING (PHONE LINES) | PURCHASING, RECEIVING, & STORES (COSTED REQ) | ADMITTING (INPATIENT CHARGES) | CASHIERING (TOTAL CHARGES) | Reconciliation | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.02 | 5.03 | 5.04 | 5.05 | 5A.06 | |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 61 | 256,821 | 3,807,163 | 30,438,390 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 821 | 12,831,617 | 217,779,199 | 575,806,314 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 149 | 379,098 | 4,765,594 | 93,025,278 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 40 | 4,289,719 | 7,095,219 | 30,150,310 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 23 | 4,627,617 | 13,928,962 | 40,810,250 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 678 | 25,850,160 | 357,163,108 | 658,604,578 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 8 | 1,141,349 | 1,652,576 | 10,991,952 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 25 | 901,410 | 5,917,488 | 15,806,405 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 12 | 13,141,692 | 63,192,622 | 74,599,932 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 222 | 3,927,867 | 125,573,070 | 128,729,092 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 82 | 742,693 | 46,221,498 | 79,138,764 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 41 | 91,917 | 10,667,522 | 14,850,510 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 101 | 2,184,878 | 5,544,674 | 15,957,682 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 67 | 62,995 | 42,802,334 | 60,550,329 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 93 | 300,580 | 23,606,859 | 37,451,983 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 4 | 166,263 | 76,783,367 | 127,620,689 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 277,403,695 | 388,231,072 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 450,743,616 | 867,065,540 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 132 | 0 | 0 | 60,922,783 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 127 | 2,105,556 | 15,807,701 | 38,881,482 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 5 | 98,462 | 1,707,623 | 1,707,623 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 32 | 6,637,522 | 25,619,365 | 82,907,433 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 38 | 23,438 | 454,463 | 2,168,560 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 162 | 5,369,883 | 37,802,495 | 110,317,803 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 118 | 492,144 | 1,044,858 | 7,419,725 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 140,942 | 140,942 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 23 | 3,407 | 139,173 | 1,093,026 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 3,465,643 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 63 | 92,095 | 508,997 | 9,653,063 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 273 | 1,611,789 | 701,724 | 77,279,340 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 22 | 6,731 | 8,582 | 3,168,130 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 34 | 805 | 1,102 | 2,779,231 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 119 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 83 | 55,402 | 7,520,889 | 19,204,895 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 215 | 272,780 | 498,699 | 9,950,487 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 1 | 65,721 | 22,306 | 871,228 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 9 | 935 | 310 | 89,780 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 85 | 93,267 | 37,581 | 15,539,173 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 29 | 9,121 | 2,627 | 325,835 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 22,335 | 0 | 4,329,127 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 59 | 17,305 | 4,508 | 1,218,341 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 5 | 101,433 | 2,213 | 2,356,762 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 44,617 | 8,096 | 4,853,912 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 22 | 19,307 | 9,845 | 456,671 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 13 | 802 | 1,952 | 179,869 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 2,816 | 4,798 | 2,118,737 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 21,037 | 4,977 | 682,288 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 485 | 3,033,599 | 101,838,214 | 338,578,035 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 18 | 1,885,576 | 2,537 | 13,077,462 | 0 | 94.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | DATA PROCESSING (PHONE LINES) | PURCHASING, RECEIVING, & STORES (COSTED REQ) | ADMITTING (INPATIENT CHARGES) | CASHIERING (TOTAL CHARGES) | Reconciliation | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.02 | 5.03 | 5.04 | 5.05 | 5A.06 | |
| 95.00 | 09500 | AMBULANCE SERVICES | 58 | 262,589 | 199,381 | 67,798,760 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 76 | 171,909 | 9 | 79,074,743 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 64 | 88,930 | 33,332,836 | 33,332,836 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 4 | 35 | 5,194,302 | 5,194,302 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 24 | 31,979 | 21,049,782 | 21,049,782 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 10 | 16 | 8,995,836 | 8,995,990 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 12 | 13,831 | 6,590,488 | 6,590,488 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 2 | 2,166 | 2,940,904 | 2,940,904 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 2 | 13,488 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 83 | 86,384 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 42 | 71,175 | 0 | 17,228,308 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 10,600 | 214,697,886 | 3,478,975,341 | 6,094,568,278 | -118,090,991 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 19 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 68 | 335,830 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 27 | 35,679 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 22 | 11,415 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 6 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 315 | 191,267 | 1,072 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 208 | 23,985 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 4 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 4 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 92,678 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 117 | 5,518 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 1 | 4,699 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 49 | 21,314 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 61,324,340 | 13,279,428 | 10,979,442 | 31,670,029 | | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 5,360.519231 | 0.061644 | 0.003156 | 0.005196 | | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 19,703 | 253,550 | 13,460 | 0 | | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 1.722290 | 0.001177 | 0.000004 | 0.000000 | | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | IU LEASED SPACE (SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.06 | 6.00 | 6.03 | 7.00 | 7.01 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | 1,595,358,523 | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | 23,996,449 | 3,957,580 | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | 0 | 0 | 0 | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | 76,928,179 | 2,614 | 0 | 3,954,966 | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | 0 | 0 | 0 | 0 | 0 | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 325,490 | 33,264 | 0 | 33,264 | 0 | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 3,291,112 | 0 | 0 | 0 | 0 | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 2,716,747 | 0 | 0 | 0 | 0 | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 5,884,529 | 1,845 | 0 | 1,845 | 0 | 9.03 |
| 10.00 | 01000 | DIETARY | 13,387,214 | 39,630 | 0 | 39,630 | 0 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 1,899,575 | 1,276 | 0 | 1,276 | 0 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 27,628,119 | 31,215 | 0 | 31,215 | 0 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 127,891,443 | 50,055 | 0 | 50,055 | 0 | 14.00 |
| 15.00 | 01500 | PHARMACY | 86,916,757 | 57,138 | 0 | 57,138 | 0 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 9,685,906 | 951 | 0 | 951 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 8,531,087 | 5,623 | 0 | 5,623 | 0 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 2,662,568 | 910 | 0 | 910 | 0 | 18.00 |
| 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 | 46,761,805 | 3,259 | 0 | 3,259 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 12,879,269 | 46,555 | 0 | 46,555 | 0 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 384,768 | 10,501 | 0 | 10,501 | 0 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 1,051,243 | 3,869 | 0 | 3,869 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 165,170 | 3,715 | 0 | 3,715 | 0 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 300,969 | 3,611 | 0 | 3,611 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 756,502 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 593,470 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 1,562,229 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 20 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 285,166 | 2,289 | 0 | 2,289 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 344,428 | 2,238 | 0 | 2,238 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 193,022,151 | 743,966 | 0 | 743,966 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 21,010,909 | 49,708 | 0 | 49,708 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 15,603,793 | 39,188 | 0 | 39,188 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 6,500,905 | 8,262 | 0 | 8,262 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 2,205,209 | 15,080 | 0 | 15,080 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 5,634,604 | 0 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 11,462,893 | 29,217 | 0 | 29,217 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 2,819,179 | 13,559 | 0 | 13,559 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 2,747,324 | 42,634 | 0 | 42,634 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 5,018,571 | 21,417 | 0 | 21,417 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 5,610,911 | 16,492 | 0 | 16,492 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 70,409,419 | 228,107 | 0 | 228,107 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 2,441,575 | 6,733 | 0 | 6,733 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 9,440,066 | 51,067 | 0 | 51,067 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 11,873,569 | 56,127 | 0 | 56,127 | 0 | 52.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | IU LEASED SPACE (SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.06 | 6.00 | 6.03 | 7.00 | 7.01 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 3,476,141 | 1,577 | 0 | 1,577 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 4,446,895 | 19,756 | 0 | 19,756 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 64,260,020 | 237,906 | 0 | 237,906 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 8,965,489 | 44,125 | 0 | 44,125 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 2,322,312 | 19,511 | 0 | 19,511 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 2,007,284 | 11,315 | 0 | 11,315 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 39,084,136 | 173,830 | 0 | 173,830 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 2,703,335 | 4,470 | 0 | 4,470 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 1,889,266 | 17,688 | 0 | 17,688 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 5,651,181 | 8,985 | 0 | 8,985 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 29,564,249 | 25,063 | 0 | 25,063 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 16,778,226 | 41,243 | 0 | 41,243 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 3,378,659 | 12,152 | 0 | 12,152 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 5,436,205 | 25,737 | 0 | 25,737 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 4,048,022 | 11,155 | 0 | 11,155 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 7,060,369 | 19,532 | 0 | 19,532 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 35,786,250 | 3,064 | 0 | 3,064 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 63,090,267 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 143,228,256 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 11,378,536 | 5,706 | 0 | 5,706 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 10,443,296 | 34,062 | 0 | 34,062 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 753,996 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 6,772,854 | 9,669 | 0 | 9,669 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 494,877 | 2,853 | 0 | 2,853 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 9,710,246 | 30,594 | 0 | 30,594 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 6,509,366 | 26,336 | 0 | 26,336 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 36,790 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 666,690 | 1,188 | 0 | 1,188 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 5,201,135 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 3,360,978 | 20,275 | 0 | 20,275 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 44,409,137 | 129,062 | 0 | 129,062 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 747,418 | 335 | 0 | 335 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 1,027,150 | 28,811 | 0 | 28,811 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 194 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 3,729,018 | 11,438 | 0 | 11,438 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 4,576,534 | 37,790 | 0 | 37,790 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 168,487 | 425 | 0 | 425 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 131,932 | 4,653 | 0 | 4,653 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 4,663,580 | 13,321 | 0 | 13,321 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 609,741 | 10,113 | 0 | 10,113 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 298,926 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1,479,173 | 13,959 | 0 | 13,959 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 950,323 | 8,578 | 0 | 8,578 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,226,090 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 580,637 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 274,219 | 2,107 | 0 | 2,107 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,386,535 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 801,584 | 10,916 | 0 | 10,916 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 29,837,693 | 111,454 | 0 | 111,454 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | IU LEASED SPACE (SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | | 5.06 | 6.00 | 6.03 | 7.00 | 7.01 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 1,749,991 | 11,683 | 0 | 11,683 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 24,598,346 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 39,940,320 | 23,805 | 0 | 23,805 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 11,877,038 | 4,596 | 0 | 4,596 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 1,848,828 | 2,220 | 0 | 2,220 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 7,264,426 | 2,298 | 0 | 2,298 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,471,063 | 3,782 | 0 | 3,782 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,632,743 | 849 | 0 | 849 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,014,431 | 331 | 0 | 331 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 258,342 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 5,343,920 | 10,965 | 0 | 10,965 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 6,987,469 | 6,697 | 0 | 6,697 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 1,525,021,906 | 2,880,095 | 0 | 2,877,481 | 0 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 269,590 | 17,609 | 0 | 17,609 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 5,113,850 | 28,428 | 0 | 28,428 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 222,256 | 7,934 | 0 | 7,934 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 5,743,198 | 1,563 | 0 | 1,563 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 3,242,900 | 1,054 | 0 | 1,054 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 16,821,131 | 160,684 | 0 | 160,684 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 7,190,506 | 5,056 | 0 | 5,056 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 7,047,295 | 693,465 | 0 | 693,465 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 135,802 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 69,471 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 274,560 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 20,938,766 | 14,506 | 0 | 14,506 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 91,651 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 1,784,128 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 1,391,513 | 147,186 | 0 | 147,186 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 118,090,991 | 25,772,714 | 0 | 82,639,580 | 0 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 0.074022 | 6.512241 | 0.000000 | 20.895143 | 0.000000 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 4,193,256 | 310,057 | 0 | 315,649 | 0 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 0.002628 | 0.078345 | 0.000000 | 0.079811 | 0.000000 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) | HOUSEKEEPING - RILEY (RILEY SQUAREFEET) | HOUSEKEEPING - METHODIST (MH SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | | 8.00 | 9.00 | 9.01 | 9.02 | 9.03 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | 6,202,025 | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | 0 | 0 | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | 0 | 0 | 1,054,552 | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | 0 | 0 | 0 | 874,845 | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | 296 | 0 | 0 | 0 | 1,619,325 | 9.03 |
| 10.00 | 01000 | DIETARY | 0 | 0 | 12,749 | 2,808 | 24,074 | 10.00 |
| 11.00 | 01100 | CAFETERIA | 0 | 0 | 0 | 0 | 1,276 | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 0 | 0 | 4,972 | 1,823 | 22,638 | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 22,417 | 0 | 14,159 | 8,357 | 27,539 | 14.00 |
| 15.00 | 01500 | PHARMACY | 1,128 | 0 | 22,157 | 11,977 | 23,005 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 0 | 951 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 18 | 0 | 110 | 3,489 | 2,024 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 0 | 834 | 0 | 75 | 18.00 |
| 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 | 1,152 | 0 | 332 | 2,927 | 0 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 7,506 | 0 | 4,090 | 0 | 42,466 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | 10,501 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | 3,869 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 3,715 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | 3,611 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | 0 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 0 | 2,289 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | 2,238 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 3,094,658 | 0 | 214,103 | 255,225 | 274,638 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 269,604 | 0 | 0 | 0 | 49,708 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 262,306 | 0 | 17,094 | 0 | 22,094 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 17,716 | 0 | 0 | 0 | 8,262 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 17,759 | 0 | 0 | 15,080 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 80,703 | 0 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 59,673 | 0 | 0 | 29,217 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 59,739 | 0 | 13,559 | 0 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 20,718 | 0 | 0 | 42,634 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 61,434 | 0 | 0 | 0 | 21,417 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 38,013 | 0 | 9,648 | 0 | 6,844 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 455,647 | 0 | 89,224 | 32,131 | 106,751 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 31,400 | 0 | 0 | 0 | 6,733 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 76,805 | 0 | 8,498 | 5,657 | 36,912 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 258,762 | 0 | 14,077 | 0 | 42,050 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 183 | 56 | 1,338 | 53.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) | HOUSEKEEPING - RILEY (RILEY SQUAREFEET) | HOUSEKEEPING - METHODIST (MH SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | | 8.00 | 9.00 | 9.01 | 9.02 | 9.03 | |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 5,888 | 0 | 3,884 | 12,756 | 3,116 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 267,701 | 0 | 74,098 | 55,115 | 103,010 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 33,399 | 0 | 27,090 | 0 | 17,036 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 14,373 | 0 | 7,629 | 2,188 | 9,694 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 8,896 | 0 | 0 | 0 | 11,315 | 59.00 |
| 60.00 | 06000 | LABORATORY | 286 | 0 | 10,609 | 6,728 | 14,796 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 4,470 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 9,055 | 4,807 | 3,827 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 1,218 | 0 | 1,967 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 1,742 | 0 | 3,803 | 9,164 | 12,096 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 51,097 | 0 | 3,472 | 5,475 | 28,906 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 43 | 0 | 3,252 | 3,789 | 5,111 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 650 | 0 | 5,258 | 13,380 | 7,100 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 16,235 | 0 | 3,490 | 0 | 7,665 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 1,840 | 0 | 0 | 3,342 | 16,190 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 3,064 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 182 | 0 | 0 | 0 | 3,265 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 115,586 | 0 | 21,146 | 4,439 | 8,477 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 2,844 | 0 | 1,278 | 8,391 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 2,853 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 59,921 | 0 | 246 | 0 | 30,348 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 79,039 | 0 | 22,543 | 3,257 | 536 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 18 | 0 | 0 | 0 | 1,188 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 22,704 | 0 | 20,275 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 27,314 | 0 | 109,853 | 0 | 19,209 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 335 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 21 | 0 | 439 | 0 | 28,372 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 6,016 | 0 | 11,438 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 18,215 | 0 | 0 | 37,790 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 425 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 4,653 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 13,321 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 10,113 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 17 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 3,800 | 0 | 13,959 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 5,809 | 0 | 8,578 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 2,107 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 3,026 | 0 | 10,916 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 579,316 | 0 | 6,626 | 27,333 | 72,921 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 11,683 | 0 | 0 | 94.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) | HOUSEKEEPING - RILEY (RILEY SQUAREFEET) | HOUSEKEEPING - METHODIST (MH SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | | 8.00 | 9.00 | 9.01 | 9.02 | 9.03 | |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 259 | 0 | 805 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 4,596 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 2,220 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 2,298 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 3,782 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 849 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 290 | 41 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 6,258 | 32 | 4,675 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 549 | 0 | 6,148 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 6,163,432 | 0 | 834,012 | 615,004 | 1,205,252 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 4,131 | 10,216 | 3,261 | 190.00 |
| 191.00 | 19100 | RESEARCH | 4,278 | 0 | 447 | 0 | 26,341 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 15,527 | 0 | 4,559 | 0 | 3,375 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 422 | 1,140 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 1,054 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 18,788 | 0 | 3,505 | 2,986 | 141,262 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 5,056 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 185,479 | 202,939 | 163,214 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 239 | 2,661 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 20,943 | 42,321 | 68,903 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 1,261,262 | 0 | 3,534,727 | 2,917,846 | 6,370,741 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 0.203363 | 0.000000 | 3.351875 | 3.335272 | 3.934195 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 322,136 | 0 | 8,649 | 7,140 | 33,226 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 0.051940 | 0.000000 | 0.008202 | 0.008161 | 0.020518 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | MAINTENANCE OF PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQ) | |
|---|---|---|---|---|---|---|---|---|
| | | | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | 960,978 | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | 0 | 8,928 | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | 0 | 0 | 0 | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | 0 | 232 | 0 | 3,463 | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | 0 | 68 | 0 | 0 | 211,377,734 | 14.00 |
| 15.00 | 01500 | PHARMACY | 0 | 340 | 0 | 1 | 2,198,345 | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 6 | 0 | 0 | 0 | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 0 | 81 | 0 | 0 | 1,267 | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 58 | 0 | 0 | 5,228 | 18.00 |
| 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 | 576 | 0 | 0 | 52 | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 7 | 0 | 0 | 9,858 | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 2 | 0 | 0 | 63 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 12 | 0 | 0 | 0 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 5 | 0 | 0 | 3,781 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 4 | 0 | 0 | 0 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 14 | 0 | 0 | 0 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 7 | 0 | 0 | 7,258 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 19 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 4 | 0 | 0 | 338 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 4 | 0 | 0 | 2,491 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 757,647 | 1,962 | 0 | 1,575 | 13,674,503 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 60,387 | 209 | 0 | 181 | 2,120,150 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 42,660 | 158 | 0 | 140 | 2,056,826 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 59 | 0 | 52 | 365,011 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 6,411 | 19 | 0 | 15 | 143,057 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 14,556 | 55 | 0 | 51 | 1,011,417 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 25,773 | 118 | 0 | 105 | 1,087,372 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 7,578 | 31 | 0 | 29 | 411,092 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 5,271 | 20 | 0 | 15 | 102,722 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 19,584 | 54 | 0 | 24 | 55,107 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 53 | 0 | 46 | 324,026 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 2,082 | 495 | 0 | 251 | 87,904,422 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 17 | 0 | 12 | 607,864 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 882 | 84 | 0 | 72 | 485,141 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 11,763 | 106 | 0 | 82 | 765,385 | 52.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | MAINTENANCE OF PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQ) | |
|---|---|---|---|---|---|---|---|---|
| | | | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 26 | 0 | 10 | 3,585,391 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 40 | 0 | 7 | 256,821 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 382 | 0 | 58 | 12,831,617 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 43 | 0 | 7 | 379,098 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 11 | 0 | 0 | 4,289,719 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 9 | 0 | 5 | 4,627,617 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 569 | 0 | 0 | 25,850,160 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 14 | 0 | 0 | 1,141,349 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 15 | 0 | 6 | 901,410 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 47 | 0 | 0 | 13,141,692 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 322 | 0 | 2 | 3,927,867 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 160 | 0 | 0 | 742,693 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 34 | 0 | 0 | 91,917 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 49 | 0 | 5 | 2,184,878 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 43 | 0 | 4 | 62,995 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 60 | 0 | 0 | 300,580 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 3 | 0 | 0 | 166,263 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 98 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 447 | 107 | 0 | 51 | 2,105,556 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 5 | 0 | 4 | 98,462 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 34 | 0 | 10 | 6,637,522 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 2 | 0 | 2 | 23,438 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 39 | 56 | 0 | 20 | 5,369,883 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 2,964 | 71 | 0 | 50 | 492,144 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 4 | 0 | 3 | 3,407 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 60 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 45 | 0 | 13 | 92,095 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 268 | 0 | 52 | 1,611,789 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 6 | 0 | 0 | 6,731 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 6 | 0 | 3 | 805 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 119 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 35 | 0 | 8 | 55,402 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 77 | 0 | 33 | 272,780 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 1 | 0 | 1 | 65,721 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 935 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 40 | 0 | 0 | 93,267 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 5 | 0 | 2 | 9,121 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 3 | 0 | 2 | 22,335 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 18 | 0 | 3 | 17,305 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 14 | 0 | 6 | 101,433 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 10 | 0 | 5 | 44,617 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 7 | 0 | 2 | 19,307 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 2 | 0 | 2 | 802 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 12 | 0 | 1 | 2,816 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 11 | 0 | 4 | 21,037 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 15 | 291 | 0 | 217 | 3,033,599 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | MAINTENANCE OF PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQ) | |
|---|---|---|---|---|---|---|---|---|
| | | | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 13 | 0 | 7 | 1,885,576 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 107 | 0 | 43 | 262,589 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 310 | 0 | 63 | 171,909 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 30 | 0 | 0 | 88,930 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 3 | 0 | 0 | 35 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 12 | 0 | 0 | 31,979 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 6 | 0 | 0 | 16 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 3 | 0 | 0 | 13,831 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 2 | 0 | 0 | 2,166 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 2 | 0 | 0 | 13,488 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 43 | 0 | 1 | 86,384 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 2,919 | 66 | 0 | 28 | 71,175 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 960,978 | 8,591 | 0 | 3,391 | 210,655,349 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 15 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 43 | 0 | 11 | 335,830 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 35,679 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 17 | 0 | 7 | 11,415 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 1 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 140 | 0 | 20 | 191,267 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 45 | 0 | 28 | 23,985 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 1 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 1 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 3 | 0 | 0 | 92,678 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 58 | 0 | 0 | 5,518 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 1 | 0 | 0 | 4,699 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 12 | 0 | 6 | 21,314 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 200.00 | | Cross Foot Adjustments | | | | | | 200.00 |
| 201.00 | | Negative Cost Centers | | | | | | 201.00 |
| 202.00 | | Cost to be allocated (per Wkst. B, Part I) | 15,611,127 | 2,080,177 | 0 | 30,694,593 | 138,934,178 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 16.245041 | 232.994736 | 0.000000 | 8,863.584464 | 0.657279 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 595,398 | 17,287 | 0 | 668,744 | 1,464,433 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 0.619575 | 1.936268 | 0.000000 | 193.111175 | 0.006928 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TOTAL CHARGES) | SOCIAL SERVICE (PATIENT DAYS) | OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | 137,297,780 | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | 0 | 6,094,568,278 | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | 0 | 0 | 339,659 | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | 0 | 0 | 0 | 6,094,568,278 | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | 0 | 0 | 0 | 0 | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0 | 0 | 0 | 0 | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0 | 0 | 0 | 0 | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | 0 | 0 | 0 | 0 | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | 0 | 0 | 0 | 0 | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 0 | 0 | 0 | 0 | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 0 | 0 | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 0 | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 0 | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 652,862,620 | 252,549 | 652,862,620 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 69,896,293 | 20,129 | 69,896,293 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 51,608,917 | 14,220 | 51,608,917 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 22,988,128 | 8,176 | 22,988,128 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 6,884,092 | 2,137 | 6,884,092 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 16,993,286 | 4,852 | 16,993,286 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 39,188,816 | 8,591 | 39,188,816 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 8,713,506 | 2,526 | 8,713,506 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 6,358,954 | 1,757 | 6,358,954 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 13,339,174 | 6,528 | 13,339,174 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 19,747,015 | 11,157 | 19,747,015 | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 677,399,161 | 694 | 677,399,161 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 25,053,228 | 0 | 25,053,228 | 0 | 50.01 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TOTAL CHARGES) | SOCIAL SERVICE (PATIENT DAYS) | OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 73,921,112 | 294 | 73,921,112 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 58,007,181 | 3,921 | 58,007,181 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 43,834,226 | 0 | 43,834,226 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 30,438,390 | 0 | 30,438,390 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 575,806,314 | 0 | 575,806,314 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 93,025,278 | 0 | 93,025,278 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 30,150,310 | 0 | 30,150,310 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 40,810,250 | 0 | 40,810,250 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 658,604,578 | 0 | 658,604,578 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 10,991,952 | 0 | 10,991,952 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 15,806,405 | 0 | 15,806,405 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 74,599,932 | 0 | 74,599,932 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 128,729,092 | 0 | 128,729,092 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 79,138,764 | 0 | 79,138,764 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 14,850,510 | 0 | 14,850,510 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 15,957,682 | 0 | 15,957,682 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 60,550,329 | 0 | 60,550,329 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 37,451,983 | 0 | 37,451,983 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 127,620,689 | 0 | 127,620,689 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 388,231,072 | 0 | 388,231,072 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 137,297,780 | 867,065,540 | 0 | 867,065,540 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 60,922,783 | 0 | 60,922,783 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 38,881,482 | 149 | 38,881,482 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 1,707,623 | 0 | 1,707,623 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 82,907,433 | 0 | 82,907,433 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 2,168,560 | 0 | 2,168,560 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 110,317,803 | 13 | 110,317,803 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 7,419,725 | 988 | 7,419,725 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 140,942 | 0 | 140,942 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 1,093,026 | 0 | 1,093,026 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 0 | 3,465,643 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 9,653,063 | 0 | 9,653,063 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 77,279,340 | 0 | 77,279,340 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 3,168,130 | 0 | 3,168,130 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 2,779,231 | 0 | 2,779,231 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 19,204,895 | 0 | 19,204,895 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 9,950,487 | 0 | 9,950,487 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 871,228 | 0 | 871,228 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 89,780 | 0 | 89,780 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 15,539,173 | 0 | 15,539,173 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 325,835 | 0 | 325,835 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 4,329,127 | 0 | 4,329,127 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 1,218,341 | 0 | 1,218,341 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 2,356,762 | 0 | 2,356,762 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 4,853,912 | 0 | 4,853,912 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 456,671 | 0 | 456,671 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 179,869 | 0 | 179,869 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 2,118,737 | 0 | 2,118,737 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 682,288 | 0 | 682,288 | 0 | 90.23 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TOTAL CHARGES) | SOCIAL SERVICE (PATIENT DAYS) | OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | |
| 91.00 | 09100 | EMERGENCY | 0 | 338,578,035 | 5 | 338,578,035 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 13,077,462 | 0 | 13,077,462 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 67,798,760 | 0 | 67,798,760 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 79,074,743 | 0 | 79,074,743 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 33,332,836 | 0 | 33,332,836 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 5,194,302 | 0 | 5,194,302 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 21,049,782 | 0 | 21,049,782 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 8,995,990 | 0 | 8,995,990 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 6,590,488 | 0 | 6,590,488 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 2,940,904 | 0 | 2,940,904 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 17,228,308 | 973 | 17,228,308 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 137,297,780 | 6,094,568,278 | 339,659 | 6,094,568,278 | 0 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 96,654,469 | 10,433,526 | 9,356,365 | 2,904,638 | 0 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 0.703977 | 0.001712 | 27.546348 | 0.000477 | 0.000000 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 3,090,037 | 34,640 | 79,607 | 94,980 | 0 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 0.022506 | 0.000006 | 0.234373 | 0.000016 | 0.000000 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) | PARAMED ED PRGM (ASSIGNED TIME) | PARAMED ED HEALTH SCIENCES (PROGRAM COST) | |
|---|---|---|---|---|---|---|---|---|
| | | | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | 0 | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | 61,236 | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | 61,236 | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | 0 | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | 0 | 4,504,352 | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | 0 | 942,920 | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | 0 | 450,665 | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | 0 | 255,653 | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | 0 | 546,669 | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | | | | 0 | 527,391 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | | | | 0 | 1,280,256 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | | | | 0 | 20 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | | | | 0 | 246,015 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | | | | 0 | 254,763 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | | | | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 16,572 | 16,572 | 0 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 1,485 | 1,485 | 0 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 643 | 643 | 0 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 1,350 | 1,350 | 0 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 8 | 8 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 800 | 800 | 0 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 7 | 7 | 0 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 0 | 0 | 0 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 190 | 190 | 0 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 5,394 | 5,394 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 303 | 303 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 15 | 15 | 0 | 0 | 51.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) | PARAMED ED PRGM (ASSIGNED TIME) | PARAMED ED HEALTH SCIENCES (PROGRAM COST) | |
|---|---|---|---|---|---|---|---|---|
| | | | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 5,707 | 5,707 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 359 | 359 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 5,909 | 5,909 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 181 | 181 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 95 | 95 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 2,214 | 2,214 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 42 | 42 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 99 | 99 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 270 | 270 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 67 | 67 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 679 | 679 | 0 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 471 | 471 | 0 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 375 | 375 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 256 | 256 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 410 | 410 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 38 | 38 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 59 | 59 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 2 | 2 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 453 | 453 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 2,524 | 2,524 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 406 | 406 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 1,082 | 1,082 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 8 | 8 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 858 | 858 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 1,928 | 1,928 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 607 | 607 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 1 | 1 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 26 | 26 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 356 | 356 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 952 | 952 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 128 | 128 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 110 | 110 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 1,115 | 1,115 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 10 | 10 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 5,413 | 5,413 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) | PARAMED ED PRGM (ASSIGNED TIME) | PARAMED ED HEALTH SCIENCES (PROGRAM COST) | |
|---|---|---|---|---|---|---|---|---|
| | | | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 29 | 29 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 0 | 60,006 | 60,006 | 0 | 4,504,352 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 956 | 956 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 49 | 49 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 11 | 11 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 100 | 100 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 23 | 23 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 1 | 1 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 61 | 61 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 29 | 29 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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 | 50,457,875 | 15,298,983 | 0 | 742,874 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 0.000000 | 823.990381 | 249.836420 | 0.000000 | 0.164924 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 0 | 156,130 | 500,964 | 0 | 125,470 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 0.000000 | 2.549644 | 8.180874 | 0.000000 | 0.027855 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME) | PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) | PARAMED EMERGENCY (ASSIGNED TIME) | PARAMED PASTORAL EDUCATION (PATIENT DAYS) | PARAMED LAB SCIENCE PRO (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 23.02 | 23.03 | 23.04 | 23.05 | 23.06 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | 17,431 | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | 0 | 100 | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | 0 | 0 | 100 | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | 0 | 0 | 0 | 339,662 | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | 0 | 0 | 0 | 0 | 100 | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 0 | 0 | 0 | 0 | 0 | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 0 | 0 | 0 | 0 | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 0 | 0 | 0 | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 0 | 0 | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 0 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 0 | 0 | 252,549 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 0 | 0 | 20,129 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 0 | 0 | 14,220 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 8,176 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 2,137 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 0 | 4,852 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 0 | 0 | 8,591 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 0 | 0 | 2,526 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 0 | 0 | 1,757 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 0 | 0 | 6,528 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 0 | 0 | 11,157 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 0 | 694 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 0 | 294 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 3,921 | 0 | 52.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME) | PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) | PARAMED EMERGENCY (ASSIGNED TIME) | PARAMED PASTORAL EDUCATION (PATIENT DAYS) | PARAMED LAB SCIENCE PRO (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.02 | 23.03 | 23.04 | 23.05 | 23.06 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 17,431 | 0 | 0 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 0 | 0 | 100 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 100 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 0 | 149 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | 13 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 0 | 988 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 100 | 5 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME) | PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) | PARAMED EMERGENCY (ASSIGNED TIME) | PARAMED PASTORAL EDUCATION (PATIENT DAYS) | PARAMED LAB SCIENCE PRO (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 23.02 | 23.03 | 23.04 | 23.05 | 23.06 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 973 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 17,431 | 100 | 100 | 339,659 | 100 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 3 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 1,408,624 | 371,805 | 479,516 | 905,921 | 730,781 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 80.811428 | 3,718.050000 | 4,795.160000 | 2.667125 | 7,307.810000 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 40,082 | 36,281 | 35,598 | 2,053 | 1,660 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 2.299466 | 362.810000 | 355.980000 | 0.006044 | 16.600000 | 205.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED PHARMACY (COSTED REQUIS.) | PARAMED MEDICAL ASSIST (ASSIGNED TIME) | PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME) | PARAMED PHARMACY TECH (ASSIGNED TIME) | PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.07 | 23.08 | 23.09 | 23.10 | 23.11 | |
| | | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | 00100 | NEW CAP REL COSTS-BLDG & FIXT | | | | | | 1.00 |
| 1.01 | 00101 | NEW CAP REL COSTS-INTEREST | | | | | | 1.01 |
| 2.00 | 00200 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | | 2.00 |
| 4.00 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4.00 |
| 5.01 | 00510 | NONPATIENT TELEPHONES | | | | | | 5.01 |
| 5.02 | 00511 | DATA PROCESSING | | | | | | 5.02 |
| 5.03 | 00512 | PURCHASING, RECEIVING, & STORES | | | | | | 5.03 |
| 5.04 | 00513 | ADMITTING | | | | | | 5.04 |
| 5.05 | 00514 | CASHIERING | | | | | | 5.05 |
| 5.06 | 00560 | OTHER ADMINISTRATIVE AND GENERAL | | | | | | 5.06 |
| 6.00 | 00600 | MAINTENANCE & REPAIRS | | | | | | 6.00 |
| 6.03 | 00601 | MAINTENANCE & REPAIRS | | | | | | 6.03 |
| 7.00 | 00700 | OPERATION OF PLANT | | | | | | 7.00 |
| 7.01 | 00701 | IU LEASED SPACE | | | | | | 7.01 |
| 8.00 | 00800 | LAUNDRY & LINEN SERVICE | | | | | | 8.00 |
| 9.00 | 00900 | HOUSEKEEPING | | | | | | 9.00 |
| 9.01 | 00901 | HOUSEKEEPING - UNIVERSITY | | | | | | 9.01 |
| 9.02 | 00902 | HOUSEKEEPING - RILEY | | | | | | 9.02 |
| 9.03 | 00903 | HOUSEKEEPING - METHODIST | | | | | | 9.03 |
| 10.00 | 01000 | DIETARY | | | | | | 10.00 |
| 11.00 | 01100 | CAFETERIA | | | | | | 11.00 |
| 12.00 | 01200 | MAINTENANCE OF PERSONNEL | | | | | | 12.00 |
| 13.00 | 01300 | NURSING ADMINISTRATION | | | | | | 13.00 |
| 14.00 | 01400 | CENTRAL SERVICES & SUPPLY | | | | | | 14.00 |
| 15.00 | 01500 | PHARMACY | | | | | | 15.00 |
| 16.00 | 01600 | MEDICAL RECORDS & LIBRARY | | | | | | 16.00 |
| 17.00 | 01700 | SOCIAL SERVICE | | | | | | 17.00 |
| 18.00 | 01850 | PATIENT TRANSPORTATION | | | | | | 18.00 |
| 19.00 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | | | 19.00 |
| 20.00 | 02000 | NURSING SCHOOL | | | | | | 20.00 |
| 21.00 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21.00 |
| 22.00 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22.00 |
| 23.00 | 02300 | PARAMED ED PRGM | | | | | | 23.00 |
| 23.01 | 02301 | PARAMED ED HEALTH SCIENCES | | | | | | 23.01 |
| 23.02 | 02302 | PARAMED RADIOLOGY-METHODIST | | | | | | 23.02 |
| 23.03 | 02303 | PARAMED RESPIRATORY THERAPY | | | | | | 23.03 |
| 23.04 | 02304 | PARAMED EMERGENCY | | | | | | 23.04 |
| 23.05 | 02312 | PARAMED PASTORAL EDUCATION | | | | | | 23.05 |
| 23.06 | 02306 | PARAMED LAB SCIENCE PRO | | | | | | 23.06 |
| 23.07 | 02307 | PARAMED PHARMACY | 137,297,780 | | | | | 23.07 |
| 23.08 | 02308 | PARAMED MEDICAL ASSIST | 0 | 100 | | | | 23.08 |
| 23.09 | 02309 | PARAMED SURGERY TECHNOLOGY | 0 | 0 | 100 | | | 23.09 |
| 23.10 | 02310 | PARAMED PHARMACY TECH | 0 | 0 | 0 | 100 | | 23.10 |
| 23.11 | 02311 | PARAMED NEUROPHYSIOLOGY | 0 | 0 | 0 | 0 | 100 | 23.11 |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 100 | 0 | 0 | 0 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 0 | 0 | 0 | 0 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 0 | 0 | 0 | 0 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 0 | 0 | 0 | 0 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 0 | 0 | 0 | 0 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 0 | 0 | 0 | 0 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 0 | 0 | 0 | 0 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | 0 | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 100 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 0 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | 0 | 0 | 52.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED PHARMACY (COSTED REQUIS.) | PARAMED MEDICAL ASSIST (ASSIGNED TIME) | PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME) | PARAMED PHARMACY TECH (ASSIGNED TIME) | PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.07 | 23.08 | 23.09 | 23.10 | 23.11 | |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 0 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 0 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 0 | 0 | 0 | 65.00 |
| 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 | 100 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 137,297,780 | 0 | 0 | 100 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 0 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 0 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Cost Center Description | PARAMED PHARMACY (COSTED REQUIS.) | PARAMED MEDICAL ASSIST (ASSIGNED TIME) | PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME) | PARAMED PHARMACY TECH (ASSIGNED TIME) | PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | | 23.07 | 23.08 | 23.09 | 23.10 | 23.11 | |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | 0 | 0 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 0 | 0 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 0 | 0 | 0 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 0 | 0 | 0 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 0 | 0 | 0 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 0 | 0 | 0 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 0 | 0 | 0 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 0 | 0 | 0 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 0 | 0 | 0 | 0 | 116.00 |
| 118.00 | | SUBTOTALS (SUM OF LINES 1-117) | 137,297,780 | 100 | 100 | 100 | 100 | 118.00 |
| | | NONREIMBURSABLE COST CENTERS | | | | | | |
| 190.00 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0 | 0 | 0 | 0 | 0 | 190.00 |
| 191.00 | 19100 | RESEARCH | 0 | 0 | 0 | 0 | 0 | 191.00 |
| 191.01 | 19101 | RESEARCH-GCRC | 0 | 0 | 0 | 0 | 0 | 191.01 |
| 191.02 | 19102 | OSA | 0 | 0 | 0 | 0 | 0 | 191.02 |
| 192.00 | 19200 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.00 |
| 192.01 | 19201 | OTHER NONREIMBURSABLE-METHODIST | 0 | 0 | 0 | 0 | 0 | 192.01 |
| 192.02 | 19202 | OTHER NONREIMBURSABLE - IUMC | 0 | 0 | 0 | 0 | 0 | 192.02 |
| 192.03 | 19203 | PHYSICIANS' PRIVATE OFFICES | 0 | 0 | 0 | 0 | 0 | 192.03 |
| 192.04 | 19204 | MHH RADIOLOGY | 0 | 0 | 0 | 0 | 0 | 192.04 |
| 192.05 | 19205 | MHH LABS | 0 | 0 | 0 | 0 | 0 | 192.05 |
| 192.06 | 19206 | BELTWAY SURGERY | 0 | 0 | 0 | 0 | 0 | 192.06 |
| 192.07 | 19207 | RHI | 0 | 0 | 0 | 0 | 0 | 192.07 |
| 192.08 | 19208 | NON-ALLOWABLE ADVERTISING | 0 | 0 | 0 | 0 | 0 | 192.08 |
| 192.09 | 19209 | ARTHRITIS CLINIC - NR | 0 | 0 | 0 | 0 | 0 | 192.09 |
| 192.10 | 19212 | CARDIO PHYSICIANS | 0 | 0 | 0 | 0 | 0 | 192.10 |
| 192.11 | 19211 | UNUSED SPACE | 0 | 0 | 0 | 0 | 0 | 192.11 |
| 193.00 | 19300 | NONPAID WORKERS | 0 | 0 | 0 | 0 | 0 | 193.00 |
| 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) | 1,893,439 | 24 | 419,744 | 484,651 | 0 | 202.00 |
| 203.00 | | Unit cost multiplier (Wkst. B, Part I) | 0.013791 | 0.240000 | 4,197.440000 | 4,846.510000 | 0.000000 | 203.00 |
| 204.00 | | Cost to be allocated (per Wkst. B, Part II) | 7,364 | 0 | 22,815 | 22,506 | 0 | 204.00 |
| 205.00 | | Unit cost multiplier (Wkst. B, Part II) | 0.000054 | 0.000000 | 228.150000 | 225.060000 | 0.000000 | 205.00 |

POST STEPDOWN ADJUSTMENTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-2 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Description | Worksheet Part | Worksheet Line No. | Amount | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | | ADJ FOR EPO COSTS IN RENAL DIALYSIS | 1 | 74.00 | 0 | 1.00 |
| 2.00 | | ADJ FOR EPO COSTS IN HOME PROGRAM | 1 | 94.00 | 0 | 2.00 |
| 3.00 | | ADJ FOR ARANESP COSTS IN RENAL DIALYSIS | 1 | 74.00 | 0 | 3.00 |
| 4.00 | | ADJ FOR ARANESP COSTS IN HOME PROGRAM | 1 | 94.00 | 0 | 4.00 |
| 5.00 | | ADJ FOR ESA COSTS IN RENAL DIALYSIS | 1 | 74.00 | -1,091,236 | 5.00 |
| 6.00 | | ADJ FOR ESA COSTS IN HOME PROGRAM | 1 | 94.00 | -491,004 | 6.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Total Cost (from Wkst. B, Part I, col. 26) | Therapy Limit Adj. | Costs Total Costs | RCE Disallowance | Total Costs | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 275,751,043 | | 275,751,043 | 0 | 275,751,043 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 28,967,627 | | 28,967,627 | 0 | 28,967,627 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 21,895,664 | | 21,895,664 | 0 | 21,895,664 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 8,256,575 | | 8,256,575 | 0 | 8,256,575 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 3,250,848 | | 3,250,848 | 0 | 3,250,848 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 7,618,000 | | 7,618,000 | 0 | 7,618,000 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 15,658,649 | | 15,658,649 | 0 | 15,658,649 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 4,210,040 | | 4,210,040 | 0 | 4,210,040 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 4,623,346 | | 4,623,346 | 0 | 4,623,346 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 6,879,898 | | 6,879,898 | 0 | 6,879,898 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 7,558,607 | | 7,558,607 | 0 | 7,558,607 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 144,867,175 | | 144,867,175 | 0 | 144,867,175 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 3,404,415 | | 3,404,415 | 0 | 3,404,415 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 12,908,289 | | 12,908,289 | 0 | 12,908,289 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 16,247,125 | | 16,247,125 | 0 | 16,247,125 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 6,329,987 | | 6,329,987 | 0 | 6,329,987 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 5,693,341 | | 5,693,341 | 0 | 5,693,341 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 88,135,056 | | 88,135,056 | 0 | 88,135,056 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 11,527,969 | | 11,527,969 | 0 | 11,527,969 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 5,990,993 | | 5,990,993 | 0 | 5,990,993 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 5,689,689 | | 5,689,689 | 0 | 5,689,689 | 59.00 |
| 60.00 | 06000 | LABORATORY | 66,153,523 | | 66,153,523 | 0 | 66,153,523 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 3,821,046 | | 3,821,046 | 0 | 3,821,046 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 3,259,091 | | 3,259,091 | 0 | 3,259,091 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | 0 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 15,139,578 | | 15,139,578 | 0 | 15,139,578 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 35,858,866 | 0 | 35,858,866 | 0 | 35,858,866 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 20,003,229 | 0 | 20,003,229 | 0 | 20,003,229 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 4,106,308 | 0 | 4,106,308 | 0 | 4,106,308 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 8,161,044 | 0 | 8,161,044 | 0 | 8,161,044 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 4,917,973 | | 4,917,973 | 0 | 4,917,973 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 8,487,056 | | 8,487,056 | 0 | 8,487,056 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 38,918,758 | | 38,918,758 | 0 | 38,918,758 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 68,610,173 | | 68,610,173 | 0 | 68,610,173 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 254,758,015 | | 254,758,015 | 0 | 254,758,015 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 12,546,260 | | 12,546,260 | 0 | 12,546,260 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 13,158,969 | | 13,158,969 | 0 | 13,158,969 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 914,882 | | 914,882 | 0 | 914,882 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 12,212,791 | | 12,212,791 | 0 | 12,212,791 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 659,271 | | 659,271 | 0 | 659,271 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 15,362,270 | | 15,362,270 | 0 | 15,362,270 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 8,695,050 | | 8,695,050 | 0 | 8,695,050 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 39,821 | | 39,821 | 0 | 39,821 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 785,432 | | 785,432 | 0 | 785,432 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 5,607,699 | | 5,607,699 | 0 | 5,607,699 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | | 0 | 0 | 0 | 90.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Total Cost (from Wkst. B, Part I, col. 26) | Therapy Limit Adj. | Costs Total Costs | RCE Disallowance | Costs Total Costs | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.01 | 09001 | AMB SVC-OB & GYN | 4,445,400 | | 4,445,400 | 0 | 4,445,400 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 53,434,891 | | 53,434,891 | 0 | 53,434,891 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 825,805 | | 825,805 | 0 | 825,805 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 2,040,514 | | 2,040,514 | 0 | 2,040,514 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 286 | | 286 | 0 | 286 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 4,515,614 | | 4,515,614 | 0 | 4,515,614 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 6,592,280 | | 6,592,280 | 0 | 6,592,280 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 248,226 | | 248,226 | 0 | 248,226 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 288,342 | | 288,342 | 0 | 288,342 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 5,530,926 | | 5,530,926 | 0 | 5,530,926 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 997,433 | | 997,433 | 0 | 997,433 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 363,638 | | 363,638 | 0 | 363,638 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 2,063,631 | | 2,063,631 | 0 | 2,063,631 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 1,413,975 | | 1,413,975 | 0 | 1,413,975 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,403,447 | | 1,403,447 | 0 | 1,403,447 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 656,665 | | 656,665 | 0 | 656,665 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 378,405 | | 378,405 | 0 | 378,405 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,507,318 | | 1,507,318 | 0 | 1,507,318 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1,250,639 | | 1,250,639 | 0 | 1,250,639 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 40,825,249 | | 40,825,249 | 0 | 40,825,249 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 19,043,007 | | 19,043,007 | | 19,043,007 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 3,080,937 | | 3,080,937 | 0 | 3,080,937 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 27,146,234 | | 27,146,234 | 0 | 27,146,234 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | | 0 | | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | | 0 | | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | | 0 | | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 44,469,971 | | 44,469,971 | | 44,469,971 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 13,035,977 | | 13,035,977 | | 13,035,977 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 2,067,353 | | 2,067,353 | | 2,067,353 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 7,942,731 | | 7,942,731 | | 7,942,731 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,867,632 | | 3,867,632 | | 3,867,632 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,877,956 | | 2,877,956 | | 2,877,956 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,108,030 | | 1,108,030 | | 1,108,030 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | | 0 | | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 286,796 | | 286,796 | | 286,796 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 6,155,146 | | 6,155,146 | | 6,155,146 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | | 0 | | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 8,139,139 | | 8,139,139 | | 8,139,139 | 116.00 |
| 200.00 | | Subtotal (see instructions) | 1,555,645,034 | 0 | 1,555,645,034 | 0 | 1,555,645,034 | 200.00 |
| 201.00 | | Less Observation Beds | 19,043,007 | | 19,043,007 | | 19,043,007 | 201.00 |
| 202.00 | | Total (see instructions) | 1,536,602,027 | 0 | 1,536,602,027 | 0 | 1,536,602,027 | 202.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 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 | 615,730,391 | | 615,730,391 | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 69,896,293 | | 69,896,293 | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 51,608,917 | | 51,608,917 | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 22,988,128 | | 22,988,128 | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 6,884,092 | | 6,884,092 | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 16,993,286 | | 16,993,286 | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | | 0 | | | 34.03 |
| 34.04 | 03403 | RH PED IC | 39,188,816 | | 39,188,816 | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 8,713,506 | | 8,713,506 | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 6,358,954 | | 6,358,954 | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 13,339,174 | | 13,339,174 | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | | 0 | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | | 0 | | | 42.00 |
| 43.00 | 04300 | NURSERY | 19,747,015 | | 19,747,015 | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | | 0 | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | | 0 | | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | | 0 | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | | 0 | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 461,645,442 | 215,753,719 | 677,399,161 | 0.213858 | 0.000000 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 16,384,323 | 8,668,905 | 25,053,228 | 0.135887 | 0.000000 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 36,671,894 | 37,249,217 | 73,921,111 | 0.174622 | 0.000000 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 52,141,600 | 5,865,581 | 58,007,181 | 0.280088 | 0.000000 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 31,602,343 | 12,231,884 | 43,834,227 | 0.144407 | 0.000000 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 3,807,163 | 26,631,227 | 30,438,390 | 0.187045 | 0.000000 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 217,779,199 | 358,027,115 | 575,806,314 | 0.153064 | 0.000000 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 4,765,594 | 88,259,684 | 93,025,278 | 0.123923 | 0.000000 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 7,095,219 | 23,055,092 | 30,150,311 | 0.198704 | 0.000000 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0.000000 | 0.000000 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0.000000 | 0.000000 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 13,928,962 | 26,881,289 | 40,810,251 | 0.139418 | 0.000000 | 59.00 |
| 60.00 | 06000 | LABORATORY | 357,163,108 | 301,441,470 | 658,604,578 | 0.100445 | 0.000000 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 1,652,576 | 9,339,375 | 10,991,951 | 0.347622 | 0.000000 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 5,917,488 | 9,888,917 | 15,806,405 | 0.206188 | 0.000000 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | 0 | 0 | 0.000000 | 0.000000 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0.000000 | 0.000000 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 63,192,622 | 11,407,310 | 74,599,932 | 0.202944 | 0.000000 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0.000000 | 0.000000 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 125,573,070 | 3,156,022 | 128,729,092 | 0.278561 | 0.000000 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 46,221,498 | 32,917,266 | 79,138,764 | 0.252761 | 0.000000 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 10,667,522 | 4,182,989 | 14,850,511 | 0.276510 | 0.000000 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 5,544,674 | 10,413,008 | 15,957,682 | 0.511418 | 0.000000 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 42,802,334 | 17,747,995 | 60,550,329 | 0.081221 | 0.000000 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 23,606,859 | 13,845,123 | 37,451,982 | 0.226612 | 0.000000 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 76,783,367 | 50,837,322 | 127,620,689 | 0.304956 | 0.000000 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 277,403,695 | 110,827,377 | 388,231,072 | 0.176725 | 0.000000 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 450,743,616 | 416,321,924 | 867,065,540 | 0.293816 | 0.000000 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0.000000 | 0.000000 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 60,922,783 | 60,922,783 | 0.205937 | 0.000000 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 15,807,701 | 23,073,780 | 38,881,481 | 0.338438 | 0.000000 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0.000000 | 0.000000 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0.000000 | 0.000000 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 1,707,623 | 0 | 1,707,623 | 0.535763 | 0.000000 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 25,619,365 | 57,288,068 | 82,907,433 | 0.147306 | 0.000000 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 454,463 | 1,714,097 | 2,168,560 | 0.304013 | 0.000000 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 37,802,495 | 72,515,308 | 110,317,803 | 0.139255 | 0.000000 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1,044,858 | 6,374,867 | 7,419,725 | 1.171883 | 0.000000 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0.000000 | 0.000000 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 140,942 | 0 | 140,942 | 0.282535 | 0.000000 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 139,173 | 953,853 | 1,093,026 | 0.718585 | 0.000000 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 3,465,643 | | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 508,997 | 9,144,066 | 9,653,063 | 0.460517 | 0.000000 | 90.01 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Charges | | | Cost or Other Ratio | TEFRA Inpatient Ratio | |
|---|---|---|---|---|---|---|---|---|
| | | | Inpatient | Outpatient | Total (col. 6 + col. 7) | | | |
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| 90.02 | 09002 | IUSCC HEM/ONC | 701,724 | 76,577,616 | 77,279,340 | 0.691451 | 0.000000 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 8,582 | 3,159,549 | 3,168,131 | 0.260660 | 0.000000 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 1,102 | 2,778,129 | 2,779,231 | 0.734201 | 0.000000 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 7,520,889 | 11,684,007 | 19,204,896 | 0.235128 | 0.000000 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 498,699 | 9,451,788 | 9,950,487 | 0.662508 | 0.000000 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 22,306 | 848,922 | 871,228 | 0.284915 | 0.000000 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 309 | 89,470 | 89,779 | 3.211686 | 0.000000 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 37,581 | 15,501,592 | 15,539,173 | 0.355934 | 0.000000 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 2,627 | 323,208 | 325,835 | 3.061160 | 0.000000 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 4,329,127 | 4,329,127 | 0.083998 | 0.000000 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 4,508 | 1,213,833 | 1,218,341 | 1.693804 | 0.000000 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 2,213 | 2,354,549 | 2,356,762 | 0.599965 | 0.000000 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 8,096 | 4,845,816 | 4,853,912 | 0.289137 | 0.000000 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 9,845 | 446,826 | 456,671 | 1.437939 | 0.000000 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 1,952 | 177,917 | 179,869 | 2.103781 | 0.000000 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 4,798 | 2,113,938 | 2,118,736 | 0.711423 | 0.000000 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 4,977 | 677,311 | 682,288 | 1.833007 | 0.000000 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 101,838,214 | 236,739,820 | 338,578,034 | 0.120579 | 0.000000 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 4,470,412 | 32,661,816 | 37,132,228 | 0.512843 | 0.000000 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0.000000 | 0.000000 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 2,537 | 13,074,926 | 13,077,463 | 0.235591 | 0.000000 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 199,381 | 67,599,379 | 67,798,760 | 0.400394 | 0.000000 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0.000000 | 0.000000 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0.000000 | 0.000000 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | | | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 79,074,743 | 79,074,743 | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 33,332,836 | 0 | 33,332,836 | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 5,194,302 | 0 | 5,194,302 | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 21,049,782 | 0 | 21,049,782 | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 8,995,836 | 154 | 8,995,990 | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 6,590,488 | 0 | 6,590,488 | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 2,940,904 | 0 | 2,940,904 | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | | | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 17,228,308 | 17,228,308 | | | 116.00 |
| 200.00 | | Subtotal (see instructions) | 3,481,213,257 | 2,613,355,020 | 6,094,568,277 | | | 200.00 |
| 201.00 | | Less Observation Beds | | | | | | 201.00 |
| 202.00 | | Total (see instructions) | 3,481,213,257 | 2,613,355,020 | 6,094,568,277 | | | 202.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | PPS Inpatient Ratio | | |
|---|---|---|---|---|---|
| | | | 11.00 | | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | | 34.03 |
| 34.04 | 03403 | RH PED IC | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | | 42.00 |
| 43.00 | 04300 | NURSERY | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | | | 45.00 |
| 45.01 | 04510 | ICF/MR | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | | | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | | 90.03 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | PPS Inpatient Ratio | | |
|---|---|---|---|---|---|
| | | | 11.00 | | |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0.400394 | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | | 97.00 |
| 99.00 | 09900 | CMHC | | | 99.00 |
| 99.10 | 09910 | CORF | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | | | 115.00 |
| 116.00 | 11600 | HOSPICE | | | 116.00 |
| 200.00 | | Subtotal (see instructions) | | | 200.00 |
| 201.00 | | Less Observation Beds | | | 201.00 |
| 202.00 | | Total (see instructions) | | | 202.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Total Cost (from Wkst. B, Part I, col. 26) | Therapy Limit Adj. | Costs Total Costs | RCE Disallowance | Total Costs | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 275,751,043 | | 275,751,043 | 0 | 275,751,043 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 28,967,627 | | 28,967,627 | 0 | 28,967,627 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 21,895,664 | | 21,895,664 | 0 | 21,895,664 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 8,256,575 | | 8,256,575 | 0 | 8,256,575 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 3,250,848 | | 3,250,848 | 0 | 3,250,848 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 7,618,000 | | 7,618,000 | 0 | 7,618,000 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | | 0 | 0 | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 15,658,649 | | 15,658,649 | 0 | 15,658,649 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 4,210,040 | | 4,210,040 | 0 | 4,210,040 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 4,623,346 | | 4,623,346 | 0 | 4,623,346 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 6,879,898 | | 6,879,898 | 0 | 6,879,898 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 7,558,607 | | 7,558,607 | 0 | 7,558,607 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | | 0 | 0 | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | | 0 | 0 | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | | 0 | 0 | 0 | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | | 0 | 0 | 0 | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 144,867,175 | | 144,867,175 | 0 | 144,867,175 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 3,404,415 | | 3,404,415 | 0 | 3,404,415 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 12,908,289 | | 12,908,289 | 0 | 12,908,289 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 16,247,125 | | 16,247,125 | 0 | 16,247,125 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 6,329,987 | | 6,329,987 | 0 | 6,329,987 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 5,693,341 | | 5,693,341 | 0 | 5,693,341 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 88,135,056 | | 88,135,056 | 0 | 88,135,056 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 11,527,969 | | 11,527,969 | 0 | 11,527,969 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 5,990,993 | | 5,990,993 | 0 | 5,990,993 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 5,689,689 | | 5,689,689 | 0 | 5,689,689 | 59.00 |
| 60.00 | 06000 | LABORATORY | 66,153,523 | | 66,153,523 | 0 | 66,153,523 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 3,821,046 | | 3,821,046 | 0 | 3,821,046 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 3,259,091 | | 3,259,091 | 0 | 3,259,091 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | 0 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 15,139,578 | | 15,139,578 | 0 | 15,139,578 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 35,858,866 | 0 | 35,858,866 | 0 | 35,858,866 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 20,003,229 | 0 | 20,003,229 | 0 | 20,003,229 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 4,106,308 | 0 | 4,106,308 | 0 | 4,106,308 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 8,161,044 | 0 | 8,161,044 | 0 | 8,161,044 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 4,917,973 | | 4,917,973 | 0 | 4,917,973 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 8,487,056 | | 8,487,056 | 0 | 8,487,056 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 38,918,758 | | 38,918,758 | 0 | 38,918,758 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 68,610,173 | | 68,610,173 | 0 | 68,610,173 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 254,758,015 | | 254,758,015 | 0 | 254,758,015 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 12,546,260 | | 12,546,260 | 0 | 12,546,260 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 13,158,969 | | 13,158,969 | 0 | 13,158,969 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 914,882 | | 914,882 | 0 | 914,882 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 12,212,791 | | 12,212,791 | 0 | 12,212,791 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 659,271 | | 659,271 | 0 | 659,271 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 15,362,270 | | 15,362,270 | 0 | 15,362,270 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 8,695,050 | | 8,695,050 | 0 | 8,695,050 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 39,821 | | 39,821 | 0 | 39,821 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 785,432 | | 785,432 | 0 | 785,432 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 5,607,699 | | 5,607,699 | 0 | 5,607,699 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | | 0 | 0 | 0 | 90.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Total Cost (from Wkst. B, Part I, col. 26) | Therapy Limit Adj. | Costs Total Costs | RCE Disallowance | Total Costs | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.01 | 09001 | AMB SVC-OB & GYN | 4,445,400 | | 4,445,400 | 0 | 4,445,400 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 53,434,891 | | 53,434,891 | 0 | 53,434,891 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 825,805 | | 825,805 | 0 | 825,805 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 2,040,514 | | 2,040,514 | 0 | 2,040,514 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 286 | | 286 | 0 | 286 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 4,515,614 | | 4,515,614 | 0 | 4,515,614 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 6,592,280 | | 6,592,280 | 0 | 6,592,280 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 248,226 | | 248,226 | 0 | 248,226 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 288,342 | | 288,342 | 0 | 288,342 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 5,530,926 | | 5,530,926 | 0 | 5,530,926 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 997,433 | | 997,433 | 0 | 997,433 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 363,638 | | 363,638 | 0 | 363,638 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 2,063,631 | | 2,063,631 | 0 | 2,063,631 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 1,413,975 | | 1,413,975 | 0 | 1,413,975 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,403,447 | | 1,403,447 | 0 | 1,403,447 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 656,665 | | 656,665 | 0 | 656,665 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 378,405 | | 378,405 | 0 | 378,405 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,507,318 | | 1,507,318 | 0 | 1,507,318 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1,250,639 | | 1,250,639 | 0 | 1,250,639 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 40,825,249 | | 40,825,249 | 0 | 40,825,249 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 19,043,007 | | 19,043,007 | | 19,043,007 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 3,080,937 | | 3,080,937 | 0 | 3,080,937 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 27,146,234 | | 27,146,234 | 0 | 27,146,234 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | | 0 | | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | | 0 | | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | | 0 | | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 44,469,971 | | 44,469,971 | | 44,469,971 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 13,035,977 | | 13,035,977 | | 13,035,977 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 2,067,353 | | 2,067,353 | | 2,067,353 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 7,942,731 | | 7,942,731 | | 7,942,731 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,867,632 | | 3,867,632 | | 3,867,632 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,877,956 | | 2,877,956 | | 2,877,956 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,108,030 | | 1,108,030 | | 1,108,030 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | | 0 | | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 286,796 | | 286,796 | | 286,796 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 6,155,146 | | 6,155,146 | | 6,155,146 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | | 0 | | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 8,139,139 | | 8,139,139 | | 8,139,139 | 116.00 |
| 200.00 | | Subtotal (see instructions) | 1,555,645,034 | 0 | 1,555,645,034 | 0 | 1,555,645,034 | 200.00 |
| 201.00 | | Less Observation Beds | 19,043,007 | | 19,043,007 | | 19,043,007 | 201.00 |
| 202.00 | | Total (see instructions) | 1,536,602,027 | 0 | 1,536,602,027 | 0 | 1,536,602,027 | 202.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Charges Inpatient | Charges Outpatient | Total (col. 6 + col. 7) | Cost or Other Ratio | TEFRA Inpatient Ratio | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 615,730,391 | | 615,730,391 | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 69,896,293 | | 69,896,293 | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 51,608,917 | | 51,608,917 | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 22,988,128 | | 22,988,128 | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 6,884,092 | | 6,884,092 | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 16,993,286 | | 16,993,286 | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | | 0 | | | 34.03 |
| 34.04 | 03403 | RH PED IC | 39,188,816 | | 39,188,816 | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 8,713,506 | | 8,713,506 | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 6,358,954 | | 6,358,954 | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 13,339,174 | | 13,339,174 | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | | 0 | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | | 0 | | | 42.00 |
| 43.00 | 04300 | NURSERY | 19,747,015 | | 19,747,015 | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | | 0 | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | | 0 | | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | | 0 | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | 0 | | 0 | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 461,645,442 | 215,753,719 | 677,399,161 | 0.213858 | 0.000000 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 16,384,323 | 8,668,905 | 25,053,228 | 0.135887 | 0.000000 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 36,671,894 | 37,249,217 | 73,921,111 | 0.174622 | 0.000000 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 52,141,600 | 5,865,581 | 58,007,181 | 0.280088 | 0.000000 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 31,602,343 | 12,231,884 | 43,834,227 | 0.144407 | 0.000000 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 3,807,163 | 26,631,227 | 30,438,390 | 0.187045 | 0.000000 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 217,779,199 | 358,027,115 | 575,806,314 | 0.153064 | 0.000000 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 4,765,594 | 88,259,684 | 93,025,278 | 0.123923 | 0.000000 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 7,095,219 | 23,055,092 | 30,150,311 | 0.198704 | 0.000000 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0.000000 | 0.000000 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0.000000 | 0.000000 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 13,928,962 | 26,881,289 | 40,810,251 | 0.139418 | 0.000000 | 59.00 |
| 60.00 | 06000 | LABORATORY | 357,163,108 | 301,441,470 | 658,604,578 | 0.100445 | 0.000000 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 1,652,576 | 9,339,375 | 10,991,951 | 0.347622 | 0.000000 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 5,917,488 | 9,888,917 | 15,806,405 | 0.206188 | 0.000000 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | 0 | 0 | 0.000000 | 0.000000 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0.000000 | 0.000000 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 63,192,622 | 11,407,310 | 74,599,932 | 0.202944 | 0.000000 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0.000000 | 0.000000 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 125,573,070 | 3,156,022 | 128,729,092 | 0.278561 | 0.000000 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 46,221,498 | 32,917,266 | 79,138,764 | 0.252761 | 0.000000 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 10,667,522 | 4,182,989 | 14,850,511 | 0.276510 | 0.000000 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 5,544,674 | 10,413,008 | 15,957,682 | 0.511418 | 0.000000 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 42,802,334 | 17,747,995 | 60,550,329 | 0.081221 | 0.000000 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 23,606,859 | 13,845,123 | 37,451,982 | 0.226612 | 0.000000 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 76,783,367 | 50,837,322 | 127,620,689 | 0.304956 | 0.000000 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 277,403,695 | 110,827,377 | 388,231,072 | 0.176725 | 0.000000 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 450,743,616 | 416,321,924 | 867,065,540 | 0.293816 | 0.000000 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0.000000 | 0.000000 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 60,922,783 | 60,922,783 | 0.205937 | 0.000000 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 15,807,701 | 23,073,780 | 38,881,481 | 0.338438 | 0.000000 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0.000000 | 0.000000 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0.000000 | 0.000000 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 1,707,623 | 0 | 1,707,623 | 0.535763 | 0.000000 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 25,619,365 | 57,288,068 | 82,907,433 | 0.147306 | 0.000000 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 454,463 | 1,714,097 | 2,168,560 | 0.304013 | 0.000000 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 37,802,495 | 72,515,308 | 110,317,803 | 0.139255 | 0.000000 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1,044,858 | 6,374,867 | 7,419,725 | 1.171883 | 0.000000 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0.000000 | 0.000000 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 140,942 | 0 | 140,942 | 0.282535 | 0.000000 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 139,173 | 953,853 | 1,093,026 | 0.718585 | 0.000000 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0.000000 | 0.000000 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 3,465,643 | 1.618083 | 0.000000 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 508,997 | 9,144,066 | 9,653,063 | 0.460517 | 0.000000 | 90.01 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Charges | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Inpatient | Outpatient | Total (col. 6 + col. 7) | Cost or Other Ratio | TEFRA Inpatient Ratio | |
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| 90.02 | 09002 | IUSCC HEM/ONC | 701,724 | 76,577,616 | 77,279,340 | 0.691451 | 0.000000 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 8,582 | 3,159,549 | 3,168,131 | 0.260660 | 0.000000 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 1,102 | 2,778,129 | 2,779,231 | 0.734201 | 0.000000 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 7,520,889 | 11,684,007 | 19,204,896 | 0.235128 | 0.000000 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 498,699 | 9,451,788 | 9,950,487 | 0.662508 | 0.000000 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 22,306 | 848,922 | 871,228 | 0.284915 | 0.000000 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 309 | 89,470 | 89,779 | 3.211686 | 0.000000 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 37,581 | 15,501,592 | 15,539,173 | 0.355934 | 0.000000 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 2,627 | 323,208 | 325,835 | 3.061160 | 0.000000 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 4,329,127 | 4,329,127 | 0.083998 | 0.000000 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0.000000 | 0.000000 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 4,508 | 1,213,833 | 1,218,341 | 1.693804 | 0.000000 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 2,213 | 2,354,549 | 2,356,762 | 0.599965 | 0.000000 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 8,096 | 4,845,816 | 4,853,912 | 0.289137 | 0.000000 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 9,845 | 446,826 | 456,671 | 1.437939 | 0.000000 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 1,952 | 177,917 | 179,869 | 2.103781 | 0.000000 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 4,798 | 2,113,938 | 2,118,736 | 0.711423 | 0.000000 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 4,977 | 677,311 | 682,288 | 1.833007 | 0.000000 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 101,838,214 | 236,739,820 | 338,578,034 | 0.120579 | 0.000000 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0.000000 | 0.000000 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 4,470,412 | 32,661,816 | 37,132,228 | 0.512843 | 0.000000 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0.000000 | 0.000000 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 2,537 | 13,074,926 | 13,077,463 | 0.235591 | 0.000000 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 199,381 | 67,599,379 | 67,798,760 | 0.400394 | 0.000000 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0.000000 | 0.000000 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0.000000 | 0.000000 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | | | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 0 | 79,074,743 | 79,074,743 | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 33,332,836 | 0 | 33,332,836 | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 5,194,302 | 0 | 5,194,302 | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 21,049,782 | 0 | 21,049,782 | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 8,995,836 | 154 | 8,995,990 | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 6,590,488 | 0 | 6,590,488 | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 2,940,904 | 0 | 2,940,904 | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 0 | 0 | 0 | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 0 | 0 | 0 | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | | | 115.00 |
| 116.00 | 11600 | HOSPICE | 0 | 17,228,308 | 17,228,308 | | | 116.00 |
| 200.00 | | Subtotal (see instructions) | 3,481,213,257 | 2,613,355,020 | 6,094,568,277 | | | 200.00 |
| 201.00 | | Less Observation Beds | | | | | | 201.00 |
| 202.00 | | Total (see instructions) | 3,481,213,257 | 2,613,355,020 | 6,094,568,277 | | | 202.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | PPS Inpatient Ratio | | |
|---|---|---|---|---|---|
| | | | 11.00 | | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | | 34.03 |
| 34.04 | 03403 | RH PED IC | | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | | 42.00 |
| 43.00 | 04300 | NURSERY | | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | | | 45.00 |
| 45.01 | 04510 | ICF/MR | | | 45.01 |
| 46.00 | 04600 | OTHER LONG TERM CARE | | | 46.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 1.618083 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | | 90.03 |

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | PPS Inpatient Ratio | | |
|---|---|---|---|---|---|
| | | | 11.00 | | |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0.400394 | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | | 97.00 |
| 99.00 | 09900 | CMHC | | | 99.00 |
| 99.10 | 09910 | CORF | | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | | | 115.00 |
| 116.00 | 11600 | HOSPICE | | | 116.00 |
| 200.00 | | Subtotal (see instructions) | | | 200.00 |
| 201.00 | | Less Observation Beds | | | 201.00 |
| 202.00 | | Total (see instructions) | | | 202.00 |

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Total Cost (Wkst. B, Part I, col. 26) | Capital Cost (Wkst. B, Part II col. 26) | Operating Cost Net of Capital Cost (col. 1 - col. 2) | Capital Reduction | Operating Cost Reduction Amount | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 144,867,175 | 14,990,740 | 129,876,435 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 3,404,415 | 428,112 | 2,976,303 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 12,908,289 | 728,413 | 12,179,876 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 16,247,125 | 1,019,665 | 15,227,460 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 6,329,987 | 858,816 | 5,471,171 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 5,693,341 | 453,790 | 5,239,551 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 88,135,056 | 15,013,577 | 73,121,479 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 11,527,969 | 1,896,926 | 9,631,043 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 5,990,993 | 487,259 | 5,503,734 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 5,689,689 | 154,233 | 5,535,456 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 66,153,523 | 3,709,211 | 62,444,312 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 3,821,046 | 78,539 | 3,742,507 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 3,259,091 | 345,290 | 2,913,801 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | 0 | 0 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 15,139,578 | 287,366 | 14,852,212 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 35,858,866 | 1,421,292 | 34,437,574 | 0 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 20,003,229 | 713,747 | 19,289,482 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 4,106,308 | 150,671 | 3,955,637 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 8,161,044 | 554,904 | 7,606,140 | 0 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 4,917,973 | 425,447 | 4,492,526 | 0 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 8,487,056 | 838,338 | 7,648,718 | 0 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 38,918,758 | 128,003 | 38,790,755 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 68,610,173 | 175,452 | 68,434,721 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 254,758,015 | 3,482,862 | 251,275,153 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 12,546,260 | 353,166 | 12,193,094 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 13,158,969 | 695,901 | 12,463,068 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 914,882 | 38,779 | 876,103 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 12,212,791 | 1,487,786 | 10,725,005 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 659,271 | 35,509 | 623,762 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 15,362,270 | 916,664 | 14,445,606 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 8,695,050 | 331,705 | 8,363,345 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 39,821 | 102 | 39,719 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 785,432 | 15,554 | 769,878 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 5,607,699 | 13,928 | 5,593,771 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 4,445,400 | 299,298 | 4,146,102 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 53,434,891 | 5,701,813 | 47,733,078 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 825,805 | 304,984 | 520,821 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 2,040,514 | 335,509 | 1,705,005 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 286 | 2 | 284 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 4,515,614 | 324,254 | 4,191,360 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 6,592,280 | 691,370 | 5,900,910 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 248,226 | 37,623 | 210,603 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 288,342 | 49,003 | 239,339 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 5,530,926 | 226,492 | 5,304,434 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 997,433 | 102,629 | 894,804 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 363,638 | 5,155 | 358,483 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 2,063,631 | 148,091 | 1,915,540 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 1,413,975 | 144,023 | 1,269,952 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,403,447 | 11,727 | 1,391,720 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 656,665 | 4,729 | 651,936 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 378,405 | 23,398 | 355,007 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,507,318 | 33,699 | 1,473,619 | 0 | 0 | 90.22 |

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Total Cost (Wkst. B, Part I, col. 26) | Capital Cost (Wkst. B, Part II col. 26) | Operating Cost Net of Capital Cost (col. 1 - col. 2) | Capital Reduction | Operating Cost Reduction Amount | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1,250,639 | 108,270 | 1,142,369 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 40,825,249 | 1,653,835 | 39,171,414 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 19,043,007 | 972,564 | 18,070,443 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 3,080,937 | 215,156 | 2,865,781 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 27,146,234 | 3,164,943 | 23,981,291 | 0 | 0 | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0 | 0 | 0 | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0 | 0 | 0 | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0 | 0 | 0 | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 44,469,971 | 617,114 | 43,852,857 | 0 | 0 | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 13,035,977 | 298,621 | 12,737,356 | 0 | 0 | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 2,067,353 | 41,315 | 2,026,038 | 0 | 0 | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 7,942,731 | 126,472 | 7,816,259 | 0 | 0 | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,867,632 | 79,994 | 3,787,638 | 0 | 0 | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,877,956 | 58,618 | 2,819,338 | 0 | 0 | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,108,030 | 13,521 | 1,094,509 | 0 | 0 | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0 | 0 | 0 | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 286,796 | 9,809 | 276,987 | 0 | 0 | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 6,155,146 | 408,673 | 5,746,473 | 0 | 0 | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 0 | 0 | 115.00 |
| 116.00 | 11600 | HOSPICE | 8,139,139 | 153,970 | 7,985,169 | 0 | 0 | 116.00 |
| 200.00 | | Subtotal (sum of lines 50 thru 199) | 1,170,974,737 | 68,598,421 | 1,102,376,316 | 0 | 0 | 200.00 |
| 201.00 | | Less Observation Beds | 19,043,007 | 972,564 | 18,070,443 | 0 | 0 | 201.00 |
| 202.00 | | Total (line 200 minus line 201) | 1,151,931,730 | 67,625,857 | 1,084,305,873 | 0 | 0 | 202.00 |

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Cost Net of Capital and Operating Cost Reduction | Total Charges (Worksheet C, Part I, column 8) | Outpatient Cost to Charge Ratio (col. 6 / col. 7) | | |
|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 144,867,175 | 677,399,161 | 0.213858 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 3,404,415 | 25,053,228 | 0.135887 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 12,908,289 | 73,921,111 | 0.174622 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 16,247,125 | 58,007,181 | 0.280088 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 6,329,987 | 43,834,227 | 0.144407 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 5,693,341 | 30,438,390 | 0.187045 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 88,135,056 | 575,806,314 | 0.153064 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 11,527,969 | 93,025,278 | 0.123923 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 5,990,993 | 30,150,311 | 0.198704 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 5,689,689 | 40,810,251 | 0.139418 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 66,153,523 | 658,604,578 | 0.100445 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 3,821,046 | 10,991,951 | 0.347622 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 3,259,091 | 15,806,405 | 0.206188 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | 0 | 0.000000 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 15,139,578 | 74,599,932 | 0.202944 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 35,858,866 | 128,729,092 | 0.278561 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 20,003,229 | 79,138,764 | 0.252761 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 4,106,308 | 14,850,511 | 0.276510 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 8,161,044 | 15,957,682 | 0.511418 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 4,917,973 | 60,550,329 | 0.081221 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 8,487,056 | 37,451,982 | 0.226612 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 38,918,758 | 127,620,689 | 0.304956 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 68,610,173 | 388,231,072 | 0.176725 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 254,758,015 | 867,065,540 | 0.293816 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 12,546,260 | 60,922,783 | 0.205937 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 13,158,969 | 38,881,481 | 0.338438 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 914,882 | 1,707,623 | 0.535763 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 12,212,791 | 82,907,433 | 0.147306 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 659,271 | 2,168,560 | 0.304013 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 15,362,270 | 110,317,803 | 0.139255 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 8,695,050 | 7,419,725 | 1.171883 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 39,821 | 140,942 | 0.282535 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 785,432 | 1,093,026 | 0.718585 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 5,607,699 | 3,465,643 | 1.618083 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 4,445,400 | 9,653,063 | 0.460517 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 53,434,891 | 77,279,340 | 0.691451 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 825,805 | 3,168,131 | 0.260660 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 2,040,514 | 2,779,231 | 0.734201 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 286 | 0 | 0.000000 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 4,515,614 | 19,204,896 | 0.235128 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 6,592,280 | 9,950,487 | 0.662508 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 248,226 | 871,228 | 0.284915 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 288,342 | 89,779 | 3.211686 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 5,530,926 | 15,539,173 | 0.355934 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 997,433 | 325,835 | 3.061160 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 363,638 | 4,329,127 | 0.083998 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 2,063,631 | 1,218,341 | 1.693804 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 1,413,975 | 2,356,762 | 0.599965 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 1,403,447 | 4,853,912 | 0.289137 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 656,665 | 456,671 | 1.437939 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 378,405 | 179,869 | 2.103781 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 1,507,318 | 2,118,736 | 0.711423 | | 90.22 |

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Cost Net of Capital and Operating Cost Reduction | Total Charges (Worksheet C, Part I, column 8) | Outpatient Cost to Charge Ratio (col. 6 / col. 7) | | |
|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | | |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1,250,639 | 682,288 | 1.833007 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 40,825,249 | 338,578,034 | 0.120579 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 19,043,007 | 37,132,228 | 0.512843 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 3,080,937 | 13,077,463 | 0.235591 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 27,146,234 | 67,798,760 | 0.400394 | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | | 97.00 |
| 99.00 | 09900 | CMHC | 0 | 0 | 0.000000 | | 99.00 |
| 99.10 | 09910 | CORF | 0 | 0 | 0.000000 | | 99.10 |
| 100.00 | 10000 | I&R SERVICES-NOT APPRVD PRGM | 0 | 0 | 0.000000 | | 100.00 |
| 101.00 | 10100 | HOME HEALTH AGENCY | 44,469,971 | 79,074,743 | 0.562379 | | 101.00 |
| | | SPECIAL PURPOSE COST CENTERS | | | | | |
| 105.00 | 10500 | KIDNEY ACQUISITION | 13,035,977 | 33,332,836 | 0.391085 | | 105.00 |
| 106.00 | 10600 | HEART ACQUISITION | 2,067,353 | 5,194,302 | 0.398004 | | 106.00 |
| 107.00 | 10700 | LIVER ACQUISITION | 7,942,731 | 21,049,782 | 0.377331 | | 107.00 |
| 108.00 | 10800 | LUNG ACQUISITION | 3,867,632 | 8,995,990 | 0.429928 | | 108.00 |
| 109.00 | 10900 | PANCREAS ACQUISITION | 2,877,956 | 6,590,488 | 0.436683 | | 109.00 |
| 110.00 | 11000 | INTESTINE ACQUISITION | 1,108,030 | 2,940,904 | 0.376765 | | 110.00 |
| 111.00 | 11100 | ISLET ACQUISITION | 0 | 0 | 0.000000 | | 111.00 |
| 112.00 | 08600 | OTHER ORGAN ACQUISITION | 286,796 | 0 | 0.000000 | | 112.00 |
| 112.01 | 08601 | POST TRANSPLANT EXPENSES | 6,155,146 | 0 | 0.000000 | | 112.01 |
| 113.00 | 11300 | INTEREST EXPENSE | | | | | 113.00 |
| 114.00 | 11400 | UTILIZATION REVIEW-SNF | | | | | 114.00 |
| 115.00 | 11500 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0.000000 | | 115.00 |
| 116.00 | 11600 | HOSPICE | 8,139,139 | 17,228,308 | 0.472428 | | 116.00 |
| 200.00 | | Subtotal (sum of lines 50 thru 199) | 1,170,974,737 | 5,223,119,705 | | | 200.00 |
| 201.00 | | Less Observation Beds | 19,043,007 | 0 | | | 201.00 |
| 202.00 | | Total (line 200 minus line 201) | 1,151,931,730 | 5,223,119,705 | | | 202.00 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 6/1/2014 7:02 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 | 14,083,154 | 0 | 14,083,154 | 273,752 | 51.44 | 30.00 |
| 31.00 | INTENSIVE CARE UNIT | 896,449 | | 896,449 | 20,129 | 44.54 | 31.00 |
| 32.00 | CORONARY CARE UNIT | 616,169 | | 616,169 | 14,220 | 43.33 | 32.00 |
| 32.01 | NEONATAL INTENSIVE CARE UNIT | 271,041 | | 271,041 | 8,176 | 33.15 | 32.01 |
| 33.00 | BURN INTENSIVE CARE UNIT | 191,124 | | 191,124 | 2,137 | 89.44 | 33.00 |
| 34.00 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0.00 | 34.00 |
| 34.01 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0.00 | 34.01 |
| 34.02 | UH SURG 6IC | 190,585 | | 190,585 | 4,852 | 39.28 | 34.02 |
| 34.03 | UH NS 3IC | 0 | | 0 | 0 | 0.00 | 34.03 |
| 34.04 | RH PED IC | 545,810 | | 545,810 | 8,591 | 63.53 | 34.04 |
| 34.05 | TRANSPLANT ICU | 157,178 | | 157,178 | 2,526 | 62.22 | 34.05 |
| 34.06 | PEDS CANCER CARE | 1,023,161 | | 1,023,161 | 1,757 | 582.33 | 34.06 |
| 40.00 | SUBPROVIDER - IPF | 256,085 | 0 | 256,085 | 6,528 | 39.23 | 40.00 |
| 41.00 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0.00 | 41.00 |
| 42.00 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0.00 | 42.00 |
| 43.00 | NURSERY | 241,156 | | 241,156 | 11,157 | 21.61 | 43.00 |
| 44.00 | SKILLED NURSING FACILITY | 0 | | 0 | 0 | 0.00 | 44.00 |
| 45.00 | NURSING FACILITY | 0 | | 0 | 0 | 0.00 | 45.00 |
| 45.01 | ICF/MR | 0 | | 0 | 0 | 0.00 | 45.01 |
| 200.00 | Total (lines 30-199) | 18,471,912 | | 18,471,912 | 353,825 | | 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 | 76,232 | 3,921,374 | 30.00 |
| 31.00 | INTENSIVE CARE UNIT | 6,754 | 300,823 | 31.00 |
| 32.00 | CORONARY CARE UNIT | 5,772 | 250,101 | 32.00 |
| 32.01 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 32.01 |
| 33.00 | BURN INTENSIVE CARE UNIT | 0 | 0 | 33.00 |
| 34.00 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 34.00 |
| 34.01 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 34.01 |
| 34.02 | UH SURG 6IC | 2,119 | 83,234 | 34.02 |
| 34.03 | UH NS 3IC | 0 | 0 | 34.03 |
| 34.04 | RH PED IC | 14 | 889 | 34.04 |
| 34.05 | TRANSPLANT ICU | 816 | 50,772 | 34.05 |
| 34.06 | PEDS CANCER CARE | 43 | 25,040 | 34.06 |
| 40.00 | SUBPROVIDER - IPF | 1,532 | 60,100 | 40.00 |
| 41.00 | SUBPROVIDER - IRF | 0 | 0 | 41.00 |
| 42.00 | SUBPROVIDER | 0 | 0 | 42.00 |
| 43.00 | NURSERY | 0 | 0 | 43.00 |
| 44.00 | SKILLED NURSING FACILITY | 0 | 0 | 44.00 |
| 45.00 | NURSING FACILITY | 0 | 0 | 45.00 |
| 45.01 | ICF/MR | 0 | 0 | 45.01 |
| 200.00 | Total (lines 30-199) | 93,282 | 4,692,333 | 200.00 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 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 | 14,990,740 | 677,399,161 | 0.022130 | 127,200,679 | 2,814,951 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 428,112 | 25,053,228 | 0.017088 | 6,890,523 | 117,745 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 728,413 | 73,921,111 | 0.009854 | 10,104,062 | 99,565 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 1,019,665 | 58,007,181 | 0.017578 | 653,376 | 11,485 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 858,816 | 43,834,227 | 0.019592 | 8,234,117 | 161,323 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 453,790 | 30,438,390 | 0.014908 | 477,137 | 7,113 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 15,013,577 | 575,806,314 | 0.026074 | 66,247,683 | 1,727,342 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 1,896,926 | 93,025,278 | 0.020392 | 1,197,533 | 24,420 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 487,259 | 30,150,311 | 0.016161 | 3,268,973 | 52,830 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 154,233 | 40,810,251 | 0.003779 | 6,967,886 | 26,332 | 59.00 |
| 60.00 | 06000 | LABORATORY | 3,709,211 | 658,604,578 | 0.005632 | 112,767,911 | 635,109 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 78,539 | 10,991,951 | 0.007145 | 525,450 | 3,754 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 345,290 | 15,806,405 | 0.021845 | 1,351,842 | 29,531 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 287,366 | 74,599,932 | 0.003852 | 16,728,594 | 64,439 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 1,421,292 | 128,729,092 | 0.011041 | 32,147,550 | 354,941 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 713,747 | 79,138,764 | 0.009019 | 17,078,690 | 154,033 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 150,671 | 14,850,511 | 0.010146 | 2,716,127 | 27,558 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 554,904 | 15,957,682 | 0.034773 | 1,609,833 | 55,979 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 425,447 | 60,550,329 | 0.007026 | 19,753,119 | 138,785 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 838,338 | 37,451,982 | 0.022384 | 7,134,739 | 159,704 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 128,003 | 127,620,689 | 0.001003 | 26,549,173 | 26,629 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 175,452 | 388,231,072 | 0.000452 | 86,203,810 | 38,964 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 3,482,862 | 867,065,540 | 0.004017 | 134,193,924 | 539,057 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 353,166 | 60,922,783 | 0.005797 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 695,901 | 38,881,481 | 0.017898 | 7,958,878 | 142,448 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 38,779 | 1,707,623 | 0.022709 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 1,487,786 | 82,907,433 | 0.017945 | 5,839,231 | 104,785 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 35,509 | 2,168,560 | 0.016374 | 13,314 | 218 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 916,664 | 110,317,803 | 0.008309 | 15,467,131 | 128,516 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 331,705 | 7,419,725 | 0.044706 | 292,959 | 13,097 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 102 | 140,942 | 0.000724 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 15,554 | 1,093,026 | 0.014230 | 56,275 | 801 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 13,928 | 3,465,643 | 0.004019 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 299,298 | 9,653,063 | 0.031005 | 8,350 | 259 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 5,701,813 | 77,279,340 | 0.073782 | 316,711 | 23,368 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 304,984 | 3,168,131 | 0.096266 | 5,530 | 532 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 335,509 | 2,779,231 | 0.120720 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 2 | 0 | 0.000000 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 324,254 | 19,204,896 | 0.016884 | 3,446,043 | 58,183 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 691,370 | 9,950,487 | 0.069481 | 3,384 | 235 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 37,623 | 871,228 | 0.043184 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 49,003 | 89,779 | 0.545818 | 106 | 58 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 226,492 | 15,539,173 | 0.014576 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 102,629 | 325,835 | 0.314972 | 924 | 291 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 5,155 | 4,329,127 | 0.001191 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 148,091 | 1,218,341 | 0.121551 | 2,404 | 292 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 144,023 | 2,356,762 | 0.061111 | 2,140 | 131 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 11,727 | 4,853,912 | 0.002416 | 5,190 | 13 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 4,729 | 456,671 | 0.010355 | 6,942 | 72 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 23,398 | 179,869 | 0.130084 | 0 | 0 | 90.21 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 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 | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 33,699 | 2,118,736 | 0.015905 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 108,270 | 682,288 | 0.158687 | 3,022 | 480 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 1,653,835 | 338,578,034 | 0.004885 | 29,913,651 | 146,128 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 972,564 | 37,132,228 | 0.026192 | 678,105 | 17,761 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 215,156 | 13,077,463 | 0.016452 | 530 | 9 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 63,625,371 | 4,980,913,592 | | 754,023,551 | 7,909,266 | 200.00 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Nursing School | Allied Health Cost | All Other Medical Education Cost | Swing-Bed Adjustment Amount (see instructions) | Total Costs (sum of cols. 1 through 3, minus col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 673,604 | 0 | 0 | 673,604 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 53,687 | 0 | | 53,687 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 37,927 | 0 | | 37,927 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 21,806 | 0 | | 21,806 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 5,700 | 0 | | 5,700 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 12,941 | 0 | | 12,941 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 22,913 | 0 | | 22,913 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 6,737 | 0 | | 6,737 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 4,686 | 0 | | 4,686 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 17,411 | 0 | 0 | 17,411 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 29,757 | 0 | | 29,757 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | | 0 | 45.01 |
| 200.00 | | Total (lines 30-199) | 0 | 887,169 | 0 | | 887,169 | 200.00 |

| | | Cost Center Description | Total Patient Days | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days | Inpatient Program Pass-Through Cost (col. 7 x col. 8) | | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 273,752 | 2.46 | 76,232 | 187,531 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 20,129 | 2.67 | 6,754 | 18,033 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 14,220 | 2.67 | 5,772 | 15,411 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 8,176 | 2.67 | 0 | 0 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 2,137 | 2.67 | 0 | 0 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0.00 | 0 | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0.00 | 0 | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 4,852 | 2.67 | 2,119 | 5,658 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0.00 | 0 | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | 8,591 | 2.67 | 14 | 37 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 2,526 | 2.67 | 816 | 2,179 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 1,757 | 2.67 | 43 | 115 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 6,528 | 2.67 | 1,532 | 4,090 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0.00 | 0 | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0.00 | 0 | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | 11,157 | 2.67 | 0 | 0 | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0.00 | 0 | 0 | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0.00 | 0 | 0 | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0.00 | 0 | 0 | | 45.01 |
| 200.00 | | Total (lines 30-199) | 353,825 | | 93,282 | 233,054 | | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total Cost (sum of col 1 through col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 421,595 | 0 | 421,595 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 784 | 0 | 784 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 10,458 | 0 | 10,458 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 1,408,624 | 0 | 1,408,624 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 730,781 | 0 | 730,781 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 371,805 | 0 | 371,805 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 2,378,090 | 0 | 2,378,090 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 397 | 0 | 397 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 35 | 0 | 35 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 2,635 | 0 | 2,635 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total Cost (sum of col 1 through col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 479,529 | 0 | 479,529 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | 46,522 | 0 | 46,522 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 0 | 0 | 5,851,255 | 0 | 5,851,255 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 421,595 | 677,399,161 | 0.000622 | 0.000622 | 127,200,679 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 25,053,228 | 0.000000 | 0.000000 | 6,890,523 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 784 | 73,921,111 | 0.000011 | 0.000011 | 10,104,062 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 10,458 | 58,007,181 | 0.000180 | 0.000180 | 653,376 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 43,834,227 | 0.000000 | 0.000000 | 8,234,117 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 30,438,390 | 0.000000 | 0.000000 | 477,137 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 1,408,624 | 575,806,314 | 0.002446 | 0.002446 | 66,247,683 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 93,025,278 | 0.000000 | 0.000000 | 1,197,533 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 30,150,311 | 0.000000 | 0.000000 | 3,268,973 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | 0.000000 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | 0.000000 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 40,810,251 | 0.000000 | 0.000000 | 6,967,886 | 59.00 |
| 60.00 | 06000 | LABORATORY | 730,781 | 658,604,578 | 0.001110 | 0.001110 | 112,767,911 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 10,991,951 | 0.000000 | 0.000000 | 525,450 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 15,806,405 | 0.000000 | 0.000000 | 1,351,842 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | 0.000000 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 74,599,932 | 0.000000 | 0.000000 | 16,728,594 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0.000000 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 371,805 | 128,729,092 | 0.002888 | 0.002888 | 32,147,550 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 79,138,764 | 0.000000 | 0.000000 | 17,078,690 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 14,850,511 | 0.000000 | 0.000000 | 2,716,127 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 15,957,682 | 0.000000 | 0.000000 | 1,609,833 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 60,550,329 | 0.000000 | 0.000000 | 19,753,119 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 37,451,982 | 0.000000 | 0.000000 | 7,134,739 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 127,620,689 | 0.000000 | 0.000000 | 26,549,173 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 388,231,072 | 0.000000 | 0.000000 | 86,203,810 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 2,378,090 | 867,065,540 | 0.002743 | 0.002743 | 134,193,924 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | 0.000000 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 60,922,783 | 0.000000 | 0.000000 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 397 | 38,881,481 | 0.000010 | 0.000010 | 7,958,878 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | 0.000000 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | 0.000000 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 1,707,623 | 0.000000 | 0.000000 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 82,907,433 | 0.000000 | 0.000000 | 5,839,231 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 2,168,560 | 0.000000 | 0.000000 | 13,314 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 35 | 110,317,803 | 0.000000 | 0.000000 | 15,467,131 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 2,635 | 7,419,725 | 0.000355 | 0.000355 | 292,959 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 140,942 | 0.000000 | 0.000000 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 1,093,026 | 0.000000 | 0.000000 | 56,275 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 0.000000 | 0.000000 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 9,653,063 | 0.000000 | 0.000000 | 8,350 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 77,279,340 | 0.000000 | 0.000000 | 316,711 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 3,168,131 | 0.000000 | 0.000000 | 5,530 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 2,779,231 | 0.000000 | 0.000000 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 19,204,896 | 0.000000 | 0.000000 | 3,446,043 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 9,950,487 | 0.000000 | 0.000000 | 3,384 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 871,228 | 0.000000 | 0.000000 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 89,779 | 0.000000 | 0.000000 | 106 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 15,539,173 | 0.000000 | 0.000000 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 325,835 | 0.000000 | 0.000000 | 924 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 4,329,127 | 0.000000 | 0.000000 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 1,218,341 | 0.000000 | 0.000000 | 2,404 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 2,356,762 | 0.000000 | 0.000000 | 2,140 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 4,853,912 | 0.000000 | 0.000000 | 5,190 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 456,671 | 0.000000 | 0.000000 | 6,942 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 179,869 | 0.000000 | 0.000000 | 0 | 90.21 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 2,118,736 | 0.000000 | 0.000000 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 682,288 | 0.000000 | 0.000000 | 3,022 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 479,529 | 338,578,034 | 0.001416 | 0.001416 | 29,913,651 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 46,522 | 37,132,228 | 0.001253 | 0.001253 | 678,105 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | 0.000000 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 13,077,463 | 0.000000 | 0.000000 | 530 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | 0.000000 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | 0.000000 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 5,851,255 | 4,980,913,592 | | | 754,023,551 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) | | |
|---|---|---|---|---|---|---|---|
| | | | 11.00 | 12.00 | 13.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 79,119 | 41,080,809 | 25,552 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 2,695,492 | 0 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 111 | 7,176,626 | 79 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 118 | 128,859 | 23 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 2,059,870 | 0 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 2,863,332 | 0 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 162,042 | 79,718,478 | 194,991 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 26,285,280 | 0 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 4,311,423 | 0 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 8,502,308 | 0 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 125,172 | 13,063,777 | 14,501 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 95,646 | 0 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 2,292,231 | 0 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 1,599,088 | 0 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 92,842 | 585,282 | 1,690 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 176,344 | 0 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 893,467 | 0 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 6,090,657 | 0 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 1,668,358 | 0 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 16,706,126 | 0 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 38,177,945 | 0 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 368,094 | 128,425,095 | 352,270 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 80 | 250,377 | 3 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 6,385,685 | 0 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 674,021 | 0 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 28,075,367 | 0 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 104 | 1,599,174 | 568 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 335,548 | 0 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 291,852 | 0 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 29,814,948 | 0 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 1,253,786 | 0 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 83,633 | 0 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 4,867,726 | 0 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 37,977 | 0 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 52,218 | 0 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 3,727,256 | 0 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 70,538 | 0 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 2,068,903 | 0 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 349,834 | 0 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 643,892 | 0 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 1,584,889 | 0 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 216,648 | 0 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 1,560 | 0 | | 90.21 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) | | |
|---|---|---|---|---|---|---|---|
| | | | 11.00 | 12.00 | 13.00 | | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 20,151 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 234,760 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 42,358 | 26,933,562 | 38,138 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 850 | 3,187,167 | 3,994 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | | 97.00 |
| 200.00 | | Total (lines 50-199) | 870,890 | 497,357,965 | 631,809 | | 200.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 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 | 0.213858 | 41,080,809 | 0 | 0 | 8,785,460 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 2,695,492 | 0 | 0 | 366,282 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 7,176,626 | 0 | 0 | 1,253,197 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 128,859 | 0 | 0 | 36,092 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 2,059,870 | 0 | 0 | 297,460 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 2,863,332 | 0 | 0 | 535,572 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 79,718,478 | 179 | 0 | 12,202,029 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 26,285,280 | 0 | 0 | 3,257,351 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 4,311,423 | 0 | 0 | 856,697 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 8,502,308 | 0 | 0 | 1,185,375 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 13,063,777 | 285,456 | 0 | 1,312,191 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 95,646 | 0 | 0 | 33,249 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 2,292,231 | 0 | 0 | 472,631 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | | 0 | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 1,599,088 | 21,147 | 0 | 324,525 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 585,282 | 0 | 0 | 163,037 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 176,344 | 0 | 0 | 44,573 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 0 | 0 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 893,467 | 0 | 0 | 456,935 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 6,090,657 | 0 | 0 | 494,689 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 1,668,358 | 0 | 0 | 378,070 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 16,706,126 | 4,357 | 0 | 5,094,633 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 38,177,945 | 0 | 0 | 6,746,997 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 128,425,095 | 54,023 | 584,515 | 37,733,348 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 250,377 | 0 | 0 | 84,737 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 6,385,685 | 0 | 0 | 940,650 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 674,021 | 0 | 0 | 204,911 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 28,075,367 | 0 | 0 | 3,909,635 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 1,599,174 | 0 | 0 | 1,874,045 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 335,548 | 0 | 0 | 241,120 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | | | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0.000000 | | | | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 291,852 | 0 | 0 | 134,403 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 29,814,948 | 0 | 0 | 20,615,576 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 1,253,786 | 0 | 0 | 326,812 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 83,633 | 0 | 0 | 61,403 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 4,867,726 | 0 | 0 | 1,144,539 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 37,977 | 0 | 0 | 25,160 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 52,218 | 0 | 0 | 167,708 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 3,727,256 | 0 | 0 | 1,326,657 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 70,538 | 0 | 0 | 215,928 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 2,068,903 | 0 | 0 | 173,784 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 349,834 | 0 | 0 | 592,550 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 643,892 | 0 | 0 | 386,313 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 1,584,889 | 0 | 0 | 458,250 | 90.19 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 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 | |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 216,648 | 0 | 0 | 311,527 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 1,560 | 0 | 0 | 3,282 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 20,151 | 0 | 0 | 14,336 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 234,760 | 0 | 0 | 430,317 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 26,933,562 | 0 | 0 | 3,247,622 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 3,187,167 | 0 | 0 | 1,634,516 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | | 0 | | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0.400394 | | 0 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Subtotal (see instructions) | | 497,357,965 | 365,162 | 584,515 | 120,556,174 | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | | | 0 | 0 | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | | 497,357,965 | 365,162 | 584,515 | 120,556,174 | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 27 | 0 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 28,673 | 0 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 4,292 | 0 | | 63.00 |
| 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 | 1,329 | 0 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 15,873 | 171,740 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | | 90.19 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 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 | | |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | | 97.00 |
| 200.00 | | Subtotal (see instructions) | 50,194 | 171,740 | | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | 0 | | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | 50,194 | 171,740 | | 202.00 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 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 | 14,990,740 | 677,399,161 | 0.022130 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 428,112 | 25,053,228 | 0.017088 | 4,980 | 85 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 728,413 | 73,921,111 | 0.009854 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 1,019,665 | 58,007,181 | 0.017578 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 858,816 | 43,834,227 | 0.019592 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 453,790 | 30,438,390 | 0.014908 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 15,013,577 | 575,806,314 | 0.026074 | 108,652 | 2,833 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 1,896,926 | 93,025,278 | 0.020392 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 487,259 | 30,150,311 | 0.016161 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 154,233 | 40,810,251 | 0.003779 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 3,709,211 | 658,604,578 | 0.005632 | 401,334 | 2,260 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 78,539 | 10,991,951 | 0.007145 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 345,290 | 15,806,405 | 0.021845 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 287,366 | 74,599,932 | 0.003852 | 121 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 1,421,292 | 128,729,092 | 0.011041 | 31,246 | 345 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 713,747 | 79,138,764 | 0.009019 | 52,842 | 477 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 150,671 | 14,850,511 | 0.010146 | 7,372 | 75 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 554,904 | 15,957,682 | 0.034773 | 2,281 | 79 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 425,447 | 60,550,329 | 0.007026 | 42,082 | 296 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 838,338 | 37,451,982 | 0.022384 | 36,994 | 828 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 128,003 | 127,620,689 | 0.001003 | 11,878 | 12 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 175,452 | 388,231,072 | 0.000452 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 3,482,862 | 867,065,540 | 0.004017 | 497,224 | 1,997 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 353,166 | 60,922,783 | 0.005797 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 695,901 | 38,881,481 | 0.017898 | 12,885 | 231 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 38,779 | 1,707,623 | 0.022709 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 1,487,786 | 82,907,433 | 0.017945 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 35,509 | 2,168,560 | 0.016374 | 219,681 | 3,597 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 916,664 | 110,317,803 | 0.008309 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 331,705 | 7,419,725 | 0.044706 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 102 | 140,942 | 0.000724 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 15,554 | 1,093,026 | 0.014230 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 13,928 | 3,465,643 | 0.004019 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 299,298 | 9,653,063 | 0.031005 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 5,701,813 | 77,279,340 | 0.073782 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 304,984 | 3,168,131 | 0.096266 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 335,509 | 2,779,231 | 0.120720 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 2 | 0 | 0.000000 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 324,254 | 19,204,896 | 0.016884 | 7,373 | 124 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 691,370 | 9,950,487 | 0.069481 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 37,623 | 871,228 | 0.043184 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 49,003 | 89,779 | 0.545818 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 226,492 | 15,539,173 | 0.014576 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 102,629 | 325,835 | 0.314972 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 5,155 | 4,329,127 | 0.001191 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 148,091 | 1,218,341 | 0.121551 | 46 | 6 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 144,023 | 2,356,762 | 0.061111 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 11,727 | 4,853,912 | 0.002416 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 4,729 | 456,671 | 0.010355 | 0 | 0 | 90.20 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II | Date/Time Prepared: 6/1/2014 7:02 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 | |
| 90.21 | 09019 | OP REHAB CLINIC | 23,398 | 179,869 | 0.130084 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 33,699 | 2,118,736 | 0.015905 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 108,270 | 682,288 | 0.158687 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 1,653,835 | 338,578,034 | 0.004885 | 184,477 | 901 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 37,132,228 | 0.000000 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 215,156 | 13,077,463 | 0.016452 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 62,652,807 | 4,980,913,592 | | 1,621,468 | 14,146 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total Cost (sum of col 1 through col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 421,595 | 0 | 421,595 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 784 | 0 | 784 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 10,458 | 0 | 10,458 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 1,408,624 | 0 | 1,408,624 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 730,781 | 0 | 730,781 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 371,805 | 0 | 371,805 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 2,378,090 | 0 | 2,378,090 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 397 | 0 | 397 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 35 | 0 | 35 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 2,635 | 0 | 2,635 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total Cost (sum of col 1 through col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 479,529 | 0 | 479,529 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 0 | 0 | 5,804,733 | 0 | 5,804,733 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 421,595 | 677,399,161 | 0.000622 | 0.000622 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 25,053,228 | 0.000000 | 0.000000 | 4,980 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 784 | 73,921,111 | 0.000011 | 0.000011 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 10,458 | 58,007,181 | 0.000180 | 0.000180 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 43,834,227 | 0.000000 | 0.000000 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 30,438,390 | 0.000000 | 0.000000 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 1,408,624 | 575,806,314 | 0.002446 | 0.002446 | 108,652 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 93,025,278 | 0.000000 | 0.000000 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 30,150,311 | 0.000000 | 0.000000 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | 0.000000 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | 0.000000 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 40,810,251 | 0.000000 | 0.000000 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 730,781 | 658,604,578 | 0.001110 | 0.001110 | 401,334 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 10,991,951 | 0.000000 | 0.000000 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 15,806,405 | 0.000000 | 0.000000 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | 0.000000 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 74,599,932 | 0.000000 | 0.000000 | 121 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0.000000 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 371,805 | 128,729,092 | 0.002888 | 0.002888 | 31,246 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 79,138,764 | 0.000000 | 0.000000 | 52,842 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 14,850,511 | 0.000000 | 0.000000 | 7,372 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 15,957,682 | 0.000000 | 0.000000 | 2,281 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 60,550,329 | 0.000000 | 0.000000 | 42,082 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 37,451,982 | 0.000000 | 0.000000 | 36,994 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 127,620,689 | 0.000000 | 0.000000 | 11,878 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 388,231,072 | 0.000000 | 0.000000 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 2,378,090 | 867,065,540 | 0.002743 | 0.002743 | 497,224 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | 0.000000 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 60,922,783 | 0.000000 | 0.000000 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 397 | 38,881,481 | 0.000010 | 0.000010 | 12,885 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | 0.000000 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | 0.000000 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 1,707,623 | 0.000000 | 0.000000 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 82,907,433 | 0.000000 | 0.000000 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 2,168,560 | 0.000000 | 0.000000 | 219,681 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 35 | 110,317,803 | 0.000000 | 0.000000 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 2,635 | 7,419,725 | 0.000355 | 0.000355 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 140,942 | 0.000000 | 0.000000 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 1,093,026 | 0.000000 | 0.000000 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 0.000000 | 0.000000 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 9,653,063 | 0.000000 | 0.000000 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 77,279,340 | 0.000000 | 0.000000 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 3,168,131 | 0.000000 | 0.000000 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 2,779,231 | 0.000000 | 0.000000 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 19,204,896 | 0.000000 | 0.000000 | 7,373 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 9,950,487 | 0.000000 | 0.000000 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 871,228 | 0.000000 | 0.000000 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 89,779 | 0.000000 | 0.000000 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 15,539,173 | 0.000000 | 0.000000 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 325,835 | 0.000000 | 0.000000 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 4,329,127 | 0.000000 | 0.000000 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 1,218,341 | 0.000000 | 0.000000 | 46 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 2,356,762 | 0.000000 | 0.000000 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 4,853,912 | 0.000000 | 0.000000 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 456,671 | 0.000000 | 0.000000 | 0 | 90.20 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 179,869 | 0.000000 | 0.000000 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 2,118,736 | 0.000000 | 0.000000 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 682,288 | 0.000000 | 0.000000 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 479,529 | 338,578,034 | 0.001416 | 0.001416 | 184,477 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 37,132,228 | 0.000000 | 0.000000 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | 0.000000 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 13,077,463 | 0.000000 | 0.000000 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | 0.000000 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | 0.000000 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 5,804,733 | 4,980,913,592 | | | 1,621,468 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) | | |
|---|---|---|---|---|---|---|---|
| | | | 11.00 | 12.00 | 13.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 0 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 0 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 0 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 266 | 0 | 0 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 445 | 0 | 0 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 90 | 0 | 0 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 0 | 0 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 0 | 0 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 0 | 0 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 0 | 0 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 1,364 | 0 | 0 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 0 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 0 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | | 90.20 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150056<br>Component CCN: 15S056 | Period:<br>From 01/01/2013<br>To 12/31/2013 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Subprovider - IPF | PPS |

| | | Cost Center Description | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) | | |
|---|---|---|---|---|---|---|---|
| | | | 11.00 | 12.00 | 13.00 | | |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 261 | 0 | 0 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | 0 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | | 97.00 |
| 200.00 | | Total (lines 50-199) | 2,426 | 0 | 0 | | 200.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Cost to Charge Ratio From Worksheet C, Part I, col. 9 | Charges: PPS Reimbursed Services (see inst.) | Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | Costs: PPS Services (see inst.) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | 0 | 0 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 0 | 0 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 0 | 0 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 0 | 0 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 0 | 0 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | | 0 | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 0 | 0 | 0 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 0 | 0 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 0 | 0 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 0 | 0 | 0 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 0 | 0 | 0 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 0 | 0 | 440 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 0 | 0 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 0 | 0 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | | | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0.000000 | | | | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 0 | 0 | 0 | 0 | 90.18 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Cost to Charge Ratio From Worksheet C, Part I, col. 9 | Charges: PPS Reimbursed Services (see inst.) | Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | Costs: PPS Services (see inst.) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 0 | 0 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | | 0 | | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0.400394 | | 0 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Subtotal (see instructions) | | 0 | 0 | 440 | 0 | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | | | 0 | 0 | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | | 0 | 0 | 440 | 0 | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | | 65.00 |
| 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 PATIENT | 0 | 0 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 129 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | | 90.18 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | | 97.00 |
| 200.00 | | Subtotal (see instructions) | 0 | 129 | | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | 0 | | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | 0 | 129 | | 202.00 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | Cost Center Description | Capital Related Cost (from Wkst. B, Part II, col. 26) | Swing Bed Adjustment | Reduced Capital Related Cost (col. 1 - col. 2) | Total Patient Days | Per Diem (col. 3 / col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | ADULTS & PEDIATRICS | 14,083,154 | 0 | 14,083,154 | 273,752 | 51.44 | 30.00 |
| 31.00 | INTENSIVE CARE UNIT | 896,449 | | 896,449 | 20,129 | 44.54 | 31.00 |
| 32.00 | CORONARY CARE UNIT | 616,169 | | 616,169 | 14,220 | 43.33 | 32.00 |
| 32.01 | NEONATAL INTENSIVE CARE UNIT | 271,041 | | 271,041 | 8,176 | 33.15 | 32.01 |
| 33.00 | BURN INTENSIVE CARE UNIT | 191,124 | | 191,124 | 2,137 | 89.44 | 33.00 |
| 34.00 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0.00 | 34.00 |
| 34.01 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 0 | 0.00 | 34.01 |
| 34.02 | UH SURG 6IC | 190,585 | | 190,585 | 4,852 | 39.28 | 34.02 |
| 34.03 | UH NS 3IC | 0 | | 0 | 0 | 0.00 | 34.03 |
| 34.04 | RH PED IC | 545,810 | | 545,810 | 8,591 | 63.53 | 34.04 |
| 34.05 | TRANSPLANT ICU | 157,178 | | 157,178 | 2,526 | 62.22 | 34.05 |
| 34.06 | PEDS CANCER CARE | 1,023,161 | | 1,023,161 | 1,757 | 582.33 | 34.06 |
| 40.00 | SUBPROVIDER - IPF | 256,085 | 0 | 256,085 | 6,528 | 39.23 | 40.00 |
| 41.00 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0.00 | 41.00 |
| 42.00 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0.00 | 42.00 |
| 43.00 | NURSERY | 241,156 | | 241,156 | 11,157 | 21.61 | 43.00 |
| 44.00 | SKILLED NURSING FACILITY | 0 | | 0 | 0 | 0.00 | 44.00 |
| 45.00 | NURSING FACILITY | 0 | | 0 | 0 | 0.00 | 45.00 |
| 45.01 | ICF/MR | 0 | | 0 | 0 | 0.00 | 45.01 |
| 200.00 | Total (lines 30-199) | 18,471,912 | | 18,471,912 | 353,825 | | 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 | 36,273 | 1,865,883 | | 30.00 |
| 31.00 | INTENSIVE CARE UNIT | 2,872 | 127,919 | | 31.00 |
| 32.00 | CORONARY CARE UNIT | 2,023 | 87,657 | | 32.00 |
| 32.01 | NEONATAL INTENSIVE CARE UNIT | 1,165 | 38,620 | | 32.01 |
| 33.00 | BURN INTENSIVE CARE UNIT | 303 | 27,100 | | 33.00 |
| 34.00 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | | 34.00 |
| 34.01 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | | 34.01 |
| 34.02 | UH SURG 6IC | 691 | 27,142 | | 34.02 |
| 34.03 | UH NS 3IC | 0 | 0 | | 34.03 |
| 34.04 | RH PED IC | 1,224 | 77,761 | | 34.04 |
| 34.05 | TRANSPLANT ICU | 361 | 22,461 | | 34.05 |
| 34.06 | PEDS CANCER CARE | 248 | 144,418 | | 34.06 |
| 40.00 | SUBPROVIDER - IPF | 1,057 | 41,466 | | 40.00 |
| 41.00 | SUBPROVIDER - IRF | 0 | 0 | | 41.00 |
| 42.00 | SUBPROVIDER | 0 | 0 | | 42.00 |
| 43.00 | NURSERY | 3,111 | 67,229 | | 43.00 |
| 44.00 | SKILLED NURSING FACILITY | 0 | 0 | | 44.00 |
| 45.00 | NURSING FACILITY | 0 | 0 | | 45.00 |
| 45.01 | ICF/MR | 0 | 0 | | 45.01 |
| 200.00 | Total (lines 30-199) | 49,328 | 2,527,656 | | 200.00 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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 | 14,990,740 | 677,399,161 | 0.022130 | 47,721,520 | 1,056,077 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 428,112 | 25,053,228 | 0.017088 | 1,986,178 | 33,940 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 728,413 | 73,921,111 | 0.009854 | 3,616,370 | 35,636 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 1,019,665 | 58,007,181 | 0.017578 | 7,252,412 | 127,483 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 858,816 | 43,834,227 | 0.019592 | 3,411,007 | 66,828 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 453,790 | 30,438,390 | 0.014908 | 711,163 | 10,602 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 15,013,577 | 575,806,314 | 0.026074 | 29,629,118 | 772,550 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 1,896,926 | 93,025,278 | 0.020392 | 1,088,026 | 22,187 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 487,259 | 30,150,311 | 0.016161 | 763,781 | 12,343 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 154,233 | 40,810,251 | 0.003779 | 911,652 | 3,445 | 59.00 |
| 60.00 | 06000 | LABORATORY | 3,709,211 | 658,604,578 | 0.005632 | 51,412,580 | 289,556 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 78,539 | 10,991,951 | 0.007145 | 195,875 | 1,400 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 345,290 | 15,806,405 | 0.021845 | 1,116,622 | 24,393 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 287,366 | 74,599,932 | 0.003852 | 11,009,626 | 42,409 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 1,421,292 | 128,729,092 | 0.011041 | 23,212,199 | 256,286 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 713,747 | 79,138,764 | 0.009019 | 6,282,253 | 56,660 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 150,671 | 14,850,511 | 0.010146 | 1,712,244 | 17,372 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 554,904 | 15,957,682 | 0.034773 | 920,145 | 31,996 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 425,447 | 60,550,329 | 0.007026 | 4,676,970 | 32,860 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 838,338 | 37,451,982 | 0.022384 | 3,892,192 | 87,123 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 128,003 | 127,620,689 | 0.001003 | 8,591,362 | 8,617 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 175,452 | 388,231,072 | 0.000452 | 28,360,966 | 12,819 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 3,482,862 | 867,065,540 | 0.004017 | 72,076,034 | 289,529 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 353,166 | 60,922,783 | 0.005797 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 695,901 | 38,881,481 | 0.017898 | 2,287,756 | 40,946 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 38,779 | 1,707,623 | 0.022709 | 233,426 | 5,301 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 1,487,786 | 82,907,433 | 0.017945 | 3,017,513 | 54,149 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 35,509 | 2,168,560 | 0.016374 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 916,664 | 110,317,803 | 0.008309 | 3,896,543 | 32,376 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 331,705 | 7,419,725 | 0.044706 | 90,382 | 4,041 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 102 | 140,942 | 0.000724 | 83,262 | 60 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 15,554 | 1,093,026 | 0.014230 | 11,531 | 164 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 13,928 | 3,465,643 | 0.004019 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 299,298 | 9,653,063 | 0.031005 | 47,311 | 1,467 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 5,701,813 | 77,279,340 | 0.073782 | 116,655 | 8,607 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 304,984 | 3,168,131 | 0.096266 | 201 | 19 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 335,509 | 2,779,231 | 0.120720 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 2 | 0 | 0.000000 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 324,254 | 19,204,896 | 0.016884 | 952,906 | 16,089 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 691,370 | 9,950,487 | 0.069481 | 93,495 | 6,496 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 37,623 | 871,228 | 0.043184 | 7,809 | 337 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 49,003 | 89,779 | 0.545818 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 226,492 | 15,539,173 | 0.014576 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 102,629 | 325,835 | 0.314972 | 1,342 | 423 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 5,155 | 4,329,127 | 0.001191 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 148,091 | 1,218,341 | 0.121551 | 432 | 53 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 144,023 | 2,356,762 | 0.061111 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 11,727 | 4,853,912 | 0.002416 | 2,573 | 6 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 4,729 | 456,671 | 0.010355 | 1,200 | 12 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 23,398 | 179,869 | 0.130084 | 1,435 | 187 | 90.21 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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 | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 33,699 | 2,118,736 | 0.015905 | 4,797 | 76 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 108,270 | 682,288 | 0.158687 | 1,138 | 181 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 1,653,835 | 338,578,034 | 0.004885 | 12,671,348 | 61,900 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 972,564 | 37,132,228 | 0.026192 | 736,569 | 19,292 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 215,156 | 13,077,463 | 0.016452 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 63,625,371 | 4,980,913,592 | | 334,809,919 | 3,544,293 | 200.00 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Nursing School | Allied Health Cost | All Other Medical Education Cost | Swing-Bed Adjustment Amount (see instructions) | Total Costs (sum of cols. 1 through 3, minus col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 0 | 673,604 | 0 | 0 | 673,604 | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 0 | 53,687 | 0 | | 53,687 | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 0 | 37,927 | 0 | | 37,927 | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 0 | 21,806 | 0 | | 21,806 | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 0 | 5,700 | 0 | | 5,700 | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | | 0 | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0 | | 0 | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 0 | 12,941 | 0 | | 12,941 | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0 | 0 | | 0 | 34.03 |
| 34.04 | 03403 | RH PED IC | 0 | 22,913 | 0 | | 22,913 | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 0 | 6,737 | 0 | | 6,737 | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 0 | 4,686 | 0 | | 4,686 | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 0 | 17,411 | 0 | 0 | 17,411 | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0 | 0 | 0 | 0 | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0 | 0 | 0 | 0 | 42.00 |
| 43.00 | 04300 | NURSERY | 0 | 29,757 | 0 | | 29,757 | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0 | 0 | | 0 | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0 | 0 | | 0 | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0 | 0 | | 0 | 45.01 |
| 200.00 | | Total (lines 30-199) | 0 | 887,169 | 0 | | 887,169 | 200.00 |

| | | Cost Center Description | Total Patient Days | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days | Inpatient Program Pass-Through Cost (col. 7 x col. 8) | | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | 273,752 | 2.46 | 36,273 | 89,232 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | 20,129 | 2.67 | 2,872 | 7,668 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | 14,220 | 2.67 | 2,023 | 5,401 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | 8,176 | 2.67 | 1,165 | 3,111 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | 2,137 | 2.67 | 303 | 809 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0.00 | 0 | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | 0 | 0.00 | 0 | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | 4,852 | 2.67 | 691 | 1,845 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | 0 | 0.00 | 0 | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | 8,591 | 2.67 | 1,224 | 3,268 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | 2,526 | 2.67 | 361 | 964 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | 1,757 | 2.67 | 248 | 662 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | 6,528 | 2.67 | 1,057 | 2,822 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | 0 | 0.00 | 0 | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | 0 | 0.00 | 0 | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | 11,157 | 2.67 | 3,111 | 8,306 | | 43.00 |
| 44.00 | 04400 | SKILLED NURSING FACILITY | 0 | 0.00 | 0 | 0 | | 44.00 |
| 45.00 | 04500 | NURSING FACILITY | 0 | 0.00 | 0 | 0 | | 45.00 |
| 45.01 | 04510 | ICF/MR | 0 | 0.00 | 0 | 0 | | 45.01 |
| 200.00 | | Total (lines 30-199) | 353,825 | | 49,328 | 124,088 | | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total Cost (sum of col 1 through col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | 421,595 | 0 | 421,595 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | 784 | 0 | 784 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | 10,458 | 0 | 10,458 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | 1,408,624 | 0 | 1,408,624 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0 | 0 | 730,781 | 0 | 730,781 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | 371,805 | 0 | 371,805 | 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 PATIENT | 0 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0 | 0 | 2,378,090 | 0 | 2,378,090 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | 397 | 0 | 397 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 35 | 0 | 35 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | 2,635 | 0 | 2,635 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | 0 | 0 | 90.22 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Non Physician Anesthetist Cost | Nursing School | Allied Health | All Other Medical Education Cost | Total Cost (sum of col 1 through col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | 479,529 | 0 | 479,529 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 0 | 0 | 5,804,733 | 0 | 5,804,733 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 421,595 | 677,399,161 | 0.000622 | 0.000622 | 47,721,520 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 25,053,228 | 0.000000 | 0.000000 | 1,986,178 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 784 | 73,921,111 | 0.000011 | 0.000011 | 3,616,370 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 10,458 | 58,007,181 | 0.000180 | 0.000180 | 7,252,412 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 43,834,227 | 0.000000 | 0.000000 | 3,411,007 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 30,438,390 | 0.000000 | 0.000000 | 711,163 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 1,408,624 | 575,806,314 | 0.002446 | 0.002446 | 29,629,118 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 93,025,278 | 0.000000 | 0.000000 | 1,088,026 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 30,150,311 | 0.000000 | 0.000000 | 763,781 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0.000000 | 0.000000 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0.000000 | 0.000000 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 40,810,251 | 0.000000 | 0.000000 | 911,652 | 59.00 |
| 60.00 | 06000 | LABORATORY | 730,781 | 658,604,578 | 0.001110 | 0.001110 | 51,412,580 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 10,991,951 | 0.000000 | 0.000000 | 195,875 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 15,806,405 | 0.000000 | 0.000000 | 1,116,622 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0.000000 | 0.000000 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 74,599,932 | 0.000000 | 0.000000 | 11,009,626 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0.000000 | 0.000000 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 371,805 | 128,729,092 | 0.002888 | 0.002888 | 23,212,199 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 79,138,764 | 0.000000 | 0.000000 | 6,282,253 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 14,850,511 | 0.000000 | 0.000000 | 1,712,244 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 15,957,682 | 0.000000 | 0.000000 | 920,145 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 60,550,329 | 0.000000 | 0.000000 | 4,676,970 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 37,451,982 | 0.000000 | 0.000000 | 3,892,192 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 127,620,689 | 0.000000 | 0.000000 | 8,591,362 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 388,231,072 | 0.000000 | 0.000000 | 28,360,966 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 2,378,090 | 867,065,540 | 0.002743 | 0.002743 | 72,076,034 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0.000000 | 0.000000 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 60,922,783 | 0.000000 | 0.000000 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 397 | 38,881,481 | 0.000010 | 0.000010 | 2,287,756 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0.000000 | 0.000000 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0.000000 | 0.000000 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 1,707,623 | 0.000000 | 0.000000 | 233,426 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 82,907,433 | 0.000000 | 0.000000 | 3,017,513 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 2,168,560 | 0.000000 | 0.000000 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 35 | 110,317,803 | 0.000000 | 0.000000 | 3,896,543 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 2,635 | 7,419,725 | 0.000355 | 0.000355 | 90,382 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 140,942 | 0.000000 | 0.000000 | 83,262 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 1,093,026 | 0.000000 | 0.000000 | 11,531 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 0.000000 | 0.000000 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 9,653,063 | 0.000000 | 0.000000 | 47,311 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 77,279,340 | 0.000000 | 0.000000 | 116,655 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 3,168,131 | 0.000000 | 0.000000 | 201 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 2,779,231 | 0.000000 | 0.000000 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 19,204,896 | 0.000000 | 0.000000 | 952,906 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 9,950,487 | 0.000000 | 0.000000 | 93,495 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 871,228 | 0.000000 | 0.000000 | 7,809 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 89,779 | 0.000000 | 0.000000 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 15,539,173 | 0.000000 | 0.000000 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 325,835 | 0.000000 | 0.000000 | 1,342 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 4,329,127 | 0.000000 | 0.000000 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0.000000 | 0.000000 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 1,218,341 | 0.000000 | 0.000000 | 432 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 2,356,762 | 0.000000 | 0.000000 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 4,853,912 | 0.000000 | 0.000000 | 2,573 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 456,671 | 0.000000 | 0.000000 | 1,200 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 179,869 | 0.000000 | 0.000000 | 1,435 | 90.21 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | |
|---|---|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 2,118,736 | 0.000000 | 0.000000 | 4,797 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 682,288 | 0.000000 | 0.000000 | 1,138 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 479,529 | 338,578,034 | 0.001416 | 0.001416 | 12,671,348 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0.000000 | 0.000000 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 37,132,228 | 0.000000 | 0.000000 | 736,569 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0.000000 | 0.000000 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 13,077,463 | 0.000000 | 0.000000 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0.000000 | 0.000000 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0.000000 | 0.000000 | 0 | 97.00 |
| 200.00 | | Total (lines 50-199) | 5,804,733 | 4,980,913,592 | | | 334,809,919 | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) | | |
|---|---|---|---|---|---|---|---|
| | | | 11.00 | 12.00 | 13.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 29,683 | 0 | 0 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | 0 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 40 | 0 | 0 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 1,305 | 0 | 0 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | 0 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | 0 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 72,473 | 0 | 0 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | 0 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | 0 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | 0 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 57,068 | 0 | 0 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | 0 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | 0 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | 0 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 67,037 | 0 | 0 | | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0 | 0 | 0 | | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0 | 0 | 0 | | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0 | 0 | 0 | | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0 | 0 | 0 | | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0 | 0 | 0 | | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0 | 0 | 0 | | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0 | 0 | 0 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 197,705 | 0 | 0 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 0 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 23 | 0 | 0 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 0 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | 0 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | 0 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | 0 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 32 | 0 | 0 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 0 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | 0 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 0 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | 0 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | 0 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | 0 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0 | 0 | 0 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 0 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | 0 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | 0 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | 0 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | 0 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | 0 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | 0 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | 0 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | 0 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | 0 | | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | 0 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | 0 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | 0 | | 90.21 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) | | |
|---|---|---|---|---|---|---|---|
| | | | 11.00 | 12.00 | 13.00 | | |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 17,943 | 0 | 0 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | 0 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | 0 | | 97.00 |
| 200.00 | | Total (lines 50-199) | 443,309 | 0 | 0 | | 200.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Cost to Charge Ratio From Worksheet C, Part I, col. 9 | Charges: PPS Reimbursed Services (see inst.) | Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | Costs: PPS Services (see inst.) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | 0 | 18,026,513 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 0 | 800,169 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 0 | 3,287,754 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 0 | 555,869 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 0 | 1,172,799 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 0 | 2,831,471 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 0 | 32,434,285 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 0 | 15,333,274 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 0 | 1,317,859 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 0 | 912,446 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 0 | 23,082,292 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 0 | 335,303 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 0 | 1,563,893 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | | 0 | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 0 | 1,625,407 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 0 | 471,318 | 0 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 0 | 3,296,624 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 0 | 743,409 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 0 | 1,327,213 | 0 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 0 | 1,945,702 | 0 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 0 | 1,848,219 | 0 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 0 | 3,994,187 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 0 | 10,692,106 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 0 | 34,736,390 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 0 | 1,819,070 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 0 | 4,560,780 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 0 | 210,943 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 0 | 5,635,434 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 0 | 562,999 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 0 | 32,260 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | | | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 1.618083 | | | | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 0 | 563,919 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 0 | 5,870,697 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 0 | 242,870 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 99,844 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 0 | 793,562 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 0 | 1,602,595 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 71,672 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 0 | 473 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 1,325,107 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 0 | 77,516 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 68,592 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 3,866 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 0 | 84,950 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 0 | 120,418 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 0 | 160,434 | 0 | 0 | 90.19 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Cost to Charge Ratio From Worksheet C, Part I, col. 9 | Charges: PPS Reimbursed Services (see inst.) | Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | Costs: PPS Services (see inst.) | |
|---|---|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 0 | 36,147 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 0 | 50,742 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 0 | 48,664 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 0 | 94,796 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 0 | 28,263,650 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 0 | 4,686,164 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | | 472,662 | | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0.400394 | 0 | 7,934,913 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Subtotal (see instructions) | | 0 | 227,830,241 | 0 | 0 | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | | | 0 | 0 | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | | 0 | 227,830,241 | 0 | 0 | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Costs Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | |
|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | |
| | | ANCILLARY SERVICE COST CENTERS | | | |
| 50.00 | 05000 | OPERATING ROOM | 3,855,114 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 108,733 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 574,114 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 155,692 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 169,360 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 529,612 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 4,964,521 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 1,900,145 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 261,864 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 127,211 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 2,318,501 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 116,559 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 322,456 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 329,867 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 131,291 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 833,258 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 205,560 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 678,761 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 158,032 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 418,829 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,218,051 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 1,889,562 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 10,206,107 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 615,642 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 671,830 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 64,129 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 784,762 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 659,769 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 23,182 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 259,694 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 4,059,299 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 63,306 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 73,306 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 186,589 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 1,061,732 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 20,420 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 1,519 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 471,651 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 237,289 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 5,762 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 143,889 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 72,247 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 46,387 | 0 | 90.19 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| 90.20 | 09025 | IUMG - MH | 51,977 | 0 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 106,750 | 0 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 34,621 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 173,762 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 3,408,003 | 0 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 2,403,266 | 0 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 111,355 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 3,177,092 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | | 97.00 |
| 200.00 | | Subtotal (see instructions) | 50,462,430 | 0 | | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | 0 | | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | 50,462,430 | 0 | | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Subprovider - IPF

| | | 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 | 0.213858 | 0 | 0 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 0 | 0 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 0 | 0 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 0 | 0 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 0 | 0 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 0 | 0 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 0 | 0 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 0 | 0 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 0 | 0 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 0 | 0 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 0 | 721 | 0 | 0 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 0 | 0 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 0 | 0 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | | 0 | 0 | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 0 | 0 | 0 | 0 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 0 | 0 | 0 | 0 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 0 | 0 | 0 | 0 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 0 | 0 | 0 | 0 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 0 | 0 | 0 | 0 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 0 | 0 | 0 | 0 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 0 | 0 | 0 | 0 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 0 | 0 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 0 | 136 | 0 | 0 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 0 | 0 | 0 | 0 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 0 | 0 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 0 | 0 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 0 | 0 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 0 | 0 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 0 | 0 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | | | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 1.618083 | | | | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 0 | 0 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 0 | 0 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 0 | 0 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 44,283 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 0 | 0 | 0 | 0 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 0 | 0 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 0 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 0 | 0 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 0 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 0 | 0 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 0 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 0 | 0 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 0 | 0 | 0 | 0 | 90.18 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Subprovider - IPF

| | | 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 | |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 0 | 0 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 0 | 0 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 0 | 0 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 0 | 0 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 0 | 0 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 0 | 0 | 0 | 0 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 0 | 0 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | | 0 | | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0.400394 | | 0 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 0 | 0 | 97.00 |
| 200.00 | | Subtotal (see instructions) | | 0 | 45,140 | 0 | 0 | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | | | 0 | 0 | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | | 0 | 45,140 | 0 | 0 | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Subprovider - IPF

| | | Cost Center Description | Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | | |
|---|---|---|---|---|---|---|
| | | | 6.00 | 7.00 | | |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0 | 0 | | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0 | 0 | | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0 | 0 | | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0 | 0 | | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0 | 0 | | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0 | 0 | | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0 | 0 | | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0 | 0 | | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0 | 0 | | 56.00 |
| 57.00 | 05700 | CT SCAN | 0 | 0 | | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0 | 0 | | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0 | 0 | | 59.00 |
| 60.00 | 06000 | LABORATORY | 72 | 0 | | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0 | 0 | | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0 | 0 | | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0 | | | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0 | 0 | | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0 | 0 | | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0 | 0 | | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0 | 0 | | 65.00 |
| 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 PATIENT | 0 | 0 | | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 40 | 0 | | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0 | 0 | | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0 | 0 | | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0 | 0 | | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0 | 0 | | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0 | 0 | | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0 | 0 | | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0 | 0 | | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0 | 0 | | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0 | 0 | | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0 | 0 | | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 0 | 0 | | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0 | 0 | | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0 | 0 | | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0 | 0 | | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0 | 0 | | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0 | 0 | | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0 | 0 | | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 0 | | 89.00 |
| 90.00 | 09000 | CLINIC | 0 | 0 | | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0 | 0 | | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0 | 0 | | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0 | 0 | | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 32,513 | 0 | | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0 | 0 | | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0 | 0 | | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0 | 0 | | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0 | 0 | | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0 | 0 | | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 0 | 0 | | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0 | 0 | | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 0 | 0 | | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0 | 0 | | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0 | 0 | | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0 | 0 | | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0 | 0 | | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 0 | 0 | | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0 | 0 | | 90.18 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Subprovider - IPF

| | | 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 | | |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0 | 0 | | 90.19 |
| 90.20 | 09025 | IUMG - MH | 0 | 0 | | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 0 | 0 | | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0 | 0 | | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 0 | 0 | | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0 | 0 | | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0 | 0 | | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0 | 0 | | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0 | 0 | | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0 | 0 | | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | 0 | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0 | 0 | | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0 | 0 | | 97.00 |
| 200.00 | | Subtotal (see instructions) | 32,625 | 0 | | 200.00 |
| 201.00 | | Less PBP Clinic Lab. Services-Program Only Charges | 0 | | | 201.00 |
| 202.00 | | Net Charges (line 200 +/- line 201) | 32,625 | 0 | | 202.00 |

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 6/1/2014 7:02 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) | 273,752 | 1.00 |
| 2.00 | Inpatient days (including private room days, excluding swing-bed and newborn days) | 273,752 | 2.00 |
| 3.00 | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line. | 0 | 3.00 |
| 4.00 | Semi-private room days (excluding swing-bed and observation bed days) | 254,847 | 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) | 76,232 | 9.00 |
| 10.00 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions) | 0 | 10.00 |
| 11.00 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 11.00 |
| 12.00 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period | 0 | 12.00 |
| 13.00 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 13.00 |
| 14.00 | Medically necessary private room days applicable to the Program (excluding swing-bed days) | 0 | 14.00 |
| 15.00 | Total nursery days (title V or XIX only) | 0 | 15.00 |
| 16.00 | Nursery days (title V or XIX only) | 0 | 16.00 |
| | SWING BED ADJUSTMENT | | |
| 17.00 | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period | 0.00 | 17.00 |
| 18.00 | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period | 0.00 | 18.00 |
| 19.00 | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period | 0.00 | 19.00 |
| 20.00 | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period | 0.00 | 20.00 |
| 21.00 | Total general inpatient routine service cost (see instructions) | 275,751,043 | 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) | 275,751,043 | 27.00 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28.00 | General inpatient routine service charges (excluding swing-bed and observation bed charges) | 0 | 28.00 |
| 29.00 | Private room charges (excluding swing-bed charges) | 0 | 29.00 |
| 30.00 | Semi-private room charges (excluding swing-bed charges) | 0 | 30.00 |
| 31.00 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.000000 | 31.00 |
| 32.00 | Average private room per diem charge (line 29 ÷ line 3) | 0.00 | 32.00 |
| 33.00 | Average semi-private room per diem charge (line 30 ÷ line 4) | 0.00 | 33.00 |
| 34.00 | Average per diem private room charge differential (line 32 minus line 33)(see instructions) | 0.00 | 34.00 |
| 35.00 | Average per diem private room cost differential (line 34 x line 31) | 0.00 | 35.00 |
| 36.00 | Private room cost differential adjustment (line 3 x line 35) | 0 | 36.00 |
| 37.00 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) | 275,751,043 | 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) | 1,007.30 | 38.00 |
| 39.00 | Program general inpatient routine service cost (line 9 x line 38) | 76,788,494 | 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) | 76,788,494 | 41.00 |

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | Cost Center Description | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 42.00 | NURSERY (title V & XIX only) | 0 | 0 | 0.00 | 0 | 0 | 42.00 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43.00 | INTENSIVE CARE UNIT | 28,967,627 | 20,129 | 1,439.10 | 6,754 | 9,719,681 | 43.00 |
| 44.00 | CORONARY CARE UNIT | 21,895,664 | 14,220 | 1,539.78 | 5,772 | 8,887,610 | 44.00 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 8,256,575 | 8,176 | 1,009.86 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 3,250,848 | 2,137 | 1,521.22 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 7,618,000 | 4,852 | 1,570.07 | 2,119 | 3,326,978 | 46.02 |
| 46.03 | UH NS 3IC | 0 | 0 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 15,658,649 | 8,591 | 1,822.68 | 14 | 25,518 | 46.04 |
| 46.05 | TRANSPLANT ICU | 4,210,040 | 2,526 | 1,666.68 | 816 | 1,360,011 | 46.05 |
| 46.06 | PEDS CANCER CARE | 4,623,346 | 1,757 | 2,631.39 | 43 | 113,150 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 47.00 |

| | Cost Center Description | | |
|---|---|---|---|
| | | 1.00 | |
| 48.00 | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200) | 150,396,803 | 48.00 |
| 49.00 | Total Program inpatient costs (sum of lines 41 through 48)(see instructions) | 250,618,245 | 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) | 4,861,197 | 50.00 |
| 51.00 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV) | 8,780,156 | 51.00 |
| 52.00 | Total Program excludable cost (sum of lines 50 and 51) | 13,641,353 | 52.00 |
| 53.00 | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52) | 236,976,892 | 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/MR ONLY | | |
| 70.00 | Skilled nursing facility/other nursing facility/ICF/MR 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 |

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | Cost Center Description | 1.00 | |
|---|---|---|---|
| | PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST | | |
| 87.00 | Total observation bed days (see instructions) | 18,905 | 87.00 |
| 88.00 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 1,007.30 | 88.00 |
| 89.00 | Observation bed cost (line 87 x line 88) (see instructions) | 19,043,007 | 89.00 |

| | Cost Center Description | Cost | Routine Cost (from line 27) | column 1 ÷ column 2 | Total Observation Bed Cost (from line 89) | Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | COMPUTATION OF OBSERVATION BED PASS THROUGH COST | | | | | | |
| 90.00 | Capital-related cost | 14,083,154 | 275,751,043 | 0.051072 | 19,043,007 | 972,564 | 90.00 |
| 91.00 | Nursing School cost | 0 | 275,751,043 | 0.000000 | 19,043,007 | 0 | 91.00 |
| 92.00 | Allied health cost | 673,604 | 275,751,043 | 0.002443 | 19,043,007 | 46,522 | 92.00 |
| 93.00 | All other Medical Education | 0 | 275,751,043 | 0.000000 | 19,043,007 | 0 | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056<br>Component CCN: 15S056 | Period:<br>From 01/01/2013<br>To 12/31/2013 | Worksheet D-1<br>Date/Time Prepared:<br>6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Subprovider - IPF | PPS |

| | Cost Center Description | 1.00 | |
|---|---|---|---|
| | PART I - ALL PROVIDER COMPONENTS | | |
| | INPATIENT DAYS | | |
| 1.00 | Inpatient days (including private room days and swing-bed days, excluding newborn) | 6,528 | 1.00 |
| 2.00 | Inpatient days (including private room days, excluding swing-bed and newborn days) | 6,528 | 2.00 |
| 3.00 | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line. | 0 | 3.00 |
| 4.00 | Semi-private room days (excluding swing-bed and observation bed days) | 6,528 | 4.00 |
| 5.00 | Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period | 0 | 5.00 |
| 6.00 | Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 6.00 |
| 7.00 | Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period | 0 | 7.00 |
| 8.00 | Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 8.00 |
| 9.00 | Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) | 1,532 | 9.00 |
| 10.00 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions) | 0 | 10.00 |
| 11.00 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 11.00 |
| 12.00 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period | 0 | 12.00 |
| 13.00 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 13.00 |
| 14.00 | Medically necessary private room days applicable to the Program (excluding swing-bed days) | 0 | 14.00 |
| 15.00 | Total nursery days (title V or XIX only) | 0 | 15.00 |
| 16.00 | Nursery days (title V or XIX only) | 0 | 16.00 |
| | SWING BED ADJUSTMENT | | |
| 17.00 | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period | 0.00 | 17.00 |
| 18.00 | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period | 0.00 | 18.00 |
| 19.00 | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period | 0.00 | 19.00 |
| 20.00 | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period | 0.00 | 20.00 |
| 21.00 | Total general inpatient routine service cost (see instructions) | 6,879,898 | 21.00 |
| 22.00 | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17) | 0 | 22.00 |
| 23.00 | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18) | 0 | 23.00 |
| 24.00 | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19) | 0 | 24.00 |
| 25.00 | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) | 0 | 25.00 |
| 26.00 | Total swing-bed cost (see instructions) | 0 | 26.00 |
| 27.00 | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) | 6,879,898 | 27.00 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28.00 | General inpatient routine service charges (excluding swing-bed and observation bed charges) | 0 | 28.00 |
| 29.00 | Private room charges (excluding swing-bed charges) | 0 | 29.00 |
| 30.00 | Semi-private room charges (excluding swing-bed charges) | 0 | 30.00 |
| 31.00 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.000000 | 31.00 |
| 32.00 | Average private room per diem charge (line 29 ÷ line 3) | 0.00 | 32.00 |
| 33.00 | Average semi-private room per diem charge (line 30 ÷ line 4) | 0.00 | 33.00 |
| 34.00 | Average per diem private room charge differential (line 32 minus line 33)(see instructions) | 0.00 | 34.00 |
| 35.00 | Average per diem private room cost differential (line 34 x line 31) | 0.00 | 35.00 |
| 36.00 | Private room cost differential adjustment (line 3 x line 35) | 0 | 36.00 |
| 37.00 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) | 6,879,898 | 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) | 1,053.91 | 38.00 |
| 39.00 | Program general inpatient routine service cost (line 9 x line 38) | 1,614,590 | 39.00 |
| 40.00 | Medically necessary private room cost applicable to the Program (line 14 x line 35) | 0 | 40.00 |
| 41.00 | Total Program general inpatient routine service cost (line 39 + line 40) | 1,614,590 | 41.00 |

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | Cost Center Description | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 42.00 | NURSERY (title V & XIX only) | 0 | 0 | 0.00 | 0 | 0 | 42.00 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43.00 | INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 43.00 |
| 44.00 | CORONARY CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 44.00 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 0 | 0 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 0 | 0 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 0 | 0 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 0 | 0 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 0 | 0 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 47.00 |

| | Cost Center Description | | |
|---|---|---|---|
| | | 1.00 | |
| 48.00 | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200) | 339,628 | 48.00 |
| 49.00 | Total Program inpatient costs (sum of lines 41 through 48)(see instructions) | 1,954,218 | 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) | 64,190 | 50.00 |
| 51.00 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV) | 16,572 | 51.00 |
| 52.00 | Total Program excludable cost (sum of lines 50 and 51) | 80,762 | 52.00 |
| 53.00 | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52) | 1,873,456 | 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/MR ONLY | | |
| 70.00 | Skilled nursing facility/other nursing facility/ICF/MR 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 |

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056<br>Component CCN: 15S056 | Period:<br>From 01/01/2013<br>To 12/31/2013 | Worksheet D-1<br>Date/Time Prepared:<br>6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Subprovider - IPF | PPS |

| | Cost Center Description | | |
|---|---|---|---|
| | | 1.00 | |
| | 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 |

| | Cost Center Description | Cost | Routine Cost (from line 27) | column 1 ÷ column 2 | Total Observation Bed Cost (from line 89) | Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | COMPUTATION OF OBSERVATION BED PASS THROUGH COST | | | | | | |
| 90.00 | Capital-related cost | 256,085 | 6,879,898 | 0.037222 | 0 | 0 | 90.00 |
| 91.00 | Nursing School cost | 0 | 6,879,898 | 0.000000 | 0 | 0 | 91.00 |
| 92.00 | Allied health cost | 17,411 | 6,879,898 | 0.002531 | 0 | 0 | 92.00 |
| 93.00 | All other Medical Education | 0 | 6,879,898 | 0.000000 | 0 | 0 | 93.00 |

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | Cost Center Description | 1.00 | |
|---|---|---|---|
| | PART I - ALL PROVIDER COMPONENTS | | |
| | INPATIENT DAYS | | |
| 1.00 | Inpatient days (including private room days and swing-bed days, excluding newborn) | 273,752 | 1.00 |
| 2.00 | Inpatient days (including private room days, excluding swing-bed and newborn days) | 273,752 | 2.00 |
| 3.00 | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line. | 0 | 3.00 |
| 4.00 | Semi-private room days (excluding swing-bed and observation bed days) | 254,847 | 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) | 36,273 | 9.00 |
| 10.00 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions) | 0 | 10.00 |
| 11.00 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 11.00 |
| 12.00 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period | 0 | 12.00 |
| 13.00 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0 | 13.00 |
| 14.00 | Medically necessary private room days applicable to the Program (excluding swing-bed days) | 0 | 14.00 |
| 15.00 | Total nursery days (title V or XIX only) | 11,157 | 15.00 |
| 16.00 | Nursery days (title V or XIX only) | 3,111 | 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) | 275,751,043 | 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) | 275,751,043 | 27.00 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | |
| 28.00 | General inpatient routine service charges (excluding swing-bed and observation bed charges) | 0 | 28.00 |
| 29.00 | Private room charges (excluding swing-bed charges) | 0 | 29.00 |
| 30.00 | Semi-private room charges (excluding swing-bed charges) | 0 | 30.00 |
| 31.00 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28) | 0.000000 | 31.00 |
| 32.00 | Average private room per diem charge (line 29 ÷ line 3) | 0.00 | 32.00 |
| 33.00 | Average semi-private room per diem charge (line 30 ÷ line 4) | 0.00 | 33.00 |
| 34.00 | Average per diem private room charge differential (line 32 minus line 33)(see instructions) | 0.00 | 34.00 |
| 35.00 | Average per diem private room cost differential (line 34 x line 31) | 0.00 | 35.00 |
| 36.00 | Private room cost differential adjustment (line 3 x line 35) | 0 | 36.00 |
| 37.00 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36) | 275,751,043 | 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) | 1,007.30 | 38.00 |
| 39.00 | Program general inpatient routine service cost (line 9 x line 38) | 36,537,793 | 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) | 36,537,793 | 41.00 |

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | Cost Center Description | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 42.00 | NURSERY (title V & XIX only) | 7,558,607 | 11,157 | 677.48 | 3,111 | 2,107,640 | 42.00 |
| | Intensive Care Type Inpatient Hospital Units | | | | | | |
| 43.00 | INTENSIVE CARE UNIT | 28,967,627 | 20,129 | 1,439.10 | 2,872 | 4,133,095 | 43.00 |
| 44.00 | CORONARY CARE UNIT | 21,895,664 | 14,220 | 1,539.78 | 2,023 | 3,114,975 | 44.00 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 8,256,575 | 8,176 | 1,009.86 | 1,165 | 1,176,487 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 3,250,848 | 2,137 | 1,521.22 | 303 | 460,930 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 7,618,000 | 4,852 | 1,570.07 | 691 | 1,084,918 | 46.02 |
| 46.03 | UH NS 3IC | 0 | 0 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 15,658,649 | 8,591 | 1,822.68 | 1,224 | 2,230,960 | 46.04 |
| 46.05 | TRANSPLANT ICU | 4,210,040 | 2,526 | 1,666.68 | 361 | 601,671 | 46.05 |
| 46.06 | PEDS CANCER CARE | 4,623,346 | 1,757 | 2,631.39 | 248 | 652,585 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | | | | | | 47.00 |

| | Cost Center Description | | |
|---|---|---|---|
| | | 1.00 | |
| 48.00 | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200) | 69,814,942 | 48.00 |
| 49.00 | Total Program inpatient costs (sum of lines 41 through 48)(see instructions) | 121,915,996 | 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) | 2,607,456 | 50.00 |
| 51.00 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV) | 3,987,602 | 51.00 |
| 52.00 | Total Program excludable cost (sum of lines 50 and 51) | 6,595,058 | 52.00 |
| 53.00 | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52) | 115,320,938 | 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/MR ONLY | | |
| 70.00 | Skilled nursing facility/other nursing facility/ICF/MR 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 |

| COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XIX | Hospital | PPS |

| | Cost Center Description | 1.00 | |
|---|---|---|---|
| | PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST | | |
| 87.00 | Total observation bed days (see instructions) | 18,905 | 87.00 |
| 88.00 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) | 1,007.30 | 88.00 |
| 89.00 | Observation bed cost (line 87 x line 88) (see instructions) | 19,043,007 | 89.00 |

| | Cost Center Description | Cost | Routine Cost (from line 27) | column 1 ÷ column 2 | Total Observation Bed Cost (from line 89) | Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | COMPUTATION OF OBSERVATION BED PASS THROUGH COST | | | | | | |
| 90.00 | Capital-related cost | 14,083,154 | 275,751,043 | 0.051072 | 19,043,007 | 972,564 | 90.00 |
| 91.00 | Nursing School cost | 0 | 275,751,043 | 0.000000 | 19,043,007 | 0 | 91.00 |
| 92.00 | Allied health cost | 673,604 | 275,751,043 | 0.002443 | 19,043,007 | 46,522 | 92.00 |
| 93.00 | All other Medical Education | 0 | 275,751,043 | 0.000000 | 19,043,007 | 0 | 93.00 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 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 | | 168,501,332 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | 23,468,201 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | 20,804,155 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | 0 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | 0 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | 7,414,660 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | | 63,338 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | 2,893,231 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | 132,941 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | 0 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | | | | 43.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | 127,200,679 | 27,202,883 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 6,890,523 | 936,332 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 10,104,062 | 1,764,392 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 653,376 | 183,003 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 8,234,117 | 1,189,064 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 477,137 | 89,246 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 66,247,683 | 10,140,135 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 1,197,533 | 148,402 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 3,268,973 | 649,558 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 6,967,886 | 971,449 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 112,767,911 | 11,326,973 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 525,450 | 182,658 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 1,351,842 | 278,734 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 16,728,594 | 3,394,968 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 32,147,550 | 8,955,054 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 17,078,690 | 4,316,827 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 2,716,127 | 751,036 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 1,609,833 | 823,298 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 19,753,119 | 1,604,368 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 7,134,739 | 1,616,817 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 26,549,173 | 8,096,330 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 86,203,810 | 15,234,368 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 134,193,924 | 39,428,322 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 7,958,878 | 2,693,587 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 5,839,231 | 860,154 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 13,314 | 4,048 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 15,467,131 | 2,153,875 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 292,959 | 343,314 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 56,275 | 40,438 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0.000000 | | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 8,350 | 3,845 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 316,711 | 218,990 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 5,530 | 1,441 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 90.05 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 3,446,043 | 810,261 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 3,384 | 2,242 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 106 | 340 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 924 | 2,829 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 2,404 | 4,072 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 2,140 | 1,284 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 5,190 | 1,501 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 6,942 | 9,982 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 3,022 | 5,539 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 29,913,651 | 3,606,958 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 678,105 | 347,761 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | 530 | 125 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (sum of lines 50-94 and 96-98) | | 754,023,551 | 150,396,803 | 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) | | 754,023,551 | | 202.00 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | 0 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | 0 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | 0 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | 0 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | 0 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | 0 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | | 0 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | 0 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | 0 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | 2,836,562 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | | | | 43.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | 0 | 0 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 4,980 | 677 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 0 | 0 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 0 | 0 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 0 | 0 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 108,652 | 16,631 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 401,334 | 40,312 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 121 | 25 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 31,246 | 8,704 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 52,842 | 13,356 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 7,372 | 2,038 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 2,281 | 1,167 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 42,082 | 3,418 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 36,994 | 8,383 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 11,878 | 3,622 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 497,224 | 146,092 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 12,885 | 4,361 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 219,681 | 66,786 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 0.000000 | | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 0 | 90.04 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 7,373 | 1,734 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 46 | 78 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 184,477 | 22,244 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (sum of lines 50-94 and 96-98) | | 1,621,468 | 339,628 | 200.00 |
| 201.00 | | Less PBP Clinic Laboratory Services-Program only charges (line 61) | | 0 | | 201.00 |
| 202.00 | | Net Charges (line 200 minus line 201) | | 1,621,468 | | 202.00 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | 96,550,165 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | 10,054,642 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | 7,711,041 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | 4,614,052 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | 765,737 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | 1,959,229 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | | 8,660,584 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | 798,266 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | 1,674,620 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | 0 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | | 2,769,669 | | 43.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | 47,721,520 | 10,205,629 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 1,986,178 | 269,896 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 3,616,370 | 631,498 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 7,252,412 | 2,031,314 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 3,411,007 | 492,573 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 711,163 | 133,019 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 29,629,118 | 4,535,151 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 1,088,026 | 134,831 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 763,781 | 151,766 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 911,652 | 127,101 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 51,412,580 | 5,164,137 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 195,875 | 68,090 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 1,116,622 | 230,234 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 11,009,626 | 2,234,338 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 23,212,199 | 6,466,013 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 6,282,253 | 1,587,909 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 1,712,244 | 473,453 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 920,145 | 470,579 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 4,676,970 | 379,868 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 3,892,192 | 882,017 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 8,591,362 | 2,619,987 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 28,360,966 | 5,012,092 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 72,076,034 | 21,177,092 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 2,287,756 | 774,264 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 233,426 | 125,061 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 3,017,513 | 444,498 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 0 | 0 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 3,896,543 | 542,613 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 90,382 | 105,917 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 83,262 | 23,524 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 11,531 | 8,286 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 1.618083 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 47,311 | 21,788 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 116,655 | 80,661 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 201 | 52 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 0 | 90.04 |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 90.05 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 952,906 | 224,055 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 93,495 | 61,941 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 7,809 | 2,225 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 1,342 | 4,108 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 432 | 732 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 2,573 | 744 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 1,200 | 1,726 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 1,435 | 3,019 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 4,797 | 3,413 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 1,138 | 2,086 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 12,671,348 | 1,527,898 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 736,569 | 377,744 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (sum of lines 50-94 and 96-98) | | 334,809,919 | 69,814,942 | 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) | | 334,809,919 | | 202.00 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Subprovider - IPF

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| | | INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30.00 | 03000 | ADULTS & PEDIATRICS | | 0 | | 30.00 |
| 31.00 | 03100 | INTENSIVE CARE UNIT | | 0 | | 31.00 |
| 32.00 | 03200 | CORONARY CARE UNIT | | 0 | | 32.00 |
| 32.01 | 03201 | NEONATAL INTENSIVE CARE UNIT | | 0 | | 32.01 |
| 33.00 | 03300 | BURN INTENSIVE CARE UNIT | | 0 | | 33.00 |
| 34.00 | 03400 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.00 |
| 34.01 | 03405 | SURGICAL INTENSIVE CARE UNIT | | 0 | | 34.01 |
| 34.02 | 03401 | UH SURG 6IC | | 0 | | 34.02 |
| 34.03 | 03402 | UH NS 3IC | | 0 | | 34.03 |
| 34.04 | 03403 | RH PED IC | | 0 | | 34.04 |
| 34.05 | 03404 | TRANSPLANT ICU | | 0 | | 34.05 |
| 34.06 | 03407 | PEDS CANCER CARE | | 0 | | 34.06 |
| 40.00 | 04000 | SUBPROVIDER - IPF | | 1,976,375 | | 40.00 |
| 41.00 | 04100 | SUBPROVIDER - IRF | | 0 | | 41.00 |
| 42.00 | 04200 | SUBPROVIDER | | 0 | | 42.00 |
| 43.00 | 04300 | NURSERY | | 0 | | 43.00 |
| | | ANCILLARY SERVICE COST CENTERS | | | | |
| 50.00 | 05000 | OPERATING ROOM | 0.213858 | 7,001 | 1,497 | 50.00 |
| 50.01 | 05001 | ENDOSCOPY | 0.135887 | 0 | 0 | 50.01 |
| 51.00 | 05100 | RECOVERY ROOM | 0.174622 | 2,021 | 353 | 51.00 |
| 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM | 0.280088 | 0 | 0 | 52.00 |
| 53.00 | 05300 | ANESTHESIOLOGY | 0.144407 | 484 | 70 | 53.00 |
| 53.01 | 05301 | PULMONARY FUNCTION TESTING | 0.187045 | 58,317 | 10,908 | 53.01 |
| 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC | 0.153064 | 0 | 0 | 54.00 |
| 55.00 | 05500 | RADIOLOGY-THERAPEUTIC | 0.123923 | 0 | 0 | 55.00 |
| 56.00 | 05600 | RADIOISOTOPE | 0.198704 | 0 | 0 | 56.00 |
| 57.00 | 05700 | CT SCAN | 0.000000 | 0 | 0 | 57.00 |
| 58.00 | 05800 | MAGNETIC RESONANCE IMAGING (MRI) | 0.000000 | 0 | 0 | 58.00 |
| 59.00 | 05900 | CARDIAC CATHETERIZATION | 0.139418 | 0 | 0 | 59.00 |
| 60.00 | 06000 | LABORATORY | 0.100445 | 251,066 | 25,218 | 60.00 |
| 60.01 | 06001 | TRANSPLANT IMMUNOLOGY | 0.347622 | 0 | 0 | 60.01 |
| 60.02 | 06002 | BONE MARROW TRANSPLANT LAB | 0.206188 | 0 | 0 | 60.02 |
| 61.00 | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 0.000000 | 0 | 0 | 61.00 |
| 62.00 | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000 | 0 | 0 | 62.00 |
| 63.00 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 0.202944 | 261 | 53 | 63.00 |
| 64.00 | 06400 | INTRAVENOUS THERAPY | 0.000000 | 0 | 0 | 64.00 |
| 65.00 | 06500 | RESPIRATORY THERAPY | 0.278561 | 8,715 | 2,428 | 65.00 |
| 66.00 | 06600 | PHYSICAL THERAPY | 0.252761 | 8,089 | 2,045 | 66.00 |
| 67.00 | 06700 | OCCUPATIONAL THERAPY | 0.276510 | 982 | 272 | 67.00 |
| 68.00 | 06800 | SPEECH PATHOLOGY | 0.511418 | 1,957 | 1,001 | 68.00 |
| 69.00 | 06900 | ELECTROCARDIOLOGY | 0.081221 | 30,541 | 2,481 | 69.00 |
| 70.00 | 07000 | ELECTROENCEPHALOGRAPHY | 0.226612 | 7,735 | 1,753 | 70.00 |
| 71.00 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.304956 | 3,862 | 1,178 | 71.00 |
| 72.00 | 07200 | IMPL. DEV. CHARGED TO PATIENT | 0.176725 | 0 | 0 | 72.00 |
| 73.00 | 07300 | DRUGS CHARGED TO PATIENTS | 0.293816 | 246,471 | 72,417 | 73.00 |
| 73.01 | 07301 | RENAL-RILEY | 0.000000 | 0 | 0 | 73.01 |
| 73.02 | 07302 | RENAL-ADULT | 0.000000 | 0 | 0 | 73.02 |
| 73.03 | 07303 | OUTPATIENT RETAIL PHARMACY | 0.205937 | 0 | 0 | 73.03 |
| 74.00 | 07400 | RENAL DIALYSIS | 0.338438 | 13,630 | 4,613 | 74.00 |
| 75.00 | 07500 | ASC (NON-DISTINCT PART) | 0.000000 | 0 | 0 | 75.00 |
| 75.04 | 07501 | BMTU OUTPATIENT | 0.000000 | 0 | 0 | 75.04 |
| 76.00 | 03020 | RH NBN ECMO IC | 0.535763 | 0 | 0 | 76.00 |
| 76.01 | 03021 | CARDIOLOGY | 0.147306 | 0 | 0 | 76.01 |
| 76.02 | 03022 | PSYCH OTHER ANCILLARY | 0.304013 | 3,329 | 1,012 | 76.02 |
| 76.03 | 03023 | CARDIAC CATHERIZATION | 0.139255 | 0 | 0 | 76.03 |
| 76.04 | 03024 | DAY SURGERY | 1.171883 | 0 | 0 | 76.04 |
| 76.05 | 03025 | ONCOLOGY | 0.000000 | 0 | 0 | 76.05 |
| 76.06 | 03026 | DAY SURGERY-RILEY | 0.000000 | 0 | 0 | 76.06 |
| 76.07 | 03027 | CARDIOLOGY-RILEY | 0.000000 | 0 | 0 | 76.07 |
| 76.08 | 03028 | ECMO-ADULT | 0.282535 | 0 | 0 | 76.08 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 0.718585 | 0 | 0 | 76.97 |
| | | OUTPATIENT SERVICE COST CENTERS | | | | |
| 88.00 | 08800 | RURAL HEALTH CLINIC | 0.000000 | 0 | 0 | 88.00 |
| 89.00 | 08900 | FEDERALLY QUALIFIED HEALTH CENTER | 1.618083 | 0 | 0 | 89.00 |
| 90.00 | 09000 | CLINIC | 0.000000 | 0 | 0 | 90.00 |
| 90.01 | 09001 | AMB SVC-OB & GYN | 0.460517 | 0 | 0 | 90.01 |
| 90.02 | 09002 | IUSCC HEM/ONC | 0.691451 | 0 | 0 | 90.02 |
| 90.03 | 09003 | AMB SVC-OPTHALMOLOGY | 0.260660 | 0 | 0 | 90.03 |
| 90.04 | 09004 | AMB SVC-PSYCH ADULT | 0.734201 | 0 | 0 | 90.04 |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Subprovider - IPF

| | | Cost Center Description | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | | 1.00 | 2.00 | 3.00 | |
| 90.05 | 09005 | AMB SVC-DIABETES ADULT | 0.000000 | 0 | 0 | 90.05 |
| 90.06 | 09006 | OUTPATIENT SURGERY | 0.235128 | 1,550 | 364 | 90.06 |
| 90.07 | 09007 | AMB SVC-RILEY CLINICS | 0.662508 | 0 | 0 | 90.07 |
| 90.08 | 09008 | MOTILITY LAB | 0.284915 | 0 | 0 | 90.08 |
| 90.09 | 09009 | AMB SVC - PSYCH CHILD | 0.000000 | 0 | 0 | 90.09 |
| 90.10 | 09010 | CLINICAL GERIATRICS | 3.211686 | 0 | 0 | 90.10 |
| 90.11 | 09023 | SLEEP LAB | 0.355934 | 0 | 0 | 90.11 |
| 90.12 | 09024 | OP CARE ADULTS | 3.061160 | 0 | 0 | 90.12 |
| 90.13 | 09011 | PEDIATRIC CLINIC | 0.000000 | 0 | 0 | 90.13 |
| 90.14 | 09012 | ARTHRITIS CLINIC | 0.083998 | 0 | 0 | 90.14 |
| 90.15 | 09013 | NEUROLOGY UH | 0.000000 | 0 | 0 | 90.15 |
| 90.16 | 09014 | ORTHOPEDICS UH | 0.000000 | 0 | 0 | 90.16 |
| 90.17 | 09015 | PHYSICAL MEDICINE | 1.693804 | 0 | 0 | 90.17 |
| 90.18 | 09016 | DERMATOLOGY CLINIC | 0.599965 | 0 | 0 | 90.18 |
| 90.19 | 09017 | INFUSION/HEM/ONC | 0.289137 | 0 | 0 | 90.19 |
| 90.20 | 09025 | IUMG - MH | 1.437939 | 0 | 0 | 90.20 |
| 90.21 | 09019 | OP REHAB CLINIC | 2.103781 | 0 | 0 | 90.21 |
| 90.22 | 09020 | EATING DISORDERS CLINIC | 0.711423 | 0 | 0 | 90.22 |
| 90.23 | 09018 | GASTROENTEROLOGY CLINIC | 1.833007 | 0 | 0 | 90.23 |
| 91.00 | 09100 | EMERGENCY | 0.120579 | 142,940 | 17,236 | 91.00 |
| 91.01 | 09101 | EMERGENCY-RILEY | 0.000000 | 0 | 0 | 91.01 |
| 92.00 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.512843 | 0 | 0 | 92.00 |
| 93.00 | 04040 | FAMILY PRACTICE | 0.000000 | 0 | 0 | 93.00 |
| | | OTHER REIMBURSABLE COST CENTERS | | | | |
| 94.00 | 09400 | HOME PROGRAM DIALYSIS | 0.235591 | 0 | 0 | 94.00 |
| 95.00 | 09500 | AMBULANCE SERVICES | | | | 95.00 |
| 96.00 | 09600 | DURABLE MEDICAL EQUIP-RENTED | 0.000000 | 0 | 0 | 96.00 |
| 97.00 | 09700 | DURABLE MEDICAL EQUIP-SOLD | 0.000000 | 0 | 0 | 97.00 |
| 200.00 | | Total (sum of lines 50-94 and 96-98) | | 788,951 | 144,899 | 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) | | 788,951 | | 202.00 |

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

Provider CCN: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Kidney | Hospital | PPS

| | Cost Center Description | D | 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 | 591,609 | 1,007.30 | 261 | 262,905 | 1.00 |
| 2.00 | INTENSIVE CARE UNIT | 43.00 | 25,095 | 1,439.10 | 0 | 0 | 2.00 |
| 3.00 | CORONARY CARE UNIT | 44.00 | 1,307 | 1,539.78 | 0 | 0 | 3.00 |
| 3.01 | NEONATAL INTENSIVE CARE UNIT | 44.01 | 0 | 1,009.86 | 0 | 0 | 3.01 |
| 4.00 | BURN INTENSIVE CARE UNIT | 45.00 | 0 | 1,521.22 | 0 | 0 | 4.00 |
| 5.00 | SURGICAL INTENSIVE CARE UNIT | 46.00 | 0 | 0.00 | 0 | 0 | 5.00 |
| 5.01 | SURGICAL INTENSIVE CARE UNIT | 46.01 | 0 | 0.00 | 0 | 0 | 5.01 |
| 5.02 | UH SURG 6IC | 46.02 | 0 | 1,570.07 | 0 | 0 | 5.02 |
| 5.03 | UH NS 3IC | 46.03 | 0 | 0.00 | 0 | 0 | 5.03 |
| 5.04 | RH PED IC | 46.04 | 8,078 | 1,822.68 | 0 | 0 | 5.04 |
| 5.05 | TRANSPLANT ICU | 46.05 | 0 | 1,666.68 | 0 | 0 | 5.05 |
| 5.06 | PEDS CANCER CARE | 46.06 | 0 | 2,631.39 | 0 | 0 | 5.06 |
| 6.00 | OTHER SPECIAL CARE (SPECIFY) | 47.00 | 0 | 0.00 | 0 | 0 | 6.00 |
| 7.00 | TOTAL (sum of lines 1-6) | | 626,089 | | 261 | 262,905 | 7.00 |

| | Cost Center Description | C | 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 | 0.213858 | 2,913,589 | 623,094 | 8.00 |
| 8.01 | ENDOSCOPY | 50.01 | 0.135887 | 17,603 | 2,392 | 8.01 |
| 9.00 | RECOVERY ROOM | 51.00 | 0.174622 | 228,388 | 39,882 | 9.00 |
| 10.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 0.280088 | 0 | 0 | 10.00 |
| 11.00 | ANESTHESIOLOGY | 53.00 | 0.144407 | 160,871 | 23,231 | 11.00 |
| 11.01 | PULMONARY FUNCTION TESTING | 53.01 | 0.187045 | 46,651 | 8,726 | 11.01 |
| 12.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0.153064 | 1,086,097 | 166,242 | 12.00 |
| 13.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 13.00 |
| 14.00 | RADIOISOTOPE | 56.00 | 0.198704 | 2,254,890 | 448,056 | 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 | 0.139418 | 0 | 0 | 17.00 |
| 18.00 | LABORATORY | 60.00 | 0.100445 | 2,435,704 | 244,654 | 18.00 |
| 18.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 5,284,024 | 1,836,843 | 18.01 |
| 18.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 18.02 |
| 19.00 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 61.00 | 0.000000 | 0 | 0 | 19.00 |
| 20.00 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62.00 | 0.000000 | 0 | 0 | 20.00 |
| 21.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0.202944 | 23,232 | 4,715 | 21.00 |
| 22.00 | INTRAVENOUS THERAPY | 64.00 | 0.000000 | 0 | 0 | 22.00 |
| 23.00 | RESPIRATORY THERAPY | 65.00 | 0.278561 | 36,537 | 10,178 | 23.00 |
| 24.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 408 | 103 | 24.00 |
| 25.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 25.00 |
| 26.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 528 | 270 | 26.00 |
| 27.00 | ELECTROCARDIOLOGY | 69.00 | 0.081221 | 851,120 | 69,129 | 27.00 |
| 28.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0.226612 | 90,397 | 20,485 | 28.00 |
| 29.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 132,164 | 40,304 | 29.00 |
| 30.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0.176725 | 41,577 | 7,348 | 30.00 |
| 31.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 930,654 | 273,441 | 31.00 |
| 31.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 31.01 |
| 31.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 31.02 |
| 31.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 31.03 |
| 32.00 | RENAL DIALYSIS | 74.00 | 0.338438 | 0 | 0 | 32.00 |
| 33.00 | ASC (NON-DISTINCT PART) | 75.00 | 0.000000 | 0 | 0 | 33.00 |
| 33.04 | BMTU OUTPATIENT | 75.04 | 0.000000 | 0 | 0 | 33.04 |
| 34.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 34.00 |
| 34.01 | CARDIOLOGY | 76.01 | 0.147306 | 296,164 | 43,627 | 34.01 |
| 34.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 34.02 |
| 34.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 658,884 | 91,753 | 34.03 |
| 34.04 | DAY SURGERY | 76.04 | 1.171883 | 565 | 662 | 34.04 |
| 34.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 34.05 |
| 34.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 34.06 |
| 34.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 34.07 |
| 34.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 34.08 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 34.97 |
| 35.00 | RURAL HEALTH CLINIC | 88.00 | 0.000000 | 0 | 0 | 35.00 |
| 36.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0.000000 | 0 | 0 | 36.00 |
| 37.00 | CLINIC | 90.00 | 0.000000 | 3,350 | 0 | 37.00 |
| 37.01 | AMB SVC-OB & GYN | 90.01 | 0.460517 | 0 | 0 | 37.01 |
| 37.02 | IUSCC HEM/ONC | 90.02 | 0.691451 | 0 | 0 | 37.02 |
| 37.03 | AMB SVC-OPTHALMOLOGY | 90.03 | 0.260660 | 0 | 0 | 37.03 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Kidney | Hospital | PPS

| | Cost Center Description | C | Ratio of Cost/Charges (from Wkst. C) | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 37.04 | AMB SVC-PSYCH ADULT | 90.04 | 0.734201 | 0 | 0 | 37.04 |
| 37.05 | AMB SVC-DIABETES ADULT | 90.05 | 0.000000 | 0 | 0 | 37.05 |
| 37.06 | OUTPATIENT SURGERY | 90.06 | 0.235128 | 0 | 0 | 37.06 |
| 37.07 | AMB SVC-RILEY CLINICS | 90.07 | 0.662508 | 0 | 0 | 37.07 |
| 37.08 | MOTILITY LAB | 90.08 | 0.284915 | 0 | 0 | 37.08 |
| 37.09 | AMB SVC - PSYCH CHILD | 90.09 | 0.000000 | 0 | 0 | 37.09 |
| 37.10 | CLINICAL GERIATRICS | 90.10 | 3.211686 | 0 | 0 | 37.10 |
| 37.11 | SLEEP LAB | 90.11 | 0.355934 | 0 | 0 | 37.11 |
| 37.12 | OP CARE ADULTS | 90.12 | 3.061160 | 0 | 0 | 37.12 |
| 37.13 | PEDIATRIC CLINIC | 90.13 | 0.000000 | 0 | 0 | 37.13 |
| 37.14 | ARTHRITIS CLINIC | 90.14 | 0.083998 | 0 | 0 | 37.14 |
| 37.15 | NEUROLOGY UH | 90.15 | 0.000000 | 0 | 0 | 37.15 |
| 37.16 | ORTHOPEDICS UH | 90.16 | 0.000000 | 0 | 0 | 37.16 |
| 37.17 | PHYSICAL MEDICINE | 90.17 | 1.693804 | 0 | 0 | 37.17 |
| 37.18 | DERMATOLOGY CLINIC | 90.18 | 0.599965 | 0 | 0 | 37.18 |
| 37.19 | INFUSION/HEM/ONC | 90.19 | 0.289137 | 0 | 0 | 37.19 |
| 37.20 | IUMG - MH | 90.20 | 1.437939 | 0 | 0 | 37.20 |
| 37.21 | OP REHAB CLINIC | 90.21 | 2.103781 | 0 | 0 | 37.21 |
| 37.22 | EATING DISORDERS CLINIC | 90.22 | 0.711423 | 0 | 0 | 37.22 |
| 37.23 | GASTROENTEROLOGY CLINIC | 90.23 | 1.833007 | 0 | 0 | 37.23 |
| 38.00 | EMERGENCY | 91.00 | 0.120579 | 15,631 | 1,885 | 38.00 |
| 38.01 | EMERGENCY-RILEY | 91.01 | 0.000000 | 0 | 0 | 38.01 |
| 39.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 | 0.512843 | 29,140 | 14,944 | 39.00 |
| 40.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | TOTAL (sum of lines 8-40) | | | 17,538,168 | 3,971,964 | 41.00 |

| | Cost Center Description | D | 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 | 261 | 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 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 4.01 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 5.00 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 6.00 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 6.01 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 6.02 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 6.03 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 6.04 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 6.05 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 6.06 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | 7.00 | 0.00 | 0 | 0 | 47.00 |
| 48.00 | TOTAL (sum of lines 42 through 47) | | | 261 | 0 | 48.00 |

| | Cost Center Description | D | 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 | 3,350 | 0.000000 | 0 | 51.00 |
| 51.01 | AMB SVC-OB & GYN | 23.01 | 0 | 0.000000 | 0 | 51.01 |
| 51.02 | IUSCC HEM/ONC | 23.02 | 0 | 0.000000 | 0 | 51.02 |
| 51.03 | AMB SVC-OPTHALMOLOGY | 23.03 | 0 | 0.000000 | 0 | 51.03 |
| 51.04 | AMB SVC-PSYCH ADULT | 23.04 | 0 | 0.000000 | 0 | 51.04 |
| 51.05 | AMB SVC-DIABETES ADULT | 23.05 | 0 | 0.000000 | 0 | 51.05 |
| 51.06 | OUTPATIENT SURGERY | 23.06 | 0 | 0.000000 | 0 | 51.06 |
| 51.07 | AMB SVC-RILEY CLINICS | 23.07 | 0 | 0.000000 | 0 | 51.07 |
| 51.08 | MOTILITY LAB | 23.08 | 0 | 0.000000 | 0 | 51.08 |
| 51.09 | AMB SVC - PSYCH CHILD | 23.09 | 0 | 0.000000 | 0 | 51.09 |
| 51.10 | CLINICAL GERIATRICS | 23.10 | 0 | 0.000000 | 0 | 51.10 |
| 51.11 | SLEEP LAB | 23.11 | 0 | 0.000000 | 0 | 51.11 |
| 51.12 | OP CARE ADULTS | 23.12 | 0 | 0.000000 | 0 | 51.12 |
| 51.13 | PEDIATRIC CLINIC | 23.13 | 0 | 0.000000 | 0 | 51.13 |
| 51.14 | ARTHRITIS CLINIC | 23.14 | 0 | 0.000000 | 0 | 51.14 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Kidney | Hospital | PPS

| | Cost Center Description | D | Organ Charges (see instructions) | Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4 | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 51.15 | NEUROLOGY UH | 23.15 | 0 | 0.000000 | 0 | 51.15 |
| 51.16 | ORTHOPEDICS UH | 23.16 | 0 | 0.000000 | 0 | 51.16 |
| 51.17 | PHYSICAL MEDICINE | 23.17 | 0 | 0.000000 | 0 | 51.17 |
| 51.18 | DERMATOLOGY CLINIC | 23.18 | 0 | 0.000000 | 0 | 51.18 |
| 51.19 | INFUSION/HEM/ONC | 23.19 | 0 | 0.000000 | 0 | 51.19 |
| 51.20 | IUMG - MH | 23.20 | 0 | 0.000000 | 0 | 51.20 |
| 51.21 | OP REHAB CLINIC | 23.21 | 0 | 0.000000 | 0 | 51.21 |
| 51.22 | EATING DISORDERS CLINIC | 23.22 | 0 | 0.000000 | 0 | 51.22 |
| 51.23 | GASTROENTEROLOGY CLINIC | 23.23 | 0 | 0.000000 | 0 | 51.23 |
| 52.00 | EMERGENCY | 24.00 | 15,631 | 0.000000 | 0 | 52.00 |
| 52.01 | EMERGENCY-RILEY | 24.01 | 0 | 0.000000 | 0 | 52.01 |
| 53.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 25.00 | 29,140 | 0.000000 | 0 | 53.00 |
| 54.00 | FAMILY PRACTICE | 26.00 | 0 | 0.000000 | 0 | 54.00 |
| 55.00 | TOTAL (sum of lines 49 through 52) | | 48,121 | | 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 | 4,234,869 | | 18,164,257 | | 56.00 |
| 57.00 | Interns and Residents (inpatient) | 0 | | 0 | | 57.00 |
| 58.00 | Interns and Residents (outpatient) | 0 | | 0 | | 58.00 |
| 59.00 | Direct Organ Acquisition (see instructions) | 13,035,977 | | 33,332,836 | | 59.00 |
| 60.00 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | 0 | | 0 | | 60.00 |
| 61.00 | Total (sum of lines 56 thru 60) | 17,270,846 | | 51,497,093 | | 61.00 |
| 62.00 | Total Usable Organs (see instructions) | | 276 | | | 62.00 |
| 63.00 | Medicare Usable Organs (see instructions) | | 190 | | | 63.00 |
| 64.00 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.688406 | | | 64.00 |
| 65.00 | Medicare Cost/Charges (see instructions) | 11,889,354 | | 35,450,908 | | 65.00 |
| 66.00 | Revenue for Organs Sold | 174,585 | | 0 | | 66.00 |
| 67.00 | Subtotal (line 65 minus line 66) | 11,714,769 | | 35,450,908 | | 67.00 |
| 68.00 | Organs Furnished Part B | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | Net Organ Acquisition Cost and Charges (see instructions) | 11,714,769 | 0 | 35,450,908 | 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) | 71 | 54 | | 70.00 |
| 71.00 | Organs Purchased from Other Transplant Hospitals (2) | 0 | 0 | | 71.00 |
| 72.00 | Organs Purchased from Non-Transplant Hospitals | 0 | 0 | | 72.00 |
| 73.00 | Organs Purchased from OPOs | 0 | 151 | | 73.00 |
| 74.00 | Total (sum of lines 70 thru 73) | 71 | 205 | | 74.00 |
| 75.00 | Organs Transplanted | 71 | 151 | 6,225,964 | 75.00 |
| 76.00 | Organs Sold to Other Hospitals | 0 | 0 | 0 | 76.00 |
| 77.00 | Organs Sold to OPOs | 0 | 54 | 174,585 | 77.00 |
| 78.00 | Organs Sold to Transplant Hospitals | 0 | 0 | 0 | 78.00 |
| 79.00 | Organs Sold to Military or VA Hospitals | 0 | 0 | 0 | 79.00 |
| 80.00 | Organs Sold Outside the U.S. | 0 | 0 | 0 | 80.00 |
| 81.00 | Organs Sent Outside the U.S. (no revenue received) | 0 | 0 | | 81.00 |
| 82.00 | Organs Used for Research | 0 | 0 | | 82.00 |
| 83.00 | Unusable/Discarded Organs | 0 | 0 | | 83.00 |
| 84.00 | Total (sum of lines 75 thru 83 should equal line 74) | 71 | 205 | | 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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Liver | Hospital | PPS

| | Cost Center Description | D | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | Organ Acquisition | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| | PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES) | | | | | | |
| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 38.00 | 3,103 | 1,007.30 | 7 | 7,051 | 1.00 |
| 2.00 | INTENSIVE CARE UNIT | 43.00 | 13,012 | 1,439.10 | 0 | 0 | 2.00 |
| 3.00 | CORONARY CARE UNIT | 44.00 | 678 | 1,539.78 | 0 | 0 | 3.00 |
| 3.01 | NEONATAL INTENSIVE CARE UNIT | 44.01 | 0 | 1,009.86 | 0 | 0 | 3.01 |
| 4.00 | BURN INTENSIVE CARE UNIT | 45.00 | 0 | 1,521.22 | 0 | 0 | 4.00 |
| 5.00 | SURGICAL INTENSIVE CARE UNIT | 46.00 | 0 | 0.00 | 0 | 0 | 5.00 |
| 5.01 | SURGICAL INTENSIVE CARE UNIT | 46.01 | 0 | 0.00 | 0 | 0 | 5.01 |
| 5.02 | UH SURG 6IC | 46.02 | 0 | 1,570.07 | 0 | 0 | 5.02 |
| 5.03 | UH NS 3IC | 46.03 | 0 | 0.00 | 0 | 0 | 5.03 |
| 5.04 | RH PED IC | 46.04 | 4,188 | 1,822.68 | 0 | 0 | 5.04 |
| 5.05 | TRANSPLANT ICU | 46.05 | 0 | 1,666.68 | 0 | 0 | 5.05 |
| 5.06 | PEDS CANCER CARE | 46.06 | 0 | 2,631.39 | 0 | 0 | 5.06 |
| 6.00 | OTHER SPECIAL CARE (SPECIFY) | 47.00 | 0 | 0.00 | 0 | 0 | 6.00 |
| 7.00 | TOTAL (sum of lines 1-6) | | 20,981 | | 7 | 7,051 | 7.00 |

| | Cost Center Description | C | 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 | 0.213858 | 163,202 | 34,902 | 8.00 |
| 8.01 | ENDOSCOPY | 50.01 | 0.135887 | 9,128 | 1,240 | 8.01 |
| 9.00 | RECOVERY ROOM | 51.00 | 0.174622 | 0 | 0 | 9.00 |
| 10.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 0.280088 | 0 | 0 | 10.00 |
| 11.00 | ANESTHESIOLOGY | 53.00 | 0.144407 | 5,706 | 824 | 11.00 |
| 11.01 | PULMONARY FUNCTION TESTING | 53.01 | 0.187045 | 301 | 56 | 11.01 |
| 12.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0.153064 | 17,621 | 2,697 | 12.00 |
| 13.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 13.00 |
| 14.00 | RADIOISOTOPE | 56.00 | 0.198704 | 758 | 151 | 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 | 0.139418 | 0 | 0 | 17.00 |
| 18.00 | LABORATORY | 60.00 | 0.100445 | 21,130 | 2,122 | 18.00 |
| 18.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 532,923 | 185,256 | 18.01 |
| 18.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 18.02 |
| 19.00 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 61.00 | 0.000000 | 0 | 0 | 19.00 |
| 20.00 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62.00 | 0.000000 | 0 | 0 | 20.00 |
| 21.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0.202944 | 6,767 | 1,373 | 21.00 |
| 22.00 | INTRAVENOUS THERAPY | 64.00 | 0.000000 | 0 | 0 | 22.00 |
| 23.00 | RESPIRATORY THERAPY | 65.00 | 0.278561 | 14,042 | 3,912 | 23.00 |
| 24.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 0 | 0 | 24.00 |
| 25.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 25.00 |
| 26.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 0 | 0 | 26.00 |
| 27.00 | ELECTROCARDIOLOGY | 69.00 | 0.081221 | 8,363 | 679 | 27.00 |
| 28.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0.226612 | 1,161 | 263 | 28.00 |
| 29.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 10,417 | 3,177 | 29.00 |
| 30.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0.176725 | 885 | 156 | 30.00 |
| 31.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 36,194 | 10,634 | 31.00 |
| 31.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 31.01 |
| 31.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 31.02 |
| 31.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 31.03 |
| 32.00 | RENAL DIALYSIS | 74.00 | 0.338438 | 0 | 0 | 32.00 |
| 33.00 | ASC (NON-DISTINCT PART) | 75.00 | 0.000000 | 0 | 0 | 33.00 |
| 33.04 | BMTU OUTPATIENT | 75.04 | 0.000000 | 0 | 0 | 33.04 |
| 34.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 34.00 |
| 34.01 | CARDIOLOGY | 76.01 | 0.147306 | 2,178 | 321 | 34.01 |
| 34.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 34.02 |
| 34.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 12,116 | 1,687 | 34.03 |
| 34.04 | DAY SURGERY | 76.04 | 1.171883 | 293 | 343 | 34.04 |
| 34.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 34.05 |
| 34.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 34.06 |
| 34.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 34.07 |
| 34.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 34.08 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 34.97 |
| 35.00 | RURAL HEALTH CLINIC | 88.00 | 0.000000 | 0 | 0 | 35.00 |
| 36.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0.000000 | 0 | 0 | 36.00 |
| 37.00 | CLINIC | 90.00 | 0.000000 | 0 | 0 | 37.00 |
| 37.01 | AMB SVC-OB & GYN | 90.01 | 0.460517 | 0 | 0 | 37.01 |
| 37.02 | IUSCC HEM/ONC | 90.02 | 0.691451 | 0 | 0 | 37.02 |
| 37.03 | AMB SVC-OPTHALMOLOGY | 90.03 | 0.260660 | 0 | 0 | 37.03 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Liver | Hospital | PPS

| | Cost Center Description | C | Ratio of Cost/Charges (from Wkst. C) | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 37.04 | AMB SVC-PSYCH ADULT | 90.04 | 0.734201 | 0 | 0 | 37.04 |
| 37.05 | AMB SVC-DIABETES ADULT | 90.05 | 0.000000 | 0 | 0 | 37.05 |
| 37.06 | OUTPATIENT SURGERY | 90.06 | 0.235128 | 0 | 0 | 37.06 |
| 37.07 | AMB SVC-RILEY CLINICS | 90.07 | 0.662508 | 0 | 0 | 37.07 |
| 37.08 | MOTILITY LAB | 90.08 | 0.284915 | 0 | 0 | 37.08 |
| 37.09 | AMB SVC - PSYCH CHILD | 90.09 | 0.000000 | 0 | 0 | 37.09 |
| 37.10 | CLINICAL GERIATRICS | 90.10 | 3.211686 | 0 | 0 | 37.10 |
| 37.11 | SLEEP LAB | 90.11 | 0.355934 | 0 | 0 | 37.11 |
| 37.12 | OP CARE ADULTS | 90.12 | 3.061160 | 0 | 0 | 37.12 |
| 37.13 | PEDIATRIC CLINIC | 90.13 | 0.000000 | 0 | 0 | 37.13 |
| 37.14 | ARTHRITIS CLINIC | 90.14 | 0.083998 | 0 | 0 | 37.14 |
| 37.15 | NEUROLOGY UH | 90.15 | 0.000000 | 0 | 0 | 37.15 |
| 37.16 | ORTHOPEDICS UH | 90.16 | 0.000000 | 0 | 0 | 37.16 |
| 37.17 | PHYSICAL MEDICINE | 90.17 | 1.693804 | 0 | 0 | 37.17 |
| 37.18 | DERMATOLOGY CLINIC | 90.18 | 0.599965 | 0 | 0 | 37.18 |
| 37.19 | INFUSION/HEM/ONC | 90.19 | 0.289137 | 0 | 0 | 37.19 |
| 37.20 | IUMG - MH | 90.20 | 1.437939 | 0 | 0 | 37.20 |
| 37.21 | OP REHAB CLINIC | 90.21 | 2.103781 | 0 | 0 | 37.21 |
| 37.22 | EATING DISORDERS CLINIC | 90.22 | 0.711423 | 0 | 0 | 37.22 |
| 37.23 | GASTROENTEROLOGY CLINIC | 90.23 | 1.833007 | 0 | 0 | 37.23 |
| 38.00 | EMERGENCY | 91.00 | 0.120579 | 4,638 | 559 | 38.00 |
| 38.01 | EMERGENCY-RILEY | 91.01 | 0.000000 | 0 | 0 | 38.01 |
| 39.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 | 0.512843 | 0 | 0 | 39.00 |
| 40.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | TOTAL (sum of lines 8-40) | | | 847,823 | 250,352 | 41.00 |

| | Cost Center Description | D | 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 | 7 | 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 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 4.01 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 5.00 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 6.00 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 6.01 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 6.02 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 6.03 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 6.04 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 6.05 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 6.06 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | 7.00 | 0.00 | 0 | 0 | 47.00 |
| 48.00 | TOTAL (sum of lines 42 through 47) | | | 7 | 0 | 48.00 |

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

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Liver | Hospital | PPS

| | Cost Center Description | D | Organ Charges (see instructions) | Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4 | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 51.15 | NEUROLOGY UH | 23.15 | 0 | 0.000000 | 0 | 51.15 |
| 51.16 | ORTHOPEDICS UH | 23.16 | 0 | 0.000000 | 0 | 51.16 |
| 51.17 | PHYSICAL MEDICINE | 23.17 | 0 | 0.000000 | 0 | 51.17 |
| 51.18 | DERMATOLOGY CLINIC | 23.18 | 0 | 0.000000 | 0 | 51.18 |
| 51.19 | INFUSION/HEM/ONC | 23.19 | 0 | 0.000000 | 0 | 51.19 |
| 51.20 | IUMG - MH | 23.20 | 0 | 0.000000 | 0 | 51.20 |
| 51.21 | OP REHAB CLINIC | 23.21 | 0 | 0.000000 | 0 | 51.21 |
| 51.22 | EATING DISORDERS CLINIC | 23.22 | 0 | 0.000000 | 0 | 51.22 |
| 51.23 | GASTROENTEROLOGY CLINIC | 23.23 | 0 | 0.000000 | 0 | 51.23 |
| 52.00 | EMERGENCY | 24.00 | 4,638 | 0.000000 | 0 | 52.00 |
| 52.01 | EMERGENCY-RILEY | 24.01 | 0 | 0.000000 | 0 | 52.01 |
| 53.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 25.00 | 0 | 0.000000 | 0 | 53.00 |
| 54.00 | FAMILY PRACTICE | 26.00 | 0 | 0.000000 | 0 | 54.00 |
| 55.00 | TOTAL (sum of lines 49 through 52) | | 4,638 | | 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 | 257,403 | | 868,804 | | 56.00 |
| 57.00 | Interns and Residents (inpatient) | 0 | | 0 | | 57.00 |
| 58.00 | Interns and Residents (outpatient) | 0 | | 0 | | 58.00 |
| 59.00 | Direct Organ Acquisition (see instructions) | 7,942,731 | | 21,049,782 | | 59.00 |
| 60.00 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | 0 | | 0 | | 60.00 |
| 61.00 | Total (sum of lines 56 thru 60) | 8,200,134 | | 21,918,586 | | 61.00 |
| 62.00 | Total Usable Organs (see instructions) | | 139 | | | 62.00 |
| 63.00 | Medicare Usable Organs (see instructions) | | 64 | | | 63.00 |
| 64.00 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.460432 | | | 64.00 |
| 65.00 | Medicare Cost/Charges (see instructions) | 3,775,604 | | 10,092,018 | | 65.00 |
| 66.00 | Revenue for Organs Sold | 90,526 | | 0 | | 66.00 |
| 67.00 | Subtotal (line 65 minus line 66) | 3,685,078 | | 10,092,018 | | 67.00 |
| 68.00 | Organs Furnished Part B | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | Net Organ Acquisition Cost and Charges (see instructions) | 3,685,078 | 0 | 10,092,018 | 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 | 28 | | 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 | 111 | | 73.00 |
| 74.00 | Total (sum of lines 70 thru 73) | 0 | 139 | | 74.00 |
| 75.00 | Organs Transplanted | 0 | 111 | 4,423,850 | 75.00 |
| 76.00 | Organs Sold to Other Hospitals | 0 | 0 | 0 | 76.00 |
| 77.00 | Organs Sold to OPOs | 0 | 28 | 90,526 | 77.00 |
| 78.00 | Organs Sold to Transplant Hospitals | 0 | 0 | 0 | 78.00 |
| 79.00 | Organs Sold to Military or VA Hospitals | 0 | 0 | 0 | 79.00 |
| 80.00 | Organs Sold Outside the U.S. | 0 | 0 | 0 | 80.00 |
| 81.00 | Organs Sent Outside the U.S. (no revenue received) | 0 | 0 | | 81.00 |
| 82.00 | Organs Used for Research | 0 | 0 | | 82.00 |
| 83.00 | Unusable/Discarded Organs | 0 | 0 | | 83.00 |
| 84.00 | Total (sum of lines 75 thru 83 should equal line 74) | 0 | 139 | | 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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Heart | Hospital | PPS

| | Cost Center Description | D | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | Organ Acquisition | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| | PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES) | | | | | | |
| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 38.00 | 1,219 | 1,007.30 | 3 | 3,022 | 1.00 |
| 2.00 | INTENSIVE CARE UNIT | 43.00 | 5,112 | 1,439.10 | 0 | 0 | 2.00 |
| 3.00 | CORONARY CARE UNIT | 44.00 | 266 | 1,539.78 | 0 | 0 | 3.00 |
| 3.01 | NEONATAL INTENSIVE CARE UNIT | 44.01 | 0 | 1,009.86 | 0 | 0 | 3.01 |
| 4.00 | BURN INTENSIVE CARE UNIT | 45.00 | 0 | 1,521.22 | 0 | 0 | 4.00 |
| 5.00 | SURGICAL INTENSIVE CARE UNIT | 46.00 | 0 | 0.00 | 0 | 0 | 5.00 |
| 5.01 | SURGICAL INTENSIVE CARE UNIT | 46.01 | 0 | 0.00 | 0 | 0 | 5.01 |
| 5.02 | UH SURG 6IC | 46.02 | 0 | 1,570.07 | 0 | 0 | 5.02 |
| 5.03 | UH NS 3IC | 46.03 | 0 | 0.00 | 0 | 0 | 5.03 |
| 5.04 | RH PED IC | 46.04 | 1,645 | 1,822.68 | 0 | 0 | 5.04 |
| 5.05 | TRANSPLANT ICU | 46.05 | 0 | 1,666.68 | 0 | 0 | 5.05 |
| 5.06 | PEDS CANCER CARE | 46.06 | 0 | 2,631.39 | 0 | 0 | 5.06 |
| 6.00 | OTHER SPECIAL CARE (SPECIFY) | 47.00 | 0 | 0.00 | 0 | 0 | 6.00 |
| 7.00 | TOTAL (sum of lines 1-6) | | 8,242 | | 3 | 3,022 | 7.00 |

| | Cost Center Description | C | 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 | 0.213858 | 64,115 | 13,712 | 8.00 |
| 8.01 | ENDOSCOPY | 50.01 | 0.135887 | 3,586 | 487 | 8.01 |
| 9.00 | RECOVERY ROOM | 51.00 | 0.174622 | 0 | 0 | 9.00 |
| 10.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 0.280088 | 0 | 0 | 10.00 |
| 11.00 | ANESTHESIOLOGY | 53.00 | 0.144407 | 2,242 | 324 | 11.00 |
| 11.01 | PULMONARY FUNCTION TESTING | 53.01 | 0.187045 | 118 | 22 | 11.01 |
| 12.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0.153064 | 6,922 | 1,060 | 12.00 |
| 13.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 13.00 |
| 14.00 | RADIOISOTOPE | 56.00 | 0.198704 | 298 | 59 | 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 | 0.139418 | 0 | 0 | 17.00 |
| 18.00 | LABORATORY | 60.00 | 0.100445 | 8,301 | 834 | 18.00 |
| 18.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 456,407 | 158,657 | 18.01 |
| 18.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 18.02 |
| 19.00 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 61.00 | 0.000000 | 0 | 0 | 19.00 |
| 20.00 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62.00 | 0.000000 | 0 | 0 | 20.00 |
| 21.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0.202944 | 2,658 | 539 | 21.00 |
| 22.00 | INTRAVENOUS THERAPY | 64.00 | 0.000000 | 0 | 0 | 22.00 |
| 23.00 | RESPIRATORY THERAPY | 65.00 | 0.278561 | 5,516 | 1,537 | 23.00 |
| 24.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 0 | 0 | 24.00 |
| 25.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 25.00 |
| 26.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 0 | 0 | 26.00 |
| 27.00 | ELECTROCARDIOLOGY | 69.00 | 0.081221 | 3,286 | 267 | 27.00 |
| 28.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0.226612 | 456 | 103 | 28.00 |
| 29.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 4,092 | 1,248 | 29.00 |
| 30.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0.176725 | 348 | 62 | 30.00 |
| 31.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 14,219 | 4,178 | 31.00 |
| 31.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 31.01 |
| 31.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 31.02 |
| 31.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 31.03 |
| 32.00 | RENAL DIALYSIS | 74.00 | 0.338438 | 0 | 0 | 32.00 |
| 33.00 | ASC (NON-DISTINCT PART) | 75.00 | 0.000000 | 0 | 0 | 33.00 |
| 33.04 | BMTU OUTPATIENT | 75.04 | 0.000000 | 0 | 0 | 33.04 |
| 34.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 34.00 |
| 34.01 | CARDIOLOGY | 76.01 | 0.147306 | 856 | 126 | 34.01 |
| 34.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 34.02 |
| 34.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 4,760 | 663 | 34.03 |
| 34.04 | DAY SURGERY | 76.04 | 1.171883 | 115 | 135 | 34.04 |
| 34.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 34.05 |
| 34.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 34.06 |
| 34.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 34.07 |
| 34.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 34.08 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 34.97 |
| 35.00 | RURAL HEALTH CLINIC | 88.00 | 0.000000 | 0 | 0 | 35.00 |
| 36.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0.000000 | 0 | 0 | 36.00 |
| 37.00 | CLINIC | 90.00 | 0.000000 | 0 | 0 | 37.00 |
| 37.01 | AMB SVC-OB & GYN | 90.01 | 0.460517 | 0 | 0 | 37.01 |
| 37.02 | IUSCC HEM/ONC | 90.02 | 0.691451 | 0 | 0 | 37.02 |
| 37.03 | AMB SVC-OPTHALMOLOGY | 90.03 | 0.260660 | 0 | 0 | 37.03 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Heart | Hospital | PPS

| | Cost Center Description | C | Ratio of Cost/Charges (from Wkst. C) | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 37.04 | AMB SVC-PSYCH ADULT | 90.04 | 0.734201 | 0 | 0 | 37.04 |
| 37.05 | AMB SVC-DIABETES ADULT | 90.05 | 0.000000 | 0 | 0 | 37.05 |
| 37.06 | OUTPATIENT SURGERY | 90.06 | 0.235128 | 0 | 0 | 37.06 |
| 37.07 | AMB SVC-RILEY CLINICS | 90.07 | 0.662508 | 0 | 0 | 37.07 |
| 37.08 | MOTILITY LAB | 90.08 | 0.284915 | 0 | 0 | 37.08 |
| 37.09 | AMB SVC - PSYCH CHILD | 90.09 | 0.000000 | 0 | 0 | 37.09 |
| 37.10 | CLINICAL GERIATRICS | 90.10 | 3.211686 | 0 | 0 | 37.10 |
| 37.11 | SLEEP LAB | 90.11 | 0.355934 | 0 | 0 | 37.11 |
| 37.12 | OP CARE ADULTS | 90.12 | 3.061160 | 0 | 0 | 37.12 |
| 37.13 | PEDIATRIC CLINIC | 90.13 | 0.000000 | 0 | 0 | 37.13 |
| 37.14 | ARTHRITIS CLINIC | 90.14 | 0.083998 | 0 | 0 | 37.14 |
| 37.15 | NEUROLOGY UH | 90.15 | 0.000000 | 0 | 0 | 37.15 |
| 37.16 | ORTHOPEDICS UH | 90.16 | 0.000000 | 0 | 0 | 37.16 |
| 37.17 | PHYSICAL MEDICINE | 90.17 | 1.693804 | 0 | 0 | 37.17 |
| 37.18 | DERMATOLOGY CLINIC | 90.18 | 0.599965 | 0 | 0 | 37.18 |
| 37.19 | INFUSION/HEM/ONC | 90.19 | 0.289137 | 0 | 0 | 37.19 |
| 37.20 | IUMG - MH | 90.20 | 1.437939 | 0 | 0 | 37.20 |
| 37.21 | OP REHAB CLINIC | 90.21 | 2.103781 | 0 | 0 | 37.21 |
| 37.22 | EATING DISORDERS CLINIC | 90.22 | 0.711423 | 0 | 0 | 37.22 |
| 37.23 | GASTROENTEROLOGY CLINIC | 90.23 | 1.833007 | 0 | 0 | 37.23 |
| 38.00 | EMERGENCY | 91.00 | 0.120579 | 1,822 | 220 | 38.00 |
| 38.01 | EMERGENCY-RILEY | 91.01 | 0.000000 | 0 | 0 | 38.01 |
| 39.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 | 0.512843 | 0 | 0 | 39.00 |
| 40.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | TOTAL (sum of lines 8-40) | | | 580,117 | 184,233 | 41.00 |

| | Cost Center Description | D | 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 | 3 | 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 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 4.01 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 5.00 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 6.00 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 6.01 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 6.02 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 6.03 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 6.04 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 6.05 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 6.06 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | 7.00 | 0.00 | 0 | 0 | 47.00 |
| 48.00 | TOTAL (sum of lines 42 through 47) | | | 3 | 0 | 48.00 |

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

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Heart | Hospital | PPS

| | Cost Center Description | D | Organ Charges (see instructions) | Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4 | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 51.15 | NEUROLOGY UH | 23.15 | 0 | 0.000000 | 0 | 51.15 |
| 51.16 | ORTHOPEDICS UH | 23.16 | 0 | 0.000000 | 0 | 51.16 |
| 51.17 | PHYSICAL MEDICINE | 23.17 | 0 | 0.000000 | 0 | 51.17 |
| 51.18 | DERMATOLOGY CLINIC | 23.18 | 0 | 0.000000 | 0 | 51.18 |
| 51.19 | INFUSION/HEM/ONC | 23.19 | 0 | 0.000000 | 0 | 51.19 |
| 51.20 | IUMG - MH | 23.20 | 0 | 0.000000 | 0 | 51.20 |
| 51.21 | OP REHAB CLINIC | 23.21 | 0 | 0.000000 | 0 | 51.21 |
| 51.22 | EATING DISORDERS CLINIC | 23.22 | 0 | 0.000000 | 0 | 51.22 |
| 51.23 | GASTROENTEROLOGY CLINIC | 23.23 | 0 | 0.000000 | 0 | 51.23 |
| 52.00 | EMERGENCY | 24.00 | 1,822 | 0.000000 | 0 | 52.00 |
| 52.01 | EMERGENCY-RILEY | 24.01 | 0 | 0.000000 | 0 | 52.01 |
| 53.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 25.00 | 0 | 0.000000 | 0 | 53.00 |
| 54.00 | FAMILY PRACTICE | 26.00 | 0 | 0.000000 | 0 | 54.00 |
| 55.00 | TOTAL (sum of lines 49 through 52) | | 1,822 | | 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 | 187,255 | | 588,359 | | 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) | 2,067,353 | | 5,194,302 | | 59.00 |
| 60.00 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | 0 | | 0 | | 60.00 |
| 61.00 | Total (sum of lines 56 thru 60) | 2,254,608 | | 5,782,661 | | 61.00 |
| 62.00 | Total Usable Organs (see instructions) | | 38 | | | 62.00 |
| 63.00 | Medicare Usable Organs (see instructions) | | 17 | | | 63.00 |
| 64.00 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.447368 | | | 64.00 |
| 65.00 | Medicare Cost/Charges (see instructions) | 1,008,639 | | 2,586,977 | | 65.00 |
| 66.00 | Revenue for Organs Sold | 35,564 | | 0 | | 66.00 |
| 67.00 | Subtotal (line 65 minus line 66) | 973,075 | | 2,586,977 | | 67.00 |
| 68.00 | Organs Furnished Part B | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | Net Organ Acquisition Cost and Charges (see instructions) | 973,075 | 0 | 2,586,977 | 0 | 69.00 |

| | Cost Center Description | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| | PART IV - STATISTICS | | | | |
| 70.00 | Organs Excised in Provider (1) | 0 | 11 | | 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 | 27 | | 73.00 |
| 74.00 | Total (sum of lines 70 thru 73) | 0 | 38 | | 74.00 |
| 75.00 | Organs Transplanted | 0 | 27 | 1,248,425 | 75.00 |
| 76.00 | Organs Sold to Other Hospitals | 0 | 0 | 0 | 76.00 |
| 77.00 | Organs Sold to OPOs | 0 | 11 | 35,564 | 77.00 |
| 78.00 | Organs Sold to Transplant Hospitals | 0 | 0 | 0 | 78.00 |
| 79.00 | Organs Sold to Military or VA Hospitals | 0 | 0 | 0 | 79.00 |
| 80.00 | Organs Sold Outside the U.S. | 0 | 0 | 0 | 80.00 |
| 81.00 | Organs Sent Outside the U.S. (no revenue received) | 0 | 0 | | 81.00 |
| 82.00 | Organs Used for Research | 0 | 0 | | 82.00 |
| 83.00 | Unusable/Discarded Organs | 0 | 0 | | 83.00 |
| 84.00 | Total (sum of lines 75 thru 83 should equal line 74) | 0 | 38 | | 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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Lung | Hospital | PPS

| | Cost Center Description | D | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | Organ Acquisition | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| | PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES) | | | | | | |
| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 38.00 | 3,657 | 1,007.30 | 8 | 8,058 | 1.00 |
| 2.00 | INTENSIVE CARE UNIT | 43.00 | 15,336 | 1,439.10 | 0 | 0 | 2.00 |
| 3.00 | CORONARY CARE UNIT | 44.00 | 799 | 1,539.78 | 0 | 0 | 3.00 |
| 3.01 | NEONATAL INTENSIVE CARE UNIT | 44.01 | 0 | 1,009.86 | 0 | 0 | 3.01 |
| 4.00 | BURN INTENSIVE CARE UNIT | 45.00 | 0 | 1,521.22 | 0 | 0 | 4.00 |
| 5.00 | SURGICAL INTENSIVE CARE UNIT | 46.00 | 0 | 0.00 | 0 | 0 | 5.00 |
| 5.01 | SURGICAL INTENSIVE CARE UNIT | 46.01 | 0 | 0.00 | 0 | 0 | 5.01 |
| 5.02 | UH SURG 6IC | 46.02 | 0 | 1,570.07 | 0 | 0 | 5.02 |
| 5.03 | UH NS 3IC | 46.03 | 0 | 0.00 | 0 | 0 | 5.03 |
| 5.04 | RH PED IC | 46.04 | 4,936 | 1,822.68 | 0 | 0 | 5.04 |
| 5.05 | TRANSPLANT ICU | 46.05 | 0 | 1,666.68 | 0 | 0 | 5.05 |
| 5.06 | PEDS CANCER CARE | 46.06 | 0 | 2,631.39 | 0 | 0 | 5.06 |
| 6.00 | OTHER SPECIAL CARE (SPECIFY) | 47.00 | 0 | 0.00 | 0 | 0 | 6.00 |
| 7.00 | TOTAL (sum of lines 1-6) | | 24,728 | | 8 | 8,058 | 7.00 |

| | Cost Center Description | C | 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 | 0.213858 | 192,345 | 41,135 | 8.00 |
| 8.01 | ENDOSCOPY | 50.01 | 0.135887 | 10,757 | 1,462 | 8.01 |
| 9.00 | RECOVERY ROOM | 51.00 | 0.174622 | 0 | 0 | 9.00 |
| 10.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 0.280088 | 0 | 0 | 10.00 |
| 11.00 | ANESTHESIOLOGY | 53.00 | 0.144407 | 6,725 | 971 | 11.00 |
| 11.01 | PULMONARY FUNCTION TESTING | 53.01 | 0.187045 | 354 | 66 | 11.01 |
| 12.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0.153064 | 20,767 | 3,179 | 12.00 |
| 13.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 13.00 |
| 14.00 | RADIOISOTOPE | 56.00 | 0.198704 | 893 | 177 | 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 | 0.139418 | 0 | 0 | 17.00 |
| 18.00 | LABORATORY | 60.00 | 0.100445 | 24,904 | 2,501 | 18.00 |
| 18.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 561,965 | 195,351 | 18.01 |
| 18.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 18.02 |
| 19.00 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 61.00 | 0.000000 | 0 | 0 | 19.00 |
| 20.00 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62.00 | 0.000000 | 0 | 0 | 20.00 |
| 21.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0.202944 | 7,975 | 1,618 | 21.00 |
| 22.00 | INTRAVENOUS THERAPY | 64.00 | 0.000000 | 0 | 0 | 22.00 |
| 23.00 | RESPIRATORY THERAPY | 65.00 | 0.278561 | 16,549 | 4,610 | 23.00 |
| 24.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 0 | 0 | 24.00 |
| 25.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 25.00 |
| 26.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 0 | 0 | 26.00 |
| 27.00 | ELECTROCARDIOLOGY | 69.00 | 0.081221 | 9,857 | 801 | 27.00 |
| 28.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0.226612 | 1,368 | 310 | 28.00 |
| 29.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 12,277 | 3,744 | 29.00 |
| 30.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0.176725 | 1,043 | 184 | 30.00 |
| 31.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 42,657 | 12,533 | 31.00 |
| 31.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 31.01 |
| 31.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 31.02 |
| 31.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 31.03 |
| 32.00 | RENAL DIALYSIS | 74.00 | 0.338438 | 0 | 0 | 32.00 |
| 33.00 | ASC (NON-DISTINCT PART) | 75.00 | 0.000000 | 0 | 0 | 33.00 |
| 33.04 | BMTU OUTPATIENT | 75.04 | 0.000000 | 0 | 0 | 33.04 |
| 34.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 34.00 |
| 34.01 | CARDIOLOGY | 76.01 | 0.147306 | 2,568 | 378 | 34.01 |
| 34.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 34.02 |
| 34.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 14,280 | 1,989 | 34.03 |
| 34.04 | DAY SURGERY | 76.04 | 1.171883 | 345 | 404 | 34.04 |
| 34.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 34.05 |
| 34.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 34.06 |
| 34.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 34.07 |
| 34.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 34.08 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 34.97 |
| 35.00 | RURAL HEALTH CLINIC | 88.00 | 0.000000 | 0 | 0 | 35.00 |
| 36.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0.000000 | 0 | 0 | 36.00 |
| 37.00 | CLINIC | 90.00 | 0.000000 | 0 | 0 | 37.00 |
| 37.01 | AMB SVC-OB & GYN | 90.01 | 0.460517 | 0 | 0 | 37.01 |
| 37.02 | IUSCC HEM/ONC | 90.02 | 0.691451 | 0 | 0 | 37.02 |
| 37.03 | AMB SVC-OPTHALMOLOGY | 90.03 | 0.260660 | 0 | 0 | 37.03 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Lung | Hospital | PPS

| | Cost Center Description | C | Ratio of Cost/Charges (from Wkst. C) | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 37.04 | AMB SVC-PSYCH ADULT | 90.04 | 0.734201 | 0 | 0 | 37.04 |
| 37.05 | AMB SVC-DIABETES ADULT | 90.05 | 0.000000 | 0 | 0 | 37.05 |
| 37.06 | OUTPATIENT SURGERY | 90.06 | 0.235128 | 0 | 0 | 37.06 |
| 37.07 | AMB SVC-RILEY CLINICS | 90.07 | 0.662508 | 0 | 0 | 37.07 |
| 37.08 | MOTILITY LAB | 90.08 | 0.284915 | 0 | 0 | 37.08 |
| 37.09 | AMB SVC - PSYCH CHILD | 90.09 | 0.000000 | 0 | 0 | 37.09 |
| 37.10 | CLINICAL GERIATRICS | 90.10 | 3.211686 | 0 | 0 | 37.10 |
| 37.11 | SLEEP LAB | 90.11 | 0.355934 | 0 | 0 | 37.11 |
| 37.12 | OP CARE ADULTS | 90.12 | 3.061160 | 0 | 0 | 37.12 |
| 37.13 | PEDIATRIC CLINIC | 90.13 | 0.000000 | 0 | 0 | 37.13 |
| 37.14 | ARTHRITIS CLINIC | 90.14 | 0.083998 | 0 | 0 | 37.14 |
| 37.15 | NEUROLOGY UH | 90.15 | 0.000000 | 0 | 0 | 37.15 |
| 37.16 | ORTHOPEDICS UH | 90.16 | 0.000000 | 0 | 0 | 37.16 |
| 37.17 | PHYSICAL MEDICINE | 90.17 | 1.693804 | 0 | 0 | 37.17 |
| 37.18 | DERMATOLOGY CLINIC | 90.18 | 0.599965 | 0 | 0 | 37.18 |
| 37.19 | INFUSION/HEM/ONC | 90.19 | 0.289137 | 0 | 0 | 37.19 |
| 37.20 | IUMG - MH | 90.20 | 1.437939 | 0 | 0 | 37.20 |
| 37.21 | OP REHAB CLINIC | 90.21 | 2.103781 | 0 | 0 | 37.21 |
| 37.22 | EATING DISORDERS CLINIC | 90.22 | 0.711423 | 0 | 0 | 37.22 |
| 37.23 | GASTROENTEROLOGY CLINIC | 90.23 | 1.833007 | 0 | 0 | 37.23 |
| 38.00 | EMERGENCY | 91.00 | 0.120579 | 5,466 | 659 | 38.00 |
| 38.01 | EMERGENCY-RILEY | 91.01 | 0.000000 | 0 | 0 | 38.01 |
| 39.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 | 0.512843 | 0 | 0 | 39.00 |
| 40.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | TOTAL (sum of lines 8-40) | | | 933,095 | 272,072 | 41.00 |

| | Cost Center Description | D | 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 | 8 | 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 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 4.01 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 5.00 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 6.00 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 6.01 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 6.02 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 6.03 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 6.04 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 6.05 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 6.06 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | 7.00 | 0.00 | 0 | 0 | 47.00 |
| 48.00 | TOTAL (sum of lines 42 through 47) | | | 8 | 0 | 48.00 |

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

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Lung | Hospital | PPS

| | Cost Center Description | D | Organ Charges (see instructions) | Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4 | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 51.15 | NEUROLOGY UH | 23.15 | 0 | 0.000000 | 0 | 51.15 |
| 51.16 | ORTHOPEDICS UH | 23.16 | 0 | 0.000000 | 0 | 51.16 |
| 51.17 | PHYSICAL MEDICINE | 23.17 | 0 | 0.000000 | 0 | 51.17 |
| 51.18 | DERMATOLOGY CLINIC | 23.18 | 0 | 0.000000 | 0 | 51.18 |
| 51.19 | INFUSION/HEM/ONC | 23.19 | 0 | 0.000000 | 0 | 51.19 |
| 51.20 | IUMG - MH | 23.20 | 0 | 0.000000 | 0 | 51.20 |
| 51.21 | OP REHAB CLINIC | 23.21 | 0 | 0.000000 | 0 | 51.21 |
| 51.22 | EATING DISORDERS CLINIC | 23.22 | 0 | 0.000000 | 0 | 51.22 |
| 51.23 | GASTROENTEROLOGY CLINIC | 23.23 | 0 | 0.000000 | 0 | 51.23 |
| 52.00 | EMERGENCY | 24.00 | 5,466 | 0.000000 | 0 | 52.00 |
| 52.01 | EMERGENCY-RILEY | 24.01 | 0 | 0.000000 | 0 | 52.01 |
| 53.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 25.00 | 0 | 0.000000 | 0 | 53.00 |
| 54.00 | FAMILY PRACTICE | 26.00 | 0 | 0.000000 | 0 | 54.00 |
| 55.00 | TOTAL (sum of lines 49 through 52) | | 5,466 | | 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 | 280,130 | | 957,823 | | 56.00 |
| 57.00 | Interns and Residents (inpatient) | 0 | | 0 | | 57.00 |
| 58.00 | Interns and Residents (outpatient) | 0 | | 0 | | 58.00 |
| 59.00 | Direct Organ Acquisition (see instructions) | 3,867,632 | | 8,995,990 | | 59.00 |
| 60.00 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | 0 | | 0 | | 60.00 |
| 61.00 | Total (sum of lines 56 thru 60) | 4,147,762 | | 9,953,813 | | 61.00 |
| 62.00 | Total Usable Organs (see instructions) | | 79 | | | 62.00 |
| 63.00 | Medicare Usable Organs (see instructions) | | 52 | | | 63.00 |
| 64.00 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.658228 | | | 64.00 |
| 65.00 | Medicare Cost/Charges (see instructions) | 2,730,173 | | 6,551,878 | | 65.00 |
| 66.00 | Revenue for Organs Sold | 106,691 | | 0 | | 66.00 |
| 67.00 | Subtotal (line 65 minus line 66) | 2,623,482 | | 6,551,878 | | 67.00 |
| 68.00 | Organs Furnished Part B | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | Net Organ Acquisition Cost and Charges (see instructions) | 2,623,482 | 0 | 6,551,878 | 0 | 69.00 |

| | Cost Center Description | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| | PART IV - STATISTICS | | | | |
| 70.00 | Organs Excised in Provider (1) | 0 | 33 | | 70.00 |
| 71.00 | Organs Purchased from Other Transplant Hospitals (2) | 0 | 0 | | 71.00 |
| 72.00 | Organs Purchased from Non-Transplant Hospitals | 0 | 0 | | 72.00 |
| 73.00 | Organs Purchased from OPOs | 0 | 46 | | 73.00 |
| 74.00 | Total (sum of lines 70 thru 73) | 0 | 79 | | 74.00 |
| 75.00 | Organs Transplanted | 0 | 46 | 1,514,599 | 75.00 |
| 76.00 | Organs Sold to Other Hospitals | 0 | 0 | 0 | 76.00 |
| 77.00 | Organs Sold to OPOs | 0 | 33 | 106,691 | 77.00 |
| 78.00 | Organs Sold to Transplant Hospitals | 0 | 0 | 0 | 78.00 |
| 79.00 | Organs Sold to Military or VA Hospitals | 0 | 0 | 0 | 79.00 |
| 80.00 | Organs Sold Outside the U.S. | 0 | 0 | 0 | 80.00 |
| 81.00 | Organs Sent Outside the U.S. (no revenue received) | 0 | 0 | | 81.00 |
| 82.00 | Organs Used for Research | 0 | 0 | | 82.00 |
| 83.00 | Unusable/Discarded Organs | 0 | 0 | | 83.00 |
| 84.00 | Total (sum of lines 75 thru 83 should equal line 74) | 0 | 79 | | 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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Pancreas | Hospital | PPS

| | Cost Center Description | D | Inpatient Routine Organ Charges | Per Diem Costs (from Wkst. D-1, Part II) | Organ Acquisition | Cost (col. 2 x col. 3) | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| | PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES) | | | | | | |
| | Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition | | | | | | |
| 1.00 | ADULTS & PEDIATRICS | 38.00 | 1,108 | 1,007.30 | 2 | 2,015 | 1.00 |
| 2.00 | INTENSIVE CARE UNIT | 43.00 | 4,647 | 1,439.10 | 0 | 0 | 2.00 |
| 3.00 | CORONARY CARE UNIT | 44.00 | 242 | 1,539.78 | 0 | 0 | 3.00 |
| 3.01 | NEONATAL INTENSIVE CARE UNIT | 44.01 | 0 | 1,009.86 | 0 | 0 | 3.01 |
| 4.00 | BURN INTENSIVE CARE UNIT | 45.00 | 0 | 1,521.22 | 0 | 0 | 4.00 |
| 5.00 | SURGICAL INTENSIVE CARE UNIT | 46.00 | 0 | 0.00 | 0 | 0 | 5.00 |
| 5.01 | SURGICAL INTENSIVE CARE UNIT | 46.01 | 0 | 0.00 | 0 | 0 | 5.01 |
| 5.02 | UH SURG 6IC | 46.02 | 0 | 1,570.07 | 0 | 0 | 5.02 |
| 5.03 | UH NS 3IC | 46.03 | 1,496 | 0.00 | 0 | 0 | 5.03 |
| 5.04 | RH PED IC | 46.04 | 0 | 1,822.68 | 0 | 0 | 5.04 |
| 5.05 | TRANSPLANT ICU | 46.05 | 0 | 1,666.68 | 0 | 0 | 5.05 |
| 5.06 | PEDS CANCER CARE | 46.06 | 0 | 2,631.39 | 0 | 0 | 5.06 |
| 6.00 | OTHER SPECIAL CARE (SPECIFY) | 47.00 | 0 | 0.00 | 0 | 0 | 6.00 |
| 7.00 | TOTAL (sum of lines 1-6) | | 7,493 | | 2 | 2,015 | 7.00 |

| | Cost Center Description | C | 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 | 0.213858 | 58,287 | 12,465 | 8.00 |
| 8.01 | ENDOSCOPY | 50.01 | 0.135887 | 3,260 | 443 | 8.01 |
| 9.00 | RECOVERY ROOM | 51.00 | 0.174622 | 0 | 0 | 9.00 |
| 10.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 0.280088 | 0 | 0 | 10.00 |
| 11.00 | ANESTHESIOLOGY | 53.00 | 0.144407 | 2,038 | 294 | 11.00 |
| 11.01 | PULMONARY FUNCTION TESTING | 53.01 | 0.187045 | 107 | 20 | 11.01 |
| 12.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0.153064 | 6,630 | 1,015 | 12.00 |
| 13.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 13.00 |
| 14.00 | RADIOISOTOPE | 56.00 | 0.198704 | 5,947 | 1,182 | 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 | 0.139418 | 0 | 0 | 17.00 |
| 18.00 | LABORATORY | 60.00 | 0.100445 | 10,139 | 1,018 | 18.00 |
| 18.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 408,827 | 142,117 | 18.01 |
| 18.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 18.02 |
| 19.00 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 61.00 | 0.000000 | 0 | 0 | 19.00 |
| 20.00 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62.00 | 0.000000 | 0 | 0 | 20.00 |
| 21.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0.202944 | 2,417 | 491 | 21.00 |
| 22.00 | INTRAVENOUS THERAPY | 64.00 | 0.000000 | 0 | 0 | 22.00 |
| 23.00 | RESPIRATORY THERAPY | 65.00 | 0.278561 | 5,015 | 1,397 | 23.00 |
| 24.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 0 | 0 | 24.00 |
| 25.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 25.00 |
| 26.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 0 | 0 | 26.00 |
| 27.00 | ELECTROCARDIOLOGY | 69.00 | 0.081221 | 2,987 | 243 | 27.00 |
| 28.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0.226612 | 415 | 94 | 28.00 |
| 29.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 3,720 | 1,134 | 29.00 |
| 30.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0.176725 | 316 | 56 | 30.00 |
| 31.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 12,926 | 3,798 | 31.00 |
| 31.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 31.01 |
| 31.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 31.02 |
| 31.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 31.03 |
| 32.00 | RENAL DIALYSIS | 74.00 | 0.338438 | 0 | 0 | 32.00 |
| 33.00 | ASC (NON-DISTINCT PART) | 75.00 | 0.000000 | 0 | 0 | 33.00 |
| 33.04 | BMTU OUTPATIENT | 75.04 | 0.000000 | 0 | 0 | 33.04 |
| 34.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 34.00 |
| 34.01 | CARDIOLOGY | 76.01 | 0.147306 | 778 | 115 | 34.01 |
| 34.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 34.02 |
| 34.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 4,327 | 603 | 34.03 |
| 34.04 | DAY SURGERY | 76.04 | 1.171883 | 105 | 123 | 34.04 |
| 34.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 34.05 |
| 34.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 34.06 |
| 34.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 34.07 |
| 34.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 34.08 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 34.97 |
| 35.00 | RURAL HEALTH CLINIC | 88.00 | 0.000000 | 0 | 0 | 35.00 |
| 36.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0.000000 | 0 | 0 | 36.00 |
| 37.00 | CLINIC | 90.00 | 0.000000 | 0 | 0 | 37.00 |
| 37.01 | AMB SVC-OB & GYN | 90.01 | 0.460517 | 0 | 0 | 37.01 |
| 37.02 | IUSCC HEM/ONC | 90.02 | 0.691451 | 0 | 0 | 37.02 |
| 37.03 | AMB SVC-OPTHALMOLOGY | 90.03 | 0.260660 | 0 | 0 | 37.03 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Pancreas | Hospital | PPS

| | Cost Center Description | C | Ratio of Cost/Charges (from Wkst. C) | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 37.04 | AMB SVC-PSYCH ADULT | 90.04 | 0.734201 | 0 | 0 | 37.04 |
| 37.05 | AMB SVC-DIABETES ADULT | 90.05 | 0.000000 | 0 | 0 | 37.05 |
| 37.06 | OUTPATIENT SURGERY | 90.06 | 0.235128 | 0 | 0 | 37.06 |
| 37.07 | AMB SVC-RILEY CLINICS | 90.07 | 0.662508 | 0 | 0 | 37.07 |
| 37.08 | MOTILITY LAB | 90.08 | 0.284915 | 0 | 0 | 37.08 |
| 37.09 | AMB SVC - PSYCH CHILD | 90.09 | 0.000000 | 0 | 0 | 37.09 |
| 37.10 | CLINICAL GERIATRICS | 90.10 | 3.211686 | 0 | 0 | 37.10 |
| 37.11 | SLEEP LAB | 90.11 | 0.355934 | 0 | 0 | 37.11 |
| 37.12 | OP CARE ADULTS | 90.12 | 3.061160 | 0 | 0 | 37.12 |
| 37.13 | PEDIATRIC CLINIC | 90.13 | 0.000000 | 0 | 0 | 37.13 |
| 37.14 | ARTHRITIS CLINIC | 90.14 | 0.083998 | 0 | 0 | 37.14 |
| 37.15 | NEUROLOGY UH | 90.15 | 0.000000 | 0 | 0 | 37.15 |
| 37.16 | ORTHOPEDICS UH | 90.16 | 0.000000 | 0 | 0 | 37.16 |
| 37.17 | PHYSICAL MEDICINE | 90.17 | 1.693804 | 0 | 0 | 37.17 |
| 37.18 | DERMATOLOGY CLINIC | 90.18 | 0.599965 | 0 | 0 | 37.18 |
| 37.19 | INFUSION/HEM/ONC | 90.19 | 0.289137 | 0 | 0 | 37.19 |
| 37.20 | IUMG - MH | 90.20 | 1.437939 | 0 | 0 | 37.20 |
| 37.21 | OP REHAB CLINIC | 90.21 | 2.103781 | 0 | 0 | 37.21 |
| 37.22 | EATING DISORDERS CLINIC | 90.22 | 0.711423 | 0 | 0 | 37.22 |
| 37.23 | GASTROENTEROLOGY CLINIC | 90.23 | 1.833007 | 0 | 0 | 37.23 |
| 38.00 | EMERGENCY | 91.00 | 0.120579 | 1,656 | 200 | 38.00 |
| 38.01 | EMERGENCY-RILEY | 91.01 | 0.000000 | 0 | 0 | 38.01 |
| 39.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 | 0.512843 | 0 | 0 | 39.00 |
| 40.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | TOTAL (sum of lines 8-40) | | | 529,897 | 166,808 | 41.00 |

| | Cost Center Description | D | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | Organ Acquisition | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| | PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS) | | | | | |
| | Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | | | | | |
| 42.00 | ADULTS & PEDIATRICS | 2.00 | 0.00 | 2 | 0 | 42.00 |
| 43.00 | INTENSIVE CARE UNIT | 3.00 | 0.00 | 0 | 0 | 43.00 |
| 44.00 | CORONARY CARE UNIT | 4.00 | 0.00 | 0 | 0 | 44.00 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 4.01 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 5.00 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 6.00 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 6.01 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 6.02 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 6.03 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 6.04 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 6.05 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 6.06 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | 7.00 | 0.00 | 0 | 0 | 47.00 |
| 48.00 | TOTAL (sum of lines 42 through 47) | | | 2 | 0 | 48.00 |

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

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Pancreas | Hospital | PPS

| | Cost Center Description | D | Organ Charges (see instructions) | Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4 | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 51.15 | NEUROLOGY UH | 23.15 | 0 | 0.000000 | 0 | 51.15 |
| 51.16 | ORTHOPEDICS UH | 23.16 | 0 | 0.000000 | 0 | 51.16 |
| 51.17 | PHYSICAL MEDICINE | 23.17 | 0 | 0.000000 | 0 | 51.17 |
| 51.18 | DERMATOLOGY CLINIC | 23.18 | 0 | 0.000000 | 0 | 51.18 |
| 51.19 | INFUSION/HEM/ONC | 23.19 | 0 | 0.000000 | 0 | 51.19 |
| 51.20 | IUMG - MH | 23.20 | 0 | 0.000000 | 0 | 51.20 |
| 51.21 | OP REHAB CLINIC | 23.21 | 0 | 0.000000 | 0 | 51.21 |
| 51.22 | EATING DISORDERS CLINIC | 23.22 | 0 | 0.000000 | 0 | 51.22 |
| 51.23 | GASTROENTEROLOGY CLINIC | 23.23 | 0 | 0.000000 | 0 | 51.23 |
| 52.00 | EMERGENCY | 24.00 | 1,656 | 0.000000 | 0 | 52.00 |
| 52.01 | EMERGENCY-RILEY | 24.01 | 0 | 0.000000 | 0 | 52.01 |
| 53.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 25.00 | 0 | 0.000000 | 0 | 53.00 |
| 54.00 | FAMILY PRACTICE | 26.00 | 0 | 0.000000 | 0 | 54.00 |
| 55.00 | TOTAL (sum of lines 49 through 52) | | 1,656 | | 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 | 168,823 | | 537,390 | | 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) | 2,877,956 | | 6,590,488 | | 59.00 |
| 60.00 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | 0 | | 0 | | 60.00 |
| 61.00 | Total (sum of lines 56 thru 60) | 3,046,779 | | 7,127,878 | | 61.00 |
| 62.00 | Total Usable Organs (see instructions) | | 51 | | | 62.00 |
| 63.00 | Medicare Usable Organs (see instructions) | | 21 | | | 63.00 |
| 64.00 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.411765 | | | 64.00 |
| 65.00 | Medicare Cost/Charges (see instructions) | 1,254,557 | | 2,935,011 | | 65.00 |
| 66.00 | Revenue for Organs Sold | 32,331 | | 0 | | 66.00 |
| 67.00 | Subtotal (line 65 minus line 66) | 1,222,226 | | 2,935,011 | | 67.00 |
| 68.00 | Organs Furnished Part B | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | Net Organ Acquisition Cost and Charges (see instructions) | 1,222,226 | 0 | 2,935,011 | 0 | 69.00 |

| | Cost Center Description | Living Related | Cadaveric | Revenue | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| | PART IV - STATISTICS | | | | |
| 70.00 | Organs Excised in Provider (1) | 0 | 10 | | 70.00 |
| 71.00 | Organs Purchased from Other Transplant Hospitals (2) | 0 | 0 | | 71.00 |
| 72.00 | Organs Purchased from Non-Transplant Hospitals | 0 | 0 | | 72.00 |
| 73.00 | Organs Purchased from OPOs | 0 | 41 | | 73.00 |
| 74.00 | Total (sum of lines 70 thru 73) | 0 | 51 | | 74.00 |
| 75.00 | Organs Transplanted | 0 | 41 | 10,334,288 | 75.00 |
| 76.00 | Organs Sold to Other Hospitals | 0 | 0 | 0 | 76.00 |
| 77.00 | Organs Sold to OPOs | 0 | 10 | 32,331 | 77.00 |
| 78.00 | Organs Sold to Transplant Hospitals | 0 | 0 | 0 | 78.00 |
| 79.00 | Organs Sold to Military or VA Hospitals | 0 | 0 | 0 | 79.00 |
| 80.00 | Organs Sold Outside the U.S. | 0 | 0 | 0 | 80.00 |
| 81.00 | Organs Sent Outside the U.S. (no revenue received) | 0 | 0 | | 81.00 |
| 82.00 | Organs Used for Research | 0 | 0 | | 82.00 |
| 83.00 | Unusable/Discarded Organs | 0 | 0 | | 83.00 |
| 84.00 | Total (sum of lines 75 thru 83 should equal line 74) | 0 | 51 | | 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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Intestinal | Hospital | PPS

| | Cost Center Description | D | 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 | 554 | 1,007.30 | 1 | 1,007 | 1.00 |
| 2.00 | INTENSIVE CARE UNIT | 43.00 | 2,324 | 1,439.10 | 0 | 0 | 2.00 |
| 3.00 | CORONARY CARE UNIT | 44.00 | 121 | 1,539.78 | 0 | 0 | 3.00 |
| 3.01 | NEONATAL INTENSIVE CARE UNIT | 44.01 | 0 | 1,009.86 | 0 | 0 | 3.01 |
| 4.00 | BURN INTENSIVE CARE UNIT | 45.00 | 0 | 1,521.22 | 0 | 0 | 4.00 |
| 5.00 | SURGICAL INTENSIVE CARE UNIT | 46.00 | 0 | 0.00 | 0 | 0 | 5.00 |
| 5.01 | SURGICAL INTENSIVE CARE UNIT | 46.01 | 0 | 0.00 | 0 | 0 | 5.01 |
| 5.02 | UH SURG 6IC | 46.02 | 0 | 1,570.07 | 0 | 0 | 5.02 |
| 5.03 | UH NS 3IC | 46.03 | 0 | 0.00 | 0 | 0 | 5.03 |
| 5.04 | RH PED IC | 46.04 | 748 | 1,822.68 | 0 | 0 | 5.04 |
| 5.05 | TRANSPLANT ICU | 46.05 | 0 | 1,666.68 | 0 | 0 | 5.05 |
| 5.06 | PEDS CANCER CARE | 46.06 | 0 | 2,631.39 | 0 | 0 | 5.06 |
| 6.00 | OTHER SPECIAL CARE (SPECIFY) | 47.00 | 0 | 0.00 | 0 | 0 | 6.00 |
| 7.00 | TOTAL (sum of lines 1-6) | | 3,747 | | 1 | 1,007 | 7.00 |

| | Cost Center Description | C | 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 | 0.213858 | 29,143 | 6,232 | 8.00 |
| 8.01 | ENDOSCOPY | 50.01 | 0.135887 | 1,630 | 221 | 8.01 |
| 9.00 | RECOVERY ROOM | 51.00 | 0.174622 | 0 | 0 | 9.00 |
| 10.00 | DELIVERY ROOM & LABOR ROOM | 52.00 | 0.280088 | 0 | 0 | 10.00 |
| 11.00 | ANESTHESIOLOGY | 53.00 | 0.144407 | 1,019 | 147 | 11.00 |
| 11.01 | PULMONARY FUNCTION TESTING | 53.01 | 0.187045 | 54 | 10 | 11.01 |
| 12.00 | RADIOLOGY-DIAGNOSTIC | 54.00 | 0.153064 | 3,147 | 482 | 12.00 |
| 13.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 13.00 |
| 14.00 | RADIOISOTOPE | 56.00 | 0.198704 | 135 | 27 | 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 | 0.139418 | 0 | 0 | 17.00 |
| 18.00 | LABORATORY | 60.00 | 0.100445 | 3,773 | 379 | 18.00 |
| 18.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 67,869 | 23,593 | 18.01 |
| 18.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 18.02 |
| 19.00 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 61.00 | 0.000000 | 0 | 0 | 19.00 |
| 20.00 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 62.00 | 0.000000 | 0 | 0 | 20.00 |
| 21.00 | BLOOD STORING, PROCESSING & TRANS. | 63.00 | 0.202944 | 1,208 | 245 | 21.00 |
| 22.00 | INTRAVENOUS THERAPY | 64.00 | 0.000000 | 0 | 0 | 22.00 |
| 23.00 | RESPIRATORY THERAPY | 65.00 | 0.278561 | 2,507 | 698 | 23.00 |
| 24.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 0 | 0 | 24.00 |
| 25.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 25.00 |
| 26.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 0 | 0 | 26.00 |
| 27.00 | ELECTROCARDIOLOGY | 69.00 | 0.081221 | 1,493 | 121 | 27.00 |
| 28.00 | ELECTROENCEPHALOGRAPHY | 70.00 | 0.226612 | 207 | 47 | 28.00 |
| 29.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 1,860 | 567 | 29.00 |
| 30.00 | IMPL. DEV. CHARGED TO PATIENT | 72.00 | 0.176725 | 158 | 28 | 30.00 |
| 31.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 6,463 | 1,899 | 31.00 |
| 31.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 31.01 |
| 31.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 31.02 |
| 31.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 31.03 |
| 32.00 | RENAL DIALYSIS | 74.00 | 0.338438 | 0 | 0 | 32.00 |
| 33.00 | ASC (NON-DISTINCT PART) | 75.00 | 0.000000 | 0 | 0 | 33.00 |
| 33.04 | BMTU OUTPATIENT | 75.04 | 0.000000 | 0 | 0 | 33.04 |
| 34.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 34.00 |
| 34.01 | CARDIOLOGY | 76.01 | 0.147306 | 389 | 57 | 34.01 |
| 34.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 34.02 |
| 34.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 2,164 | 301 | 34.03 |
| 34.04 | DAY SURGERY | 76.04 | 1.171883 | 52 | 61 | 34.04 |
| 34.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 34.05 |
| 34.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 34.06 |
| 34.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 34.07 |
| 34.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 34.08 |
| 34.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 34.97 |
| 35.00 | RURAL HEALTH CLINIC | 88.00 | 0.000000 | 0 | 0 | 35.00 |
| 36.00 | FEDERALLY QUALIFIED HEALTH CENTER | 89.00 | 0.000000 | 0 | 0 | 36.00 |
| 37.00 | CLINIC | 90.00 | 0.000000 | 0 | 0 | 37.00 |
| 37.01 | AMB SVC-OB & GYN | 90.01 | 0.460517 | 0 | 0 | 37.01 |
| 37.02 | IUSCC HEM/ONC | 90.02 | 0.691451 | 0 | 0 | 37.02 |
| 37.03 | AMB SVC-OPTHALMOLOGY | 90.03 | 0.260660 | 0 | 0 | 37.03 |

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Intestinal | Hospital | PPS

| | Cost Center Description | C | Ratio of Cost/Charges (from Wkst. C) | Organ Acquisition Ancillary Charges | Organ Acquisition Ancillary Costs | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 37.04 | AMB SVC-PSYCH ADULT | 90.04 | 0.734201 | 0 | 0 | 37.04 |
| 37.05 | AMB SVC-DIABETES ADULT | 90.05 | 0.000000 | 0 | 0 | 37.05 |
| 37.06 | OUTPATIENT SURGERY | 90.06 | 0.235128 | 0 | 0 | 37.06 |
| 37.07 | AMB SVC-RILEY CLINICS | 90.07 | 0.662508 | 0 | 0 | 37.07 |
| 37.08 | MOTILITY LAB | 90.08 | 0.284915 | 0 | 0 | 37.08 |
| 37.09 | AMB SVC - PSYCH CHILD | 90.09 | 0.000000 | 0 | 0 | 37.09 |
| 37.10 | CLINICAL GERIATRICS | 90.10 | 3.211686 | 0 | 0 | 37.10 |
| 37.11 | SLEEP LAB | 90.11 | 0.355934 | 0 | 0 | 37.11 |
| 37.12 | OP CARE ADULTS | 90.12 | 3.061160 | 0 | 0 | 37.12 |
| 37.13 | PEDIATRIC CLINIC | 90.13 | 0.000000 | 0 | 0 | 37.13 |
| 37.14 | ARTHRITIS CLINIC | 90.14 | 0.083998 | 0 | 0 | 37.14 |
| 37.15 | NEUROLOGY UH | 90.15 | 0.000000 | 0 | 0 | 37.15 |
| 37.16 | ORTHOPEDICS UH | 90.16 | 0.000000 | 0 | 0 | 37.16 |
| 37.17 | PHYSICAL MEDICINE | 90.17 | 1.693804 | 0 | 0 | 37.17 |
| 37.18 | DERMATOLOGY CLINIC | 90.18 | 0.599965 | 0 | 0 | 37.18 |
| 37.19 | INFUSION/HEM/ONC | 90.19 | 0.289137 | 0 | 0 | 37.19 |
| 37.20 | IUMG - MH | 90.20 | 1.437939 | 0 | 0 | 37.20 |
| 37.21 | OP REHAB CLINIC | 90.21 | 2.103781 | 0 | 0 | 37.21 |
| 37.22 | EATING DISORDERS CLINIC | 90.22 | 0.711423 | 0 | 0 | 37.22 |
| 37.23 | GASTROENTEROLOGY CLINIC | 90.23 | 1.833007 | 0 | 0 | 37.23 |
| 38.00 | EMERGENCY | 91.00 | 0.120579 | 828 | 100 | 38.00 |
| 38.01 | EMERGENCY-RILEY | 91.01 | 0.000000 | 0 | 0 | 38.01 |
| 39.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 | 0.512843 | 0 | 0 | 39.00 |
| 40.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 40.00 |
| 41.00 | TOTAL (sum of lines 8-40) | | | 124,099 | 35,215 | 41.00 |

| | Cost Center Description | D | Average Cost Per Day (from Wkst. D-2, Part I, col. 4) | Organ Acquisition | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| | PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS) | | | | | |
| | Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program | | | | | |
| 42.00 | ADULTS & PEDIATRICS | 2.00 | 0.00 | 1 | 0 | 42.00 |
| 43.00 | INTENSIVE CARE UNIT | 3.00 | 0.00 | 0 | 0 | 43.00 |
| 44.00 | CORONARY CARE UNIT | 4.00 | 0.00 | 0 | 0 | 44.00 |
| 44.01 | NEONATAL INTENSIVE CARE UNIT | 4.01 | 0.00 | 0 | 0 | 44.01 |
| 45.00 | BURN INTENSIVE CARE UNIT | 5.00 | 0.00 | 0 | 0 | 45.00 |
| 46.00 | SURGICAL INTENSIVE CARE UNIT | 6.00 | 0.00 | 0 | 0 | 46.00 |
| 46.01 | SURGICAL INTENSIVE CARE UNIT | 6.01 | 0.00 | 0 | 0 | 46.01 |
| 46.02 | UH SURG 6IC | 6.02 | 0.00 | 0 | 0 | 46.02 |
| 46.03 | UH NS 3IC | 6.03 | 0.00 | 0 | 0 | 46.03 |
| 46.04 | RH PED IC | 6.04 | 0.00 | 0 | 0 | 46.04 |
| 46.05 | TRANSPLANT ICU | 6.05 | 0.00 | 0 | 0 | 46.05 |
| 46.06 | PEDS CANCER CARE | 6.06 | 0.00 | 0 | 0 | 46.06 |
| 47.00 | OTHER SPECIAL CARE (SPECIFY) | 7.00 | 0.00 | 0 | 0 | 47.00 |
| 48.00 | TOTAL (sum of lines 42 through 47) | | | 1 | 0 | 48.00 |

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

(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: 150056 | Component CCN: | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Intestinal | Hospital | PPS

| | Cost Center Description | D | Organ Charges (see instructions) | Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4 | Organ Acquisition Costs (col. 1 x col. 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| 51.15 | NEUROLOGY UH | 23.15 | 0 | 0.000000 | 0 | 51.15 |
| 51.16 | ORTHOPEDICS UH | 23.16 | 0 | 0.000000 | 0 | 51.16 |
| 51.17 | PHYSICAL MEDICINE | 23.17 | 0 | 0.000000 | 0 | 51.17 |
| 51.18 | DERMATOLOGY CLINIC | 23.18 | 0 | 0.000000 | 0 | 51.18 |
| 51.19 | INFUSION/HEM/ONC | 23.19 | 0 | 0.000000 | 0 | 51.19 |
| 51.20 | IUMG - MH | 23.20 | 0 | 0.000000 | 0 | 51.20 |
| 51.21 | OP REHAB CLINIC | 23.21 | 0 | 0.000000 | 0 | 51.21 |
| 51.22 | EATING DISORDERS CLINIC | 23.22 | 0 | 0.000000 | 0 | 51.22 |
| 51.23 | GASTROENTEROLOGY CLINIC | 23.23 | 0 | 0.000000 | 0 | 51.23 |
| 52.00 | EMERGENCY | 24.00 | 828 | 0.000000 | 0 | 52.00 |
| 52.01 | EMERGENCY-RILEY | 24.01 | 0 | 0.000000 | 0 | 52.01 |
| 53.00 | OBSERVATION BEDS (NON-DISTINCT PART) | 25.00 | 0 | 0.000000 | 0 | 53.00 |
| 54.00 | FAMILY PRACTICE | 26.00 | 0 | 0.000000 | 0 | 54.00 |
| 55.00 | TOTAL (sum of lines 49 through 52) | | 828 | | 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 | 36,222 | | 127,846 | | 56.00 |
| 57.00 | Interns and Residents (inpatient) | 0 | | 0 | | 57.00 |
| 58.00 | Interns and Residents (outpatient) | 0 | | 0 | | 58.00 |
| 59.00 | Direct Organ Acquisition (see instructions) | 1,108,030 | | 2,940,904 | | 59.00 |
| 60.00 | Cost of Services of Teaching Physicians (Wkst. D-5, Part II) | 0 | | 0 | | 60.00 |
| 61.00 | Total (sum of lines 56 thru 60) | 1,144,252 | | 3,068,750 | | 61.00 |
| 62.00 | Total Usable Organs (see instructions) | | 19 | | | 62.00 |
| 63.00 | Medicare Usable Organs (see instructions) | | 8 | | | 63.00 |
| 64.00 | Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62) | | 0.421053 | | | 64.00 |
| 65.00 | Medicare Cost/Charges (see instructions) | 481,791 | | 1,292,106 | | 65.00 |
| 66.00 | Revenue for Organs Sold | 16,165 | | 0 | | 66.00 |
| 67.00 | Subtotal (line 65 minus line 66) | 465,626 | | 1,292,106 | | 67.00 |
| 68.00 | Organs Furnished Part B | 0 | 0 | 0 | 0 | 68.00 |
| 69.00 | Net Organ Acquisition Cost and Charges (see instructions) | 465,626 | 0 | 1,292,106 | 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 | 5 | | 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 | 14 | | 73.00 |
| 74.00 | Total (sum of lines 70 thru 73) | 0 | 19 | | 74.00 |
| 75.00 | Organs Transplanted | 0 | 14 | 714,595 | 75.00 |
| 76.00 | Organs Sold to Other Hospitals | 0 | 0 | 0 | 76.00 |
| 77.00 | Organs Sold to OPOs | 0 | 5 | 16,165 | 77.00 |
| 78.00 | Organs Sold to Transplant Hospitals | 0 | 0 | 0 | 78.00 |
| 79.00 | Organs Sold to Military or VA Hospitals | 0 | 0 | 0 | 79.00 |
| 80.00 | Organs Sold Outside the U.S. | 0 | 0 | 0 | 80.00 |
| 81.00 | Organs Sent Outside the U.S. (no revenue received) | 0 | 0 | | 81.00 |
| 82.00 | Organs Used for Research | 0 | 0 | | 82.00 |
| 83.00 | Unusable/Discarded Organs | 0 | 0 | | 83.00 |
| 84.00 | Total (sum of lines 75 thru 83 should equal line 74) | 0 | 19 | | 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: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A Date/Time Prepared: 6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Hospital | PPS |

| | | 0 | 1.00 | 2.00 | |
|---|---|---|---|---|---|
| | PART A - INPATIENT HOSPITAL SERVICES UNDER PPS | | | | |
| 1.00 | DRG Amounts Other than Outlier Payments | | 0 | | 1.00 |
| 1.01 | DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions) | | 119,008,233 | | 1.01 |
| 1.02 | DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions) | | 38,238,529 | | 1.02 |
| 1.03 | DRG for Federal specific operating payment for Model 4 BPCI (see instructions) | | 0 | | 1.03 |
| 2.00 | Outlier payments for discharges. (see instructions) | | 15,435,326 | | 2.00 |
| 2.01 | Outlier reconciliation amount | | 0 | | 2.01 |
| 2.02 | Outlier payment for discharges for Model 4 BPCI (see instructions) | | 0 | | 2.02 |
| 3.00 | Managed Care Simulated Payments | | 25,820,996 | | 3.00 |
| 4.00 | Bed days available divided by number of days in the cost reporting period (see instructions) | | 1,188.54 | | 4.00 |
| | Indirect Medical Education Adjustment | | | | |
| 5.00 | FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions) | | 527.75 | | 5.00 |
| 6.00 | FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e) | | 0.00 | | 6.00 |
| 7.00 | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1) | | 0.00 | | 7.00 |
| 7.01 | ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions. | | 0.00 | | 7.01 |
| 8.00 | Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002. | | 0.00 | | 8.00 |
| 8.01 | The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions. | | 0.00 | | 8.01 |
| 8.02 | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions) | | 0.00 | | 8.02 |
| 9.00 | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions) | | 527.75 | | 9.00 |
| 10.00 | FTE count for allopathic and osteopathic programs in the current year from your records | | 636.90 | | 10.00 |
| 11.00 | FTE count for residents in dental and podiatric programs. | | 17.71 | | 11.00 |
| 12.00 | Current year allowable FTE (see instructions) | | 545.46 | | 12.00 |
| 13.00 | Total allowable FTE count for the prior year. | | 545.94 | | 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. | | 546.95 | | 14.00 |
| 15.00 | Sum of lines 12 through 14 divided by 3. | | 546.12 | | 15.00 |
| 16.00 | Adjustment for residents in initial years of the program | | 0.00 | | 16.00 |
| 17.00 | Adjusment for residents displaced by program or hospital closure | | 0.56 | | 17.00 |
| 18.00 | Adjusted rolling average FTE count | | 546.68 | | 18.00 |
| 19.00 | Current year resident to bed ratio (line 18 divided by line 4). | | 0.459959 | | 19.00 |
| 20.00 | Prior year resident to bed ratio (see instructions) | | 0.423997 | | 20.00 |
| 21.00 | Enter the lesser of lines 19 or 20 (see instructions) | | 0.423997 | | 21.00 |
| 22.00 | IME payment adjustment (see instructions) | | 38,037,086 | | 22.00 |
| | Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA | | | | |
| 23.00 | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C ). | | 2.00 | | 23.00 |
| 24.00 | IME FTE Resident Count Over Cap (see instructions) | | 109.15 | | 24.00 |
| 25.00 | If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) | | 2.00 | | 25.00 |
| 26.00 | Resident to bed ratio (divide line 25 by line 4) | | 0.001683 | | 26.00 |
| 27.00 | IME payments adjustment factor. (see instructions) | | 0.000449 | | 27.00 |
| 28.00 | IME add-on adjustment amount (see instructions) | | 82,197 | | 28.00 |
| 29.00 | Total IME payment ( sum of lines 22 and 28) | | 38,119,283 | | 29.00 |
| | Disproportionate Share Adjustment | | | | |
| 30.00 | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) | | 7.87 | | 30.00 |
| 31.00 | Percentage of Medicaid patient days (see instructions) | | 36.13 | | 31.00 |
| 32.00 | Sum of lines 30 and 31 | | 44.00 | | 32.00 |
| 33.00 | Allowable disproportionate share percentage (see instructions) | | 25.52 | | 33.00 |
| 34.00 | Disproportionate share adjustment (see instructions) | | 32,810,519 | | 34.00 |

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | | Prior to October 1 | On/After October 1 | |
|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | |
| | Uncompensated Care Adjustment | | | | |
| 35.00 | Total uncompensated care amount (see instructions) | | | 9,046,380,143 | 35.00 |
| 35.01 | Factor 3 (see instructions) | | | 0.003785862 | 35.01 |
| 35.02 | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions) | | | 34,248,348 | 35.02 |
| 35.03 | Pro rata share of the hospital uncompensated care payment amount (see instructions) | | | 8,632,467 | 35.03 |
| 36.00 | Total uncompensated care (sum of columns 1 and 2 on line 35.03) | | 8,632,467 | | 36.00 |
| | Additional payment for high percentage of ESRD beneficiary discharges | | | | |
| 40.00 | Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions) | | 0 | | 40.00 |
| 41.00 | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions) | | 0 | | 41.00 |
| 42.00 | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment) | | 0.00 | | 42.00 |
| 43.00 | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions) | | 0 | | 43.00 |
| 44.00 | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days) | | 0.000000 | | 44.00 |
| 45.00 | Average weekly cost for dialysis treatments (see instructions) | | 0.00 | | 45.00 |
| 46.00 | Total additional payment (line 45 times line 44 times line 41) | | 0 | | 46.00 |
| 47.00 | Subtotal (see instructions) | | 252,244,357 | | 47.00 |
| 48.00 | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions) | | 0 | | 48.00 |
| 49.00 | Total payment for inpatient operating costs SCH and MDH only (see instructions) | | 252,244,357 | | 49.00 |
| 50.00 | Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable) | | 16,640,971 | | 50.00 |
| 51.00 | Exception payment for inpatient program capital (Worksheet L, Part III, see instructions) | | 0 | | 51.00 |
| 52.00 | Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions). | | 9,864,136 | | 52.00 |
| 53.00 | Nursing and Allied Health Managed Care payment | | 212,000 | | 53.00 |
| 54.00 | Special add-on payments for new technologies | | 137,791 | | 54.00 |
| 55.00 | Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69) | | 20,684,256 | | 55.00 |
| 56.00 | Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20) | | 0 | | 56.00 |
| 57.00 | Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35). | | 228,964 | | 57.00 |
| 58.00 | Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200) | | 870,890 | | 58.00 |
| 59.00 | Total (sum of amounts on lines 49 through 58) | | 300,883,365 | | 59.00 |
| 60.00 | Primary payer payments | | 210,974 | | 60.00 |
| 61.00 | Total amount payable for program beneficiaries (line 59 minus line 60) | | 300,672,391 | | 61.00 |
| 62.00 | Deductibles billed to program beneficiaries | | 10,807,864 | | 62.00 |
| 63.00 | Coinsurance billed to program beneficiaries | | 1,711,570 | | 63.00 |
| 64.00 | Allowable bad debts (see instructions) | | 5,556,411 | | 64.00 |
| 65.00 | Adjusted reimbursable bad debts (see instructions) | | 3,611,667 | | 65.00 |
| 66.00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | | 1,376,027 | | 66.00 |
| 67.00 | Subtotal (line 61 plus line 65 minus lines 62 and 63) | | 291,764,624 | | 67.00 |
| 68.00 | Credits received from manufacturers for replaced devices applicable to MS-DRG (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 |
| 70.92 | Bundled Model 1 discount amount | | 0 | | 70.92 |
| 70.93 | HVBP incentive payment (see instructions) | | 42,323 | | 70.93 |
| 70.94 | Hospital readmissions reduction adjustment (see instructions) | | -225,032 | | 70.94 |
| 70.95 | Recovery of Accelerated Depreciation | | 0 | | 70.95 |
| 70.96 | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1) | 0 | 0 | | 70.96 |
| 70.97 | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1) | 0 | 0 | | 70.97 |
| 70.98 | Low Volume Payment-3 | | 0 | | 70.98 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A Date/Time Prepared: 6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Hospital | PPS |

| | | | Prior to October 1 | On/After October 1 | |
|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | |
| 71.00 | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70) | | 291,581,915 | | 71.00 |
| 71.01 | Sequestration adjustment (see instructions) | | 4,402,887 | | 71.01 |
| 72.00 | Interim payments | | 279,581,005 | | 72.00 |
| 73.00 | Tentative settlement (for contractor use only) | | 0 | | 73.00 |
| 74.00 | Balance due provider (Program) line 71 minus lines 71.01, 72 and 73 | | 7,598,023 | | 74.00 |
| 75.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2 | | 49,276,192 | | 75.00 |
| | TO BE COMPLETED BY CONTRACTOR | | | | |
| 90.00 | Operating outlier amount from Worksheet E, Part A line 2 (see instructions) | | 0 | | 90.00 |
| 91.00 | Capital outlier from Worksheet L, Part 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 | | 0.00 | | 94.00 |
| 95.00 | Time Value of Money for operating expenses(see instructions) | | 0 | | 95.00 |
| 96.00 | Time Value of Money for capital related expenses (see instructions) | | 0 | | 96.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part B Date/Time Prepared: 6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Hospital | PPS |

| | | 1.00 | |
|---|---|---|---|
| | PART B - MEDICAL AND OTHER HEALTH SERVICES | | |
| 1.00 | Medical and other services (see instructions) | 221,934 | 1.00 |
| 2.00 | Medical and other services reimbursed under OPPS (see instructions) | 119,924,365 | 2.00 |
| 3.00 | PPS payments | 91,087,967 | 3.00 |
| 4.00 | Outlier payment (see instructions) | 4,346,321 | 4.00 |
| 5.00 | Enter the hospital specific payment to cost ratio (see instructions) | 0.000 | 5.00 |
| 6.00 | Line 2 times line 5 | 0 | 6.00 |
| 7.00 | Sum of line 3 plus line 4 divided by line 6 | 0.00 | 7.00 |
| 8.00 | Transitional corridor payment (see instructions) | 0 | 8.00 |
| 9.00 | Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200 | 631,809 | 9.00 |
| 10.00 | Organ acquisitions | 0 | 10.00 |
| 11.00 | Total cost (sum of lines 1 and 10) (see instructions) | 221,934 | 11.00 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | Reasonable charges | | |
| 12.00 | Ancillary service charges | 949,677 | 12.00 |
| 13.00 | Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4) | 0 | 13.00 |
| 14.00 | Total reasonable charges (sum of lines 12 and 13) | 949,677 | 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) | 949,677 | 18.00 |
| 19.00 | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) | 727,743 | 19.00 |
| 20.00 | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions) | 0 | 20.00 |
| 21.00 | Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions) | 221,934 | 21.00 |
| 22.00 | Interns and residents (see instructions) | 0 | 22.00 |
| 23.00 | Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148) | 0 | 23.00 |
| 24.00 | Total prospective payment (sum of lines 3, 4, 8 and 9) | 96,066,097 | 24.00 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 25.00 | Deductibles and coinsurance (for CAH, see instructions) | 5,121 | 25.00 |
| 26.00 | Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions) | 17,851,878 | 26.00 |
| 27.00 | Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions) | 78,431,032 | 27.00 |
| 28.00 | Direct graduate medical education payments (from Worksheet E-4, line 50) | 4,392,806 | 28.00 |
| 29.00 | ESRD direct medical education costs (from Worksheet E-4, line 36) | 0 | 29.00 |
| 30.00 | Subtotal (sum of lines 27 through 29) | 82,823,838 | 30.00 |
| 31.00 | Primary payer payments | 7,203 | 31.00 |
| 32.00 | Subtotal (line 30 minus line 31) | 82,816,635 | 32.00 |
| | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 33.00 | Composite rate ESRD (from Worksheet I-5, line 11) | 266,654 | 33.00 |
| 34.00 | Allowable bad debts (see instructions) | 5,959,923 | 34.00 |
| 35.00 | Adjusted reimbursable bad debts (see instructions) | 3,873,950 | 35.00 |
| 36.00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | 2,359,908 | 36.00 |
| 37.00 | Subtotal (see instructions) | 86,957,239 | 37.00 |
| 38.00 | MSP-LCC reconciliation amount from PS&R | 0 | 38.00 |
| 39.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | 0 | 39.00 |
| 39.98 | 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) | 86,957,239 | 40.00 |
| 40.01 | Sequestration adjustment (see instructions) | 1,313,054 | 40.01 |
| 41.00 | Interim payments | 82,016,849 | 41.00 |
| 42.00 | Tentative settlement (for contractors use only) | 0 | 42.00 |
| 43.00 | Balance due provider/program (see instructions) | 3,627,336 | 43.00 |
| 44.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 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: 150056<br>Component CCN: 15S056 | Period:<br>From 01/01/2013<br>To 12/31/2013 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Subprovider - IPF | PPS |

| | | 1.00 | |
|---|---|---|---|
| | PART B - MEDICAL AND OTHER HEALTH SERVICES | | |
| 1.00 | Medical and other services (see instructions) | 129 | 1.00 |
| 2.00 | Medical and other services reimbursed under OPPS (see instructions) | 0 | 2.00 |
| 3.00 | PPS payments | 0 | 3.00 |
| 4.00 | Outlier payment (see instructions) | 0 | 4.00 |
| 5.00 | Enter the hospital specific payment to cost ratio (see instructions) | 0.000 | 5.00 |
| 6.00 | Line 2 times line 5 | 0 | 6.00 |
| 7.00 | Sum of line 3 plus line 4 divided by line 6 | 0.00 | 7.00 |
| 8.00 | Transitional corridor payment (see instructions) | 0 | 8.00 |
| 9.00 | Ancillary service other pass through costs from Worksheet D, Part IV, column 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) | 129 | 11.00 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | Reasonable charges | | |
| 12.00 | Ancillary service charges | 440 | 12.00 |
| 13.00 | Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4) | 0 | 13.00 |
| 14.00 | Total reasonable charges (sum of lines 12 and 13) | 440 | 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) | 440 | 18.00 |
| 19.00 | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) | 311 | 19.00 |
| 20.00 | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions) | 0 | 20.00 |
| 21.00 | Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions) | 129 | 21.00 |
| 22.00 | Interns and residents (see instructions) | 0 | 22.00 |
| 23.00 | Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148) | 0 | 23.00 |
| 24.00 | Total prospective payment (sum of lines 3, 4, 8 and 9) | 0 | 24.00 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 25.00 | Deductibles and coinsurance (for CAH, see instructions) | 0 | 25.00 |
| 26.00 | Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions) | 0 | 26.00 |
| 27.00 | Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions) | 129 | 27.00 |
| 28.00 | Direct graduate medical education payments (from Worksheet E-4, line 50) | 0 | 28.00 |
| 29.00 | ESRD direct medical education costs (from Worksheet E-4, line 36) | 0 | 29.00 |
| 30.00 | Subtotal (sum of lines 27 through 29) | 129 | 30.00 |
| 31.00 | Primary payer payments | 0 | 31.00 |
| 32.00 | Subtotal (line 30 minus line 31) | 129 | 32.00 |
| | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 33.00 | Composite rate ESRD (from Worksheet 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) | 129 | 37.00 |
| 38.00 | MSP-LCC reconciliation amount from PS&R | 0 | 38.00 |
| 39.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | 0 | 39.00 |
| 39.98 | 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) | 129 | 40.00 |
| 40.01 | Sequestration adjustment (see instructions) | 2 | 40.01 |
| 41.00 | Interim payments | 88 | 41.00 |
| 42.00 | Tentative settlement (for contractors use only) | 0 | 42.00 |
| 43.00 | Balance due provider/program (see instructions) | 39 | 43.00 |
| 44.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 | 0 | 44.00 |
| | TO BE COMPLETED BY CONTRACTOR | | |
| 90.00 | Original outlier amount (see instructions) | 0 | 90.00 |
| 91.00 | Outlier reconciliation adjustment amount (see instructions) | 0 | 91.00 |
| 92.00 | The rate used to calculate the Time Value of Money | 0.00 | 92.00 |
| 93.00 | Time Value of Money (see instructions) | 0 | 93.00 |
| 94.00 | Total (sum of lines 91 and 93) | 0 | 94.00 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I Date/Time Prepared: 6/1/2014 7:02 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 | | 279,379,605 | | 82,016,849 | 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 | 12/30/2013 | 201,400 | | 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) | | 201,400 | | 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) | | 279,581,005 | | 82,016,849 | 4.00 |
| | TO BE COMPLETED BY CONTRACTOR | | | | | |
| 5.00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 5.00 |
| | Program to Provider | | | | | |
| 5.01 | TENTATIVE TO PROVIDER | | 0 | | 0 | 5.01 |
| 5.02 | | | 0 | | 0 | 5.02 |
| 5.03 | | | 0 | | 0 | 5.03 |
| | Provider to Program | | | | | |
| 5.50 | TENTATIVE TO PROGRAM | | 0 | | 0 | 5.50 |
| 5.51 | | | 0 | | 0 | 5.51 |
| 5.52 | | | 0 | | 0 | 5.52 |
| 5.99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | 0 | | 0 | 5.99 |
| 6.00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | | | 6.00 |
| 6.01 | SETTLEMENT TO PROVIDER | | 7,598,023 | | 3,627,336 | 6.01 |
| 6.02 | SETTLEMENT TO PROGRAM | | 0 | | 0 | 6.02 |
| 7.00 | Total Medicare program liability (see instructions) | | 287,179,028 | | 85,644,185 | 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: 150056 | Component CCN: 15S056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

| | | Inpatient Part A | | Part B | | |
|---|---|---|---|---|---|---|
| | | mm/dd/yyyy | Amount | mm/dd/yyyy | Amount | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Total interim payments paid to provider | | 1,211,531 | | 88 | 1.00 |
| 2.00 | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero | | 0 | | 0 | 2.00 |
| 3.00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 3.00 |
| | Program to Provider | | | | | |
| 3.01 | ADJUSTMENTS TO PROVIDER | | 0 | | 0 | 3.01 |
| 3.02 | | | 0 | | 0 | 3.02 |
| 3.03 | | | 0 | | 0 | 3.03 |
| 3.04 | | | 0 | | 0 | 3.04 |
| 3.05 | | | 0 | | 0 | 3.05 |
| | Provider to Program | | | | | |
| 3.50 | ADJUSTMENTS TO PROGRAM | | 0 | | 0 | 3.50 |
| 3.51 | | | 0 | | 0 | 3.51 |
| 3.52 | | | 0 | | 0 | 3.52 |
| 3.53 | | | 0 | | 0 | 3.53 |
| 3.54 | | | 0 | | 0 | 3.54 |
| 3.99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) | | 0 | | 0 | 3.99 |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) | | 1,211,531 | | 88 | 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 | | 58,684 | | 39 | 6.01 |
| 6.02 | SETTLEMENT TO PROGRAM | | 0 | | 0 | 6.02 |
| 7.00 | Total Medicare program liability (see instructions) | | 1,270,215 | | 127 | 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: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part II Date/Time Prepared: 6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Hospital | PPS |

| | | 1.00 | |
|---|---|---|---|
| | TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS | | |
| | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION | | |
| 1.00 | Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14 | 53,771 | 1.00 |
| 2.00 | Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12 | 91,750 | 2.00 |
| 3.00 | Medicare HMO days from Wkst S-3, Part I, column 6. line 2 | 21,737 | 3.00 |
| 4.00 | Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12 | 317,235 | 4.00 |
| 5.00 | Total hospital charges from Wkst C, Part I, column 8 line 200 | 6,094,568,277 | 5.00 |
| 6.00 | Total hospital charity care charges from Wkst S-10, column 3 line 20 | 314,389,271 | 6.00 |
| 7.00 | CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168 | 0 | 7.00 |
| 8.00 | Calculation of the HIT incentive payment (see instructions) | 1,802,129 | 8.00 |
| 9.00 | Sequestration adjustment amount (see instructions) | 36,043 | 9.00 |
| 10.00 | Calculation of the HIT incentive payment after sequestration (see instructions) | 1,766,086 | 10.00 |
| | INPATIENT HOSPITAL SERVICES UNDER PPS & CAH | | |
| 30.00 | Initial/interim HIT payment adjustment (see instructions) | 1,593,786 | 30.00 |
| 31.00 | Other Adjustment (specify) | 0 | 31.00 |
| 32.00 | Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions) | 172,300 | 32.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150056<br>Component CCN: 15S056 | Period:<br>From 01/01/2013<br>To 12/31/2013 | Worksheet E-3<br>Part II<br>Date/Time Prepared:<br>6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Subprovider - IPF | PPS |

| | | 1.00 | |
|---|---|---|---|
| | PART II - MEDICARE PART A SERVICES - IPF PPS | | |
| 1.00 | Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments) | 1,239,833 | 1.00 |
| 2.00 | Net IPF PPS Outlier Payments | 44,784 | 2.00 |
| 3.00 | Net IPF PPS ECT Payments | 39,130 | 3.00 |
| 4.00 | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions) | 16.20 | 4.00 |
| 4.01 | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §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 inst.) | 0.42 | 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 inst.) | 0.00 | 7.00 |
| 8.00 | Intern and resident count for IPF PPS medical education adjustment (see instructions) | 0.42 | 8.00 |
| 9.00 | Average Daily Census (see instructions) | 17.884932 | 9.00 |
| 10.00 | Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}. | 0.012026 | 10.00 |
| 11.00 | Teaching Adjustment (line 1 multiplied by line 10). | 14,910 | 11.00 |
| 12.00 | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11) | 1,338,657 | 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 teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions) | 0 | 15.00 |
| 16.00 | Subtotal (see instructions) | 1,338,657 | 16.00 |
| 17.00 | Primary payer payments | 0 | 17.00 |
| 18.00 | Subtotal (line 16 less line 17). | 1,338,657 | 18.00 |
| 19.00 | Deductibles | 91,140 | 19.00 |
| 20.00 | Subtotal (line 18 minus line 19) | 1,247,517 | 20.00 |
| 21.00 | Coinsurance | 47,064 | 21.00 |
| 22.00 | Subtotal (line 20 minus line 21) | 1,200,453 | 22.00 |
| 23.00 | Allowable bad debts (exclude bad debts for professional services) (see instructions) | 127,262 | 23.00 |
| 24.00 | Adjusted reimbursable bad debts (see instructions) | 82,720 | 24.00 |
| 25.00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | 1,415 | 25.00 |
| 26.00 | Subtotal (sum of lines 22 and 24) | 1,283,173 | 26.00 |
| 27.00 | Direct graduate medical education payments (from Worksheet E-4, line 49) | 0 | 27.00 |
| 28.00 | Other pass through costs (see instructions) | 6,516 | 28.00 |
| 29.00 | Outlier payments reconciliation | 0 | 29.00 |
| 30.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | 0 | 30.00 |
| 30.99 | Recovery of Accelerated Depreciation | 0 | 30.99 |
| 31.00 | Total amount payable to the provider (see instructions) | 1,289,689 | 31.00 |
| 31.01 | Sequestration adjustment (see instructions) | 19,474 | 31.01 |
| 32.00 | Interim payments | 1,211,531 | 32.00 |
| 33.00 | Tentative settlement (for contractor use only) | 0 | 33.00 |
| 34.00 | Balance due provider/program line 31 minus lines 31.01, 32 and 33 | 58,684 | 34.00 |
| 35.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2 | 0 | 35.00 |
| | TO BE COMPLETED BY CONTRACTOR | | |
| 50.00 | Original outlier amount from Worksheet E-3, Part II, line 2 | 44,784 | 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: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

| | | | | 1.00 | |
|---|---|---|---|---|---|
| | COMPUTATION OF TOTAL DIRECT GME AMOUNT | | | | |
| 1.00 | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996. | | | 553.51 | 1.00 |
| 2.00 | Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions) | | | 0.00 | 2.00 |
| 3.00 | Amount of reduction to Direct GME cap under section 422 of MMA | | | 0.00 | 3.00 |
| 3.01 | Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011) | | | 0.00 | 3.01 |
| 4.00 | Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) | | | 0.00 | 4.00 |
| 4.01 | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011) | | | 0.00 | 4.01 |
| 4.02 | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011) | | | 0.00 | 4.02 |
| 5.00 | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts | | | 553.51 | 5.00 |
| 6.00 | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions) | | | 636.90 | 6.00 |
| 7.00 | Enter the lesser of line 5 or line 6 | | | 553.51 | 7.00 |
| | | Primary Care | Other | Total | |
| | | 1.00 | 2.00 | 3.00 | |
| 8.00 | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year. | 192.42 | 366.16 | 558.58 | 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. | 167.23 | 318.22 | 485.45 | 9.00 |
| 10.00 | Weighted dental and podiatric resident FTE count for the current year | | 17.21 | | 10.00 |
| 11.00 | Total weighted FTE count | 167.23 | 335.43 | | 11.00 |
| 12.00 | Total weighted resident FTE count for the prior cost reporting year (see instructions) | 172.03 | 332.18 | | 12.00 |
| 13.00 | Total weighted resident FTE count for the penultimate cost reporting year (see instructions) | 173.00 | 333.41 | | 13.00 |
| 14.00 | Rolling average FTE count (sum of lines 11 through 13 divided by 3). | 170.75 | 333.67 | | 14.00 |
| 15.00 | Adjustment for residents in initial years of new programs | 0.00 | 0.00 | | 15.00 |
| 16.00 | Adjustment for residents displaced by program or hospital closure | 0.00 | 0.33 | | 16.00 |
| 17.00 | Adjusted rolling average FTE count | 170.75 | 334.00 | | 17.00 |
| 18.00 | Per resident amount | 84,319.67 | 79,855.31 | | 18.00 |
| 19.00 | Approved amount for resident costs | 14,397,584 | 26,671,674 | 41,069,258 | 19.00 |
| | | | | 1.00 | |
| 20.00 | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c )(4) | | | 2.00 | 20.00 |
| 21.00 | Direct GME FTE unweighted resident count over cap (see instructions) | | | 83.39 | 21.00 |
| 22.00 | Allowable additional direct GME FTE Resident Count (see instructions) | | | 1.75 | 22.00 |
| 23.00 | Enter the locally adjustment national average per resident amount (see instructions) | | | 93,231.60 | 23.00 |
| 24.00 | Multiply line 22 time line 23 | | | 163,155 | 24.00 |
| 25.00 | Total direct GME amount (sum of lines 19 and 24) | | | 41,232,413 | 25.00 |
| | | Inpatient Part A | Managed care | | |
| | | 1.00 | 2.00 | 3.00 | |
| | COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| 26.00 | Inpatient Days (see instructions) | 93,282 | 21,737 | | 26.00 |
| 27.00 | Total Inpatient Days (see instructions) | 323,763 | 323,763 | | 27.00 |
| 28.00 | Ratio of inpatient days to total inpatient days | 0.288118 | 0.067139 | | 28.00 |
| 29.00 | Program direct GME amount | 11,879,800 | 2,768,303 | | 29.00 |
| 30.00 | Reduction for direct GME payments for Medicare Advantage | | 391,161 | | 30.00 |
| 31.00 | Net Program direct GME amount | | | 14,256,942 | 31.00 |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-4 Date/Time Prepared: 6/1/2014 7:02 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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94) | 397 | 32.00 |
| 33.00 | Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94) | 51,958,944 | 33.00 |
| 34.00 | Ratio of direct medical education costs to total charges (line 32 ÷ line 33) | 0.000008 | 34.00 |
| 35.00 | Medicare outpatient ESRD charges (see instructions) | 0 | 35.00 |
| 36.00 | Medicare outpatient ESRD direct medical education costs (line 34 x line 35) | 0 | 36.00 |
| | APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | | |
| | Part A Reasonable Cost | | |
| 37.00 | Reasonable cost (see instructions) | 252,572,463 | 37.00 |
| 38.00 | Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69) | 20,684,256 | 38.00 |
| 39.00 | Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20) | 0 | 39.00 |
| 40.00 | Primary payer payments (see instructions) | 210,974 | 40.00 |
| 41.00 | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40) | 273,045,745 | 41.00 |
| | Part B Reasonable Cost | | |
| 42.00 | Reasonable cost (see instructions) | 121,602,685 | 42.00 |
| 43.00 | Primary payer payments (see instructions) | 7,203 | 43.00 |
| 44.00 | Total Part B reasonable cost (line 42 minus line 43) | 121,595,482 | 44.00 |
| 45.00 | Total reasonable cost (sum of lines 41 and 44) | 394,641,227 | 45.00 |
| 46.00 | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) | 0.691883 | 46.00 |
| 47.00 | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) | 0.308117 | 47.00 |
| | ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | |
| 48.00 | Total program GME payment (line 31) | 14,256,942 | 48.00 |
| 49.00 | Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions) | 9,864,136 | 49.00 |
| 50.00 | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions) | 4,392,806 | 50.00 |

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G | Date/Time Prepared: 6/1/2014 7:02 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 | 321,361,000 | 0 | 0 | 0 | 1.00 |
| 2.00 | Temporary investments | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Notes receivable | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Accounts receivable | 503,929,000 | 0 | 0 | 0 | 4.00 |
| 5.00 | Other receivable | 162,073,000 | 0 | 0 | 0 | 5.00 |
| 6.00 | Allowances for uncollectible notes and accounts receivable | -189,346,000 | 0 | 0 | 0 | 6.00 |
| 7.00 | Inventory | 40,435,000 | 0 | 0 | 0 | 7.00 |
| 8.00 | Prepaid expenses | 20,270,000 | 0 | 0 | 0 | 8.00 |
| 9.00 | Other current assets | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Due from other funds | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Total current assets (sum of lines 1-10) | 858,722,000 | 0 | 0 | 0 | 11.00 |
| | FIXED ASSETS | | | | | |
| 12.00 | Land | 141,469,000 | 0 | 0 | 0 | 12.00 |
| 13.00 | Land improvements | 39,104,000 | 0 | 0 | 0 | 13.00 |
| 14.00 | Accumulated depreciation | -18,372,000 | 0 | 0 | 0 | 14.00 |
| 15.00 | Buildings | 1,900,985,000 | 0 | 0 | 0 | 15.00 |
| 16.00 | Accumulated depreciation | -772,317,000 | 0 | 0 | 0 | 16.00 |
| 17.00 | Leasehold improvements | 12,884,000 | 0 | 0 | 0 | 17.00 |
| 18.00 | Accumulated depreciation | -9,803,000 | 0 | 0 | 0 | 18.00 |
| 19.00 | Fixed equipment | 42,448,000 | 0 | 0 | 0 | 19.00 |
| 20.00 | Accumulated depreciation | -28,985,000 | 0 | 0 | 0 | 20.00 |
| 21.00 | Automobiles and trucks | 2,607,000 | 0 | 0 | 0 | 21.00 |
| 22.00 | Accumulated depreciation | -1,998,000 | 0 | 0 | 0 | 22.00 |
| 23.00 | Major movable equipment | 1,365,306,000 | 0 | 0 | 0 | 23.00 |
| 24.00 | Accumulated depreciation | -992,218,000 | 0 | 0 | 0 | 24.00 |
| 25.00 | Minor equipment depreciable | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Accumulated depreciation | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | HIT designated Assets | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Accumulated depreciation | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Minor equipment-nondepreciable | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Total fixed assets (sum of lines 12-29) | 1,681,110,000 | 0 | 0 | 0 | 30.00 |
| | OTHER ASSETS | | | | | |
| 31.00 | Investments | 1,898,923,000 | 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 | 1,076,629,000 | 0 | 0 | 0 | 34.00 |
| 35.00 | Total other assets (sum of lines 31-34) | 2,975,552,000 | 0 | 0 | 0 | 35.00 |
| 36.00 | Total assets (sum of lines 11, 30, and 35) | 5,515,384,000 | 0 | 0 | 0 | 36.00 |
| | CURRENT LIABILITIES | | | | | |
| 37.00 | Accounts payable | 837,890,000 | 0 | 0 | 0 | 37.00 |
| 38.00 | Salaries, wages, and fees payable | 107,852,000 | 0 | 0 | 0 | 38.00 |
| 39.00 | Payroll taxes payable | 0 | 0 | 0 | 0 | 39.00 |
| 40.00 | Notes and loans payable (short term) | 114,094,000 | 0 | 0 | 0 | 40.00 |
| 41.00 | Deferred income | 0 | 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 | 4,900,000 | 0 | 0 | 0 | 44.00 |
| 45.00 | Total current liabilities (sum of lines 37 thru 44) | 1,064,736,000 | 0 | 0 | 0 | 45.00 |
| | LONG TERM LIABILITIES | | | | | |
| 46.00 | Mortgage payable | 0 | 0 | 0 | 0 | 46.00 |
| 47.00 | Notes payable | 0 | 0 | 0 | 0 | 47.00 |
| 48.00 | Unsecured loans | 1,783,709,000 | 0 | 0 | 0 | 48.00 |
| 49.00 | Other long term liabilities | 180,302,000 | 0 | 0 | 0 | 49.00 |
| 50.00 | Total long term liabilities (sum of lines 46 thru 49 | 1,964,011,000 | 0 | 0 | 0 | 50.00 |
| 51.00 | Total liabilites (sum of lines 45 and 50) | 3,028,747,000 | 0 | 0 | 0 | 51.00 |
| | CAPITAL ACCOUNTS | | | | | |
| 52.00 | General fund balance | 2,486,637,000 | | | | 52.00 |
| 53.00 | Specific purpose fund | | 0 | | | 53.00 |
| 54.00 | Donor created - endowment fund balance - restricted | | | 0 | | 54.00 |
| 55.00 | Donor created - endowment fund balance - unrestricted | | | 0 | | 55.00 |
| 56.00 | Governing body created - endowment fund balance | | | 0 | | 56.00 |
| 57.00 | Plant fund balance - invested in plant | | | | 0 | 57.00 |
| 58.00 | Plant fund balance - reserve for plant improvement, replacement, and expansion | | | | 0 | 58.00 |
| 59.00 | Total fund balances (sum of lines 52 thru 58) | 2,486,637,000 | 0 | 0 | 0 | 59.00 |
| 60.00 | Total liabilities and fund balances (sum of lines 51 and 59) | 5,515,384,000 | 0 | 0 | 0 | 60.00 |

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-1 | Date/Time Prepared: 6/1/2014 7:02 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 | | 1,907,571,214 | | 0 | | 1.00 |
| 2.00 | Net income (loss) (from Wkst. G-3, line 29) | | 579,065,786 | | | | 2.00 |
| 3.00 | Total (sum of line 1 and line 2) | | 2,486,637,000 | | 0 | | 3.00 |
| 4.00 | Additions (credit adjustments) (specify) | 0 | | 0 | | 0 | 4.00 |
| 5.00 | | 0 | | 0 | | 0 | 5.00 |
| 6.00 | | 0 | | 0 | | 0 | 6.00 |
| 7.00 | | 0 | | 0 | | 0 | 7.00 |
| 8.00 | | 0 | | 0 | | 0 | 8.00 |
| 9.00 | | 0 | | 0 | | 0 | 9.00 |
| 10.00 | Total additions (sum of line 4-9) | | 0 | | 0 | | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10) | | 2,486,637,000 | | 0 | | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify) | 0 | | 0 | | 0 | 12.00 |
| 13.00 | | 0 | | 0 | | 0 | 13.00 |
| 14.00 | | 0 | | 0 | | 0 | 14.00 |
| 15.00 | | 0 | | 0 | | 0 | 15.00 |
| 16.00 | | 0 | | 0 | | 0 | 16.00 |
| 17.00 | | 0 | | 0 | | 0 | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17) | | 0 | | 0 | | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | | 2,486,637,000 | | 0 | | 19.00 |

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 6/1/2014 7:02 pm

| | Cost Center Description | Inpatient | Outpatient | Total | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| | PART I - PATIENT REVENUES | | | | |
| | General Inpatient Routine Services | | | | |
| 1.00 | Hospital | 639,555,641 | | 639,555,641 | 1.00 |
| 2.00 | SUBPROVIDER - IPF | 13,339,174 | | 13,339,174 | 2.00 |
| 3.00 | SUBPROVIDER - IRF | 0 | | 0 | 3.00 |
| 4.00 | SUBPROVIDER | 0 | | 0 | 4.00 |
| 5.00 | Swing bed - SNF | 0 | | 0 | 5.00 |
| 6.00 | Swing bed - NF | 0 | | 0 | 6.00 |
| 7.00 | SKILLED NURSING FACILITY | 0 | | 0 | 7.00 |
| 8.00 | NURSING FACILITY | 0 | | 0 | 8.00 |
| 8.01 | ICF/MR | 0 | | 0 | 8.01 |
| 9.00 | OTHER LONG TERM CARE | 0 | | 0 | 9.00 |
| 10.00 | Total general inpatient care services (sum of lines 1-9) | 652,894,815 | | 652,894,815 | 10.00 |
| | Intensive Care Type Inpatient Hospital Services | | | | |
| 11.00 | INTENSIVE CARE UNIT | 69,912,836 | | 69,912,836 | 11.00 |
| 12.00 | CORONARY CARE UNIT | 51,621,768 | | 51,621,768 | 12.00 |
| 12.01 | NEONATAL INTENSIVE CARE UNIT | 22,988,128 | | 22,988,128 | 12.01 |
| 13.00 | BURN INTENSIVE CARE UNIT | 6,974,966 | | 6,974,966 | 13.00 |
| 14.00 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 14.00 |
| 14.01 | SURGICAL INTENSIVE CARE UNIT | 0 | | 0 | 14.01 |
| 14.02 | UH SURG 6IC | 16,997,836 | | 16,997,836 | 14.02 |
| 14.03 | UH NS 3IC | 0 | | 0 | 14.03 |
| 14.04 | RH PED IC | 39,246,968 | | 39,246,968 | 14.04 |
| 14.05 | TRANSPLANT ICU | 8,714,366 | | 8,714,366 | 14.05 |
| 14.06 | PEDS CANCER CARE | 6,399,159 | | 6,399,159 | 14.06 |
| 15.00 | OTHER SPECIAL CARE (SPECIFY) | | | | 15.00 |
| 16.00 | Total intensive care type inpatient hospital services (sum of lines 11-15) | 222,856,027 | | 222,856,027 | 16.00 |
| 17.00 | Total inpatient routine care services (sum of lines 10 and 16) | 875,750,842 | | 875,750,842 | 17.00 |
| 18.00 | Ancillary services | 2,415,810,789 | 2,017,792,566 | 4,433,603,355 | 18.00 |
| 19.00 | Outpatient services | 189,452,237 | 428,194,390 | 617,646,627 | 19.00 |
| 20.00 | RURAL HEALTH CLINIC | 0 | 0 | 0 | 20.00 |
| 21.00 | FEDERALLY QUALIFIED HEALTH CENTER | 0 | 3,465,643 | 3,465,643 | 21.00 |
| 22.00 | HOME HEALTH AGENCY | | 79,074,743 | 79,074,743 | 22.00 |
| 23.00 | AMBULANCE SERVICES | 199,381 | 67,599,379 | 67,798,760 | 23.00 |
| 24.00 | CMHC | | 0 | 0 | 24.00 |
| 24.10 | CORF | 0 | 0 | 0 | 24.10 |
| 25.00 | AMBULATORY SURGICAL CENTER (D.P.) | 0 | 0 | 0 | 25.00 |
| 26.00 | HOSPICE | 0 | 17,228,308 | 17,228,308 | 26.00 |
| 27.00 | OTHER (SPECIFY) | 0 | 0 | 0 | 27.00 |
| 28.00 | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1) | 3,481,213,249 | 2,613,355,029 | 6,094,568,278 | 28.00 |
| | PART II - OPERATING EXPENSES | | | | |
| 29.00 | Operating expenses (per Wkst. A, column 3, line 200) | | 1,778,336,513 | | 29.00 |
| 30.00 | HOME OFFICE EXPENSE | 891,332,267 | | | 30.00 |
| 31.00 | | 0 | | | 31.00 |
| 32.00 | | 0 | | | 32.00 |
| 33.00 | | 0 | | | 33.00 |
| 34.00 | | 0 | | | 34.00 |
| 35.00 | | 0 | | | 35.00 |
| 36.00 | Total additions (sum of lines 30-35) | | 891,332,267 | | 36.00 |
| 37.00 | NON AHC OPERATION (HO ALLOCATIONS) | 403,901,113 | | | 37.00 |
| 38.00 | | 0 | | | 38.00 |
| 39.00 | | 0 | | | 39.00 |
| 40.00 | | 0 | | | 40.00 |
| 41.00 | | 0 | | | 41.00 |
| 42.00 | Total deductions (sum of lines 37-41) | | 403,901,113 | | 42.00 |
| 43.00 | Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4) | | 2,265,767,667 | | 43.00 |

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-3 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | 1.00 | |
|---|---|---|---|
| 1.00 | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28) | 6,094,568,278 | 1.00 |
| 2.00 | Less contractual allowances and discounts on patients' accounts | 4,014,197,825 | 2.00 |
| 3.00 | Net patient revenues (line 1 minus line 2) | 2,080,370,453 | 3.00 |
| 4.00 | Less total operating expenses (from Wkst. G-2, Part II, line 43) | 2,265,767,667 | 4.00 |
| 5.00 | Net income from service to patients (line 3 minus line 4) | -185,397,214 | 5.00 |
| | OTHER INCOME | | |
| 6.00 | Contributions, donations, bequests, etc | 0 | 6.00 |
| 7.00 | Income from investments | 250,735,000 | 7.00 |
| 8.00 | Revenues from telephone and other miscellaneous communication services | 0 | 8.00 |
| 9.00 | Revenue from television and radio service | 0 | 9.00 |
| 10.00 | Purchase discounts | 0 | 10.00 |
| 11.00 | Rebates and refunds of expenses | 0 | 11.00 |
| 12.00 | Parking lot receipts | 0 | 12.00 |
| 13.00 | Revenue from laundry and linen service | 0 | 13.00 |
| 14.00 | Revenue from meals sold to employees and guests | 0 | 14.00 |
| 15.00 | Revenue from rental of living quarters | 0 | 15.00 |
| 16.00 | Revenue from sale of medical and surgical supplies to other than patients | 0 | 16.00 |
| 17.00 | Revenue from sale of drugs to other than patients | 0 | 17.00 |
| 18.00 | Revenue from sale of medical records and abstracts | 0 | 18.00 |
| 19.00 | Tuition (fees, sale of textbooks, uniforms, etc.) | 0 | 19.00 |
| 20.00 | Revenue from gifts, flowers, coffee shops, and canteen | 0 | 20.00 |
| 21.00 | Rental of vending machines | 0 | 21.00 |
| 22.00 | Rental of hospital space | 0 | 22.00 |
| 23.00 | Governmental appropriations | 0 | 23.00 |
| 24.00 | OTHER MISCELLANEOUS INCOME | 563,728,000 | 24.00 |
| 25.00 | Total other income (sum of lines 6-24) | 814,463,000 | 25.00 |
| 26.00 | Total (line 5 plus line 25) | 629,065,786 | 26.00 |
| 27.00 | ED & RESEARCH SUPPORT - IU | 50,000,000 | 27.00 |
| 28.00 | Total other expenses (sum of line 27 and subscripts) | 50,000,000 | 28.00 |
| 29.00 | Net income (or loss) for the period (line 26 minus line 28) | 579,065,786 | 29.00 |

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150056 | HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H | Date/Time Prepared: 6/1/2014 7:02 pm

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| | | Salaries | Employee Benefits | Transportation (see instructions) | Contracted/Purchased Services | Other Costs | Total (sum of cols. 1 thru 5) | |
|---|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1.00 | Capital Related - Bldg. & Fixtures | | | 0 | | 0 | 0 | 1.00 |
| 2.00 | Capital Related - Movable Equipment | | | 0 | | 0 | 0 | 2.00 |
| 3.00 | Plant Operation & Maintenance | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Administrative and General | 6,778,383 | 1,454,198 | 0 | 0 | 1,051,599 | 9,284,180 | 5.00 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 6.00 | Skilled Nursing Care | 3,145,677 | 135,190 | 0 | 0 | 16,510 | 3,297,377 | 6.00 |
| 7.00 | Physical Therapy | 1,909,495 | 96,996 | 0 | 0 | 7,172 | 2,013,663 | 7.00 |
| 8.00 | Occupational Therapy | 302,930 | 29,185 | 0 | 0 | 1,900 | 334,015 | 8.00 |
| 9.00 | Speech Pathology | 72,975 | 3,330 | 0 | 0 | 765 | 77,070 | 9.00 |
| 10.00 | Medical Social Services | 110,307 | 6,622 | 0 | 0 | 668 | 117,597 | 10.00 |
| 11.00 | Home Health Aide | 247,554 | 9,222 | 0 | 0 | 677 | 257,453 | 11.00 |
| 12.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| | HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Respiratory Therapy | 1,468,350 | 112,972 | 0 | 0 | 2,832,563 | 4,413,885 | 16.00 |
| 17.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | All Others (specify) | 5,109,948 | 415,860 | 0 | 0 | 8,894,956 | 14,420,764 | 23.00 |
| 24.00 | Total (sum of lines 1-23) | 19,145,619 | 2,263,575 | 0 | 0 | 12,806,810 | 34,216,004 | 24.00 |

| | | Reclassification | Reclassified Trial Balance (col. 6 + col.7) | Adjustments | Net Expenses for Allocation (col. 8 + col. 9) | | | |
|---|---|---|---|---|---|---|---|---|
| | | 7.00 | 8.00 | 9.00 | 10.00 | | | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1.00 | Capital Related - Bldg. & Fixtures | 0 | 0 | 0 | 0 | | | 1.00 |
| 2.00 | Capital Related - Movable Equipment | 0 | 0 | 0 | 0 | | | 2.00 |
| 3.00 | Plant Operation & Maintenance | 0 | 0 | 0 | 0 | | | 3.00 |
| 4.00 | Transportation | 0 | 0 | 0 | 0 | | | 4.00 |
| 5.00 | Administrative and General | 0 | 9,284,180 | 0 | 9,284,180 | | | 5.00 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 6.00 | Skilled Nursing Care | 0 | 3,297,377 | 0 | 3,297,377 | | | 6.00 |
| 7.00 | Physical Therapy | 0 | 2,013,663 | 0 | 2,013,663 | | | 7.00 |
| 8.00 | Occupational Therapy | 0 | 334,015 | 0 | 334,015 | | | 8.00 |
| 9.00 | Speech Pathology | 0 | 77,070 | 0 | 77,070 | | | 9.00 |
| 10.00 | Medical Social Services | 0 | 117,597 | 0 | 117,597 | | | 10.00 |
| 11.00 | Home Health Aide | 0 | 257,453 | 0 | 257,453 | | | 11.00 |
| 12.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | | | 12.00 |
| 13.00 | Drugs | 0 | 0 | 0 | 0 | | | 13.00 |
| 14.00 | DME | 0 | 0 | 0 | 0 | | | 14.00 |
| | HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | | | 15.00 |
| 16.00 | Respiratory Therapy | 0 | 4,413,885 | 0 | 4,413,885 | | | 16.00 |
| 17.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | | | 17.00 |
| 18.00 | Clinic | 0 | 0 | 0 | 0 | | | 18.00 |
| 19.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | | | 19.00 |
| 20.00 | Day Care Program | 0 | 0 | 0 | 0 | | | 20.00 |
| 21.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | | | 21.00 |
| 22.00 | Homemaker Service | 0 | 0 | 0 | 0 | | | 22.00 |
| 23.00 | All Others (specify) | 0 | 14,420,764 | 0 | 14,420,764 | | | 23.00 |
| 24.00 | Total (sum of lines 1-23) | 0 | 34,216,004 | 0 | 34,216,004 | | | 24.00 |

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

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 150056 | HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-1 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

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| | | | Capital Related Costs | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Net Expenses for Cost Allocation (from Wkst. H, col. 10) | Bldgs & Fixtures | Movable Equipment | Plant Operation & Maintenance | Transportation | Subtotal (cols. 0-4) | |
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 4A.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1.00 | Capital Related - Bldg. & Fixtures | 0 | 0 | | | | 0 | 1.00 |
| 2.00 | Capital Related - Movable Equipment | 0 | | 0 | | | 0 | 2.00 |
| 3.00 | Plant Operation & Maintenance | 0 | 0 | 0 | 0 | | 0 | 3.00 |
| 4.00 | Transportation | 0 | 0 | 0 | 0 | 0 | | 4.00 |
| 5.00 | Administrative and General | 9,284,180 | 0 | 0 | 0 | 0 | 9,284,180 | 5.00 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 6.00 | Skilled Nursing Care | 3,297,377 | 0 | 0 | 0 | 0 | 3,297,377 | 6.00 |
| 7.00 | Physical Therapy | 2,013,663 | 0 | 0 | 0 | 0 | 2,013,663 | 7.00 |
| 8.00 | Occupational Therapy | 334,015 | 0 | 0 | 0 | 0 | 334,015 | 8.00 |
| 9.00 | Speech Pathology | 77,070 | 0 | 0 | 0 | 0 | 77,070 | 9.00 |
| 10.00 | Medical Social Services | 117,597 | 0 | 0 | 0 | 0 | 117,597 | 10.00 |
| 11.00 | Home Health Aide | 257,453 | 0 | 0 | 0 | 0 | 257,453 | 11.00 |
| 12.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Drugs | 0 | 0 | 0 | 0 | | 0 | 13.00 |
| 14.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| | HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Respiratory Therapy | 4,413,885 | 0 | 0 | 0 | 0 | 4,413,885 | 16.00 |
| 17.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | All Others (specify) | 14,420,764 | 0 | 0 | 0 | 0 | 14,420,764 | 23.00 |
| 24.00 | Total (sum of lines 1-23) | 34,216,004 | 0 | 0 | 0 | 0 | 34,216,004 | 24.00 |

| | | Administrative & General | Total (cols. 4A + 5) | |
|---|---|---|---|---|
| | | 5.00 | 6.00 | |
| | GENERAL SERVICE COST CENTERS | | | |
| 1.00 | Capital Related - Bldg. & Fixtures | | | 1.00 |
| 2.00 | Capital Related - Movable Equipment | | | 2.00 |
| 3.00 | Plant Operation & Maintenance | | | 3.00 |
| 4.00 | Transportation | | | 4.00 |
| 5.00 | Administrative and General | 9,284,180 | | 5.00 |
| | HHA REIMBURSABLE SERVICES | | | |
| 6.00 | Skilled Nursing Care | 1,227,887 | 4,525,264 | 6.00 |
| 7.00 | Physical Therapy | 749,854 | 2,763,517 | 7.00 |
| 8.00 | Occupational Therapy | 124,382 | 458,397 | 8.00 |
| 9.00 | Speech Pathology | 28,700 | 105,770 | 9.00 |
| 10.00 | Medical Social Services | 43,791 | 161,388 | 10.00 |
| 11.00 | Home Health Aide | 95,871 | 353,324 | 11.00 |
| 12.00 | Supplies (see instructions) | 0 | 0 | 12.00 |
| 13.00 | Drugs | 0 | 0 | 13.00 |
| 14.00 | DME | 0 | 0 | 14.00 |
| | HHA NONREIMBURSABLE SERVICES | | | |
| 15.00 | Home Dialysis Aide Services | 0 | 0 | 15.00 |
| 16.00 | Respiratory Therapy | 1,643,656 | 6,057,541 | 16.00 |
| 17.00 | Private Duty Nursing | 0 | 0 | 17.00 |
| 18.00 | Clinic | 0 | 0 | 18.00 |
| 19.00 | Health Promotion Activities | 0 | 0 | 19.00 |
| 20.00 | Day Care Program | 0 | 0 | 20.00 |
| 21.00 | Home Delivered Meals Program | 0 | 0 | 21.00 |
| 22.00 | Homemaker Service | 0 | 0 | 22.00 |
| 23.00 | All Others (specify) | 5,370,039 | 19,790,803 | 23.00 |
| 24.00 | Total (sum of lines 1-23) | | 34,216,004 | 24.00 |

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 150056 | HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-1 Part II | Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | | Capital Related Costs | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Bldgs & Fixtures (SQUARE FEET) | Movable Equipment (DOLLAR VALUE) | Plant Operation & Maintenance (SQUARE FEET) | Transportation (MILEAGE) | Reconciliation | Administrative & General (ACCUM. COST) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5A.00 | 5.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 1.00 | Capital Related - Bldg. & Fixtures | 0 | | | | 0 | | 1.00 |
| 2.00 | Capital Related - Movable Equipment | | 0 | | | 0 | | 2.00 |
| 3.00 | Plant Operation & Maintenance | 0 | 0 | 0 | | 0 | | 3.00 |
| 4.00 | Transportation (see instructions) | 0 | 0 | 0 | 0 | | | 4.00 |
| 5.00 | Administrative and General | 0 | 0 | 0 | 0 | -9,284,180 | 24,931,824 | 5.00 |
| | HHA REIMBURSABLE SERVICES | | | | | | | |
| 6.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 3,297,377 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 2,013,663 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 334,015 | 8.00 |
| 9.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 77,070 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 117,597 | 10.00 |
| 11.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 257,453 | 11.00 |
| 12.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Drugs | 0 | 0 | 0 | | 0 | 0 | 13.00 |
| 14.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| | HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 4,413,885 | 16.00 |
| 17.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 14,420,764 | 23.00 |
| 24.00 | Total (sum of lines 1-23) | 0 | 0 | 0 | 0 | -9,284,180 | 24,931,824 | 24.00 |
| 25.00 | Cost To Be Allocated (per Worksheet H-1, Part I) | 0 | 0 | 0 | 0 | | 9,284,180 | 25.00 |
| 26.00 | Unit Cost Multiplier | 0.000000 | 0.000000 | 0.000000 | 0.000000 | | 0.372383 | 26.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Home Health Agency I | PPS

| | Cost Center Description | HHA Trial Balance (1) | CAPITAL RELATED COSTS: NEW BLDG & FIXT | CAPITAL RELATED COSTS: NEW INTEREST | CAPITAL RELATED COSTS: NEW MVBLE EQUIP | EMPLOYEE BENEFITS DEPARTMENT | NONPATIENT TELEPHONES | |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 1.01 | 2.00 | 4.00 | 5.01 | |
| 1.00 | Administrative and General | 0 | 225,055 | 0 | 266,881 | 4,402,629 | 883 | 1.00 |
| 2.00 | Skilled Nursing Care | 4,525,264 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 2,763,517 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 458,397 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 105,770 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 161,388 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 353,324 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 6,057,541 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 19,790,803 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 34,216,004 | 225,055 | 0 | 266,881 | 4,402,629 | 883 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | | | 21.00 |

| | Cost Center Description | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | CASHIERING | Subtotal | OTHER ADMINISTRATIVE AND GENERAL | |
|---|---|---|---|---|---|---|---|---|
| | | 5.02 | 5.03 | 5.04 | 5.05 | 5A.05 | 5.06 | |
| 1.00 | Administrative and General | 407,399 | 10,597 | 0 | 410,872 | 5,724,316 | 423,725 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 4,525,264 | 334,969 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 2,763,517 | 204,561 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 458,397 | 33,931 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 105,770 | 7,829 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 161,388 | 11,946 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 353,324 | 26,154 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 6,057,541 | 448,391 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 19,790,803 | 1,464,956 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 407,399 | 10,597 | 0 | 410,872 | 39,940,320 | 2,956,462 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | 0.000000 | | 21.00 |

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056 | HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | Cost Center Description | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | |
|---|---|---|---|---|---|---|---|---|
| | | 6.00 | 6.03 | 7.00 | 7.01 | 8.00 | 9.00 | |
| 1.00 | Administrative and General | 155,024 | 0 | 497,409 | 0 | 0 | 0 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 155,024 | 0 | 497,409 | 0 | 0 | 0 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | | | 21.00 |

| | Cost Center Description | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | |
|---|---|---|---|---|---|---|---|---|
| | | 9.01 | 9.02 | 9.03 | 10.00 | 11.00 | 12.00 | |
| 1.00 | Administrative and General | 868 | 0 | 3,167 | 0 | 72,228 | 0 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 868 | 0 | 3,167 | 0 | 72,228 | 0 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | | | 21.00 |

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056 HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | Cost Center Description | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|---|
| | | 13.00 | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| 1.00 | Administrative and General | 558,406 | 112,992 | 0 | 135,376 | 0 | 37,719 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 558,406 | 112,992 | 0 | 135,376 | 0 | 37,719 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | | | 21.00 |

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Home Health Agency I | PPS

| | Cost Center Description | PARAMED RADIOLOGY-METHODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | |
|---|---|---|---|---|---|---|---|---|
| | | 23.02 | 23.03 | 23.04 | 23.05 | 23.06 | 23.07 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 0 | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | | | 21.00 |

| | Cost Center Description | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | PARAMED NEUROPHYSIOLOGY | Subtotal | Intern & Residents Cost & Post Stepdown Adjustments | |
|---|---|---|---|---|---|---|---|---|
| | | 23.08 | 23.09 | 23.10 | 23.11 | 24.00 | 25.00 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 7,721,230 | 0 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 4,860,233 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 2,968,078 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 492,328 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 113,599 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 173,334 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 379,478 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 6,505,932 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 21,255,759 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 0 | 0 | 0 | 0 | 44,469,971 | 0 | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | | | | | | 21.00 |

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056 HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I

PPS

| | Cost Center Description | Subtotal | Allocated HHA A&G (see Part II) | Total HHA Costs | | | |
|---|---|---|---|---|---|---|---|
| | | 26.00 | 27.00 | 28.00 | | | |
| 1.00 | Administrative and General | 7,721,230 | | | | | 1.00 |
| 2.00 | Skilled Nursing Care | 4,860,233 | 1,021,179 | 5,881,412 | | | 2.00 |
| 3.00 | Physical Therapy | 2,968,078 | 623,620 | 3,591,698 | | | 3.00 |
| 4.00 | Occupational Therapy | 492,328 | 103,443 | 595,771 | | | 4.00 |
| 5.00 | Speech Pathology | 113,599 | 23,868 | 137,467 | | | 5.00 |
| 6.00 | Medical Social Services | 173,334 | 36,419 | 209,753 | | | 6.00 |
| 7.00 | Home Health Aide | 379,478 | 79,732 | 459,210 | | | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | | | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | | | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | | | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | | | 11.00 |
| 12.00 | Respiratory Therapy | 6,505,932 | 1,366,955 | 7,872,887 | | | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | | | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | | | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | | | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | | | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | | | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | | | 18.00 |
| 19.00 | All Others (specify) | 21,255,759 | 4,466,014 | 25,721,773 | | | 19.00 |
| 20.00 | Total (sum of lines 1-19) (2) | 44,469,971 | 7,721,230 | 44,469,971 | | | 20.00 |
| 21.00 | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. | | 0.210109 | | | | 21.00 |

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056 HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | Cost Center Description | CAPITAL RELATED COSTS | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | NEW BLDG & FIXT (SQUARE FEET) | NEW INTEREST (SQUARE FEET) | NEW MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | NONPATIENT TELEPHONES (PHONE LINES) | DATA PROCESSING (PHONE LINES) | |
| | | 1.00 | 1.01 | 2.00 | 4.00 | 5.01 | 5.02 | |
| 1.00 | Administrative and General | 23,805 | 23,805 | 190,884 | 19,125,483 | 76 | 76 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) | 23,805 | 23,805 | 190,884 | 19,125,483 | 76 | 76 | 20.00 |
| 21.00 | Total cost to be allocated | 225,055 | 0 | 266,881 | 4,402,629 | 883 | 407,399 | 21.00 |
| 22.00 | Unit cost multiplier | 9.454106 | 0.000000 | 1.398132 | 0.230197 | 11.618421 | 5,360.513158 | 22.00 |

| | Cost Center Description | PURCHASING, RECEIVING, & STORES (COSTED REQ) | ADMITTING (INPATIENT CHARGES) | CASHIERING (TOTAL CHARGES) | Reconciliation | OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | 5.03 | 5.04 | 5.05 | 5A.06 | 5.06 | 6.00 | |
| 1.00 | Administrative and General | 171,909 | 9 | 79,074,743 | 0 | 5,724,316 | 23,805 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 4,525,264 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 2,763,517 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 458,397 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 105,770 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 161,388 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 353,324 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 6,057,541 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 19,790,803 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) | 171,909 | 9 | 79,074,743 | | 39,940,320 | 23,805 | 20.00 |
| 21.00 | Total cost to be allocated | 10,597 | 0 | 410,872 | | 2,956,462 | 155,024 | 21.00 |
| 22.00 | Unit cost multiplier | 0.061643 | 0.000000 | 0.005196 | | 0.074022 | 6.512245 | 22.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056 HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I

PPS

| | Cost Center Description | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | IU LEASED SPACE (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) | |
|---|---|---|---|---|---|---|---|---|
| | | 6.03 | 7.00 | 7.01 | 8.00 | 9.00 | 9.01 | |
| 1.00 | Administrative and General | 0 | 23,805 | 0 | 0 | 0 | 259 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) | 0 | 23,805 | 0 | 0 | 0 | 259 | 20.00 |
| 21.00 | Total cost to be allocated | 0 | 497,409 | 0 | 0 | 0 | 868 | 21.00 |
| 22.00 | Unit cost multiplier | 0.000000 | 20.895148 | 0.000000 | 0.000000 | 0.000000 | 3.351351 | 22.00 |

| | Cost Center Description | HOUSEKEEPING - RILEY (RILEY SQUAREFEET) | HOUSEKEEPING - METHODIST (MH SQUARE FEET) | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | MAINTENANCE OF PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | |
|---|---|---|---|---|---|---|---|---|
| | | 9.02 | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 1.00 | Administrative and General | 0 | 805 | 0 | 310 | 0 | 63 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) | 0 | 805 | 0 | 310 | 0 | 63 | 20.00 |
| 21.00 | Total cost to be allocated | 0 | 3,167 | 0 | 72,228 | 0 | 558,406 | 21.00 |
| 22.00 | Unit cost multiplier | 0.000000 | 3.934161 | 0.000000 | 232.993548 | 0.000000 | 8,863.587302 | 22.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056 | HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part II | Date/Time Prepared: 6/1/2014 7:02 pm

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| | Cost Center Description | CENTRAL SERVICES & SUPPLY (COSTED REQ) | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TOTAL CHARGES) | SOCIAL SERVICE (PATIENT DAYS) | OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | |
| 1.00 | Administrative and General | 171,909 | 0 | 79,074,743 | 0 | 79,074,743 | 0 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) | 171,909 | 0 | 79,074,743 | 0 | 79,074,743 | 0 | 20.00 |
| 21.00 | Total cost to be allocated | 112,992 | 0 | 135,376 | 0 | 37,719 | 0 | 21.00 |
| 22.00 | Unit cost multiplier | 0.657278 | 0.000000 | 0.001712 | 0.000000 | 0.000477 | 0.000000 | 22.00 |

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056 HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | Cost Center Description | PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) | PARAMED EMERGENCY (ASSIGNED TIME) | PARAMED PASTORAL EDUCATION (PATIENT DAYS) | PARAMED LAB SCIENCE PRO (ASSIGNED TIME) | PARAMED PHARMACY (COSTED REQUIS.) | PARAMED MEDICAL ASSIST (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|---|
| | | 23.03 | 23.04 | 23.05 | 23.06 | 23.07 | 23.08 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Skilled Nursing Care | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Home Health Aide | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Supplies (see instructions) | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Drugs | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | DME | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Home Dialysis Aide Services | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Respiratory Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Private Duty Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Health Promotion Activities | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Day Care Program | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Home Delivered Meals Program | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Homemaker Service | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | All Others (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Total (sum of lines 1-19) | 0 | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Total cost to be allocated | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Unit cost multiplier | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 22.00 |

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-3 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Title XVIII | Home Health Agency I | PPS

| | Cost Center Description | From, Wkst. H-2, Part I, col. 28, line | Facility Costs (from Wkst. H-2, Part I) | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols. 1 + 2) | Total Visits | Average Cost Per Visit (col. 3 ÷ col. 4) | |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION | | | | | | | |
| | Cost Per Visit Computation | | | | | | | |
| 1.00 | Skilled Nursing Care | 2.00 | 5,881,412 | | 5,881,412 | 34,544 | 170.26 | 1.00 |
| 2.00 | Physical Therapy | 3.00 | 3,591,698 | 0 | 3,591,698 | 20,275 | 177.15 | 2.00 |
| 3.00 | Occupational Therapy | 4.00 | 595,771 | 0 | 595,771 | 3,316 | 179.67 | 3.00 |
| 4.00 | Speech Pathology | 5.00 | 137,467 | 0 | 137,467 | 600 | 229.11 | 4.00 |
| 5.00 | Medical Social Services | 6.00 | 209,753 | | 209,753 | 656 | 319.75 | 5.00 |
| 6.00 | Home Health Aide | 7.00 | 459,210 | | 459,210 | 7,354 | 62.44 | 6.00 |
| 7.00 | Total (sum of lines 1-6) | | 10,875,311 | 0 | 10,875,311 | 66,745 | | 7.00 |

| | Cost Center Description | Cost Limits | CBSA No. (1) | Program Visits Part A | Program Visits Part B Not Subject to Deductibles & Coinsurance | Program Visits Part B Subject to Deductibles | | |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | Limitation Cost Computation | | | | | | | |
| 8.00 | Skilled Nursing Care | | 11300 | 170 | 159 | | | 8.00 |
| 8.01 | Skilled Nursing Care | | 14020 | 67 | 64 | | | 8.01 |
| 8.02 | Skilled Nursing Care | | 23844 | 0 | 0 | | | 8.02 |
| 8.03 | Skilled Nursing Care | | 26900 | 2,376 | 2,283 | | | 8.03 |
| 8.04 | Skilled Nursing Care | | 29020 | 360 | 288 | | | 8.04 |
| 8.05 | Skilled Nursing Care | | 29140 | 808 | 720 | | | 8.05 |
| 8.06 | Skilled Nursing Care | | 34620 | 1,668 | 1,115 | | | 8.06 |
| 8.07 | Skilled Nursing Care | | 43780 | 7 | 0 | | | 8.07 |
| 8.08 | Skilled Nursing Care | | 99915 | 1,625 | 1,876 | | | 8.08 |
| 9.00 | Physical Therapy | | 11300 | 169 | 102 | | | 9.00 |
| 9.01 | Physical Therapy | | 14020 | 47 | 24 | | | 9.01 |
| 9.02 | Physical Therapy | | 23844 | 0 | 0 | | | 9.02 |
| 9.03 | Physical Therapy | | 26900 | 1,456 | 1,847 | | | 9.03 |
| 9.04 | Physical Therapy | | 29020 | 295 | 305 | | | 9.04 |
| 9.05 | Physical Therapy | | 29140 | 616 | 666 | | | 9.05 |
| 9.06 | Physical Therapy | | 34620 | 585 | 332 | | | 9.06 |
| 9.07 | Physical Therapy | | 43780 | 10 | 0 | | | 9.07 |
| 9.08 | Physical Therapy | | 99915 | 898 | 1,008 | | | 9.08 |
| 10.00 | Occupational Therapy | | 11300 | 12 | 7 | | | 10.00 |
| 10.01 | Occupational Therapy | | 14020 | 4 | 14 | | | 10.01 |
| 10.02 | Occupational Therapy | | 23844 | 0 | 0 | | | 10.02 |
| 10.03 | Occupational Therapy | | 26900 | 448 | 470 | | | 10.03 |
| 10.04 | Occupational Therapy | | 29020 | 42 | 78 | | | 10.04 |
| 10.05 | Occupational Therapy | | 29140 | 49 | 58 | | | 10.05 |
| 10.06 | Occupational Therapy | | 34620 | 276 | 65 | | | 10.06 |
| 10.07 | Occupational Therapy | | 43780 | 5 | 0 | | | 10.07 |
| 10.08 | Occupational Therapy | | 99915 | 168 | 196 | | | 10.08 |
| 11.00 | Speech Pathology | | 11300 | 0 | 0 | | | 11.00 |
| 11.01 | Speech Pathology | | 14020 | 0 | 0 | | | 11.01 |
| 11.02 | Speech Pathology | | 23844 | 0 | 0 | | | 11.02 |
| 11.03 | Speech Pathology | | 26900 | 95 | 53 | | | 11.03 |
| 11.04 | Speech Pathology | | 29020 | 26 | 0 | | | 11.04 |
| 11.05 | Speech Pathology | | 29140 | 16 | 16 | | | 11.05 |
| 11.06 | Speech Pathology | | 34620 | 22 | 10 | | | 11.06 |
| 11.07 | Speech Pathology | | 43780 | 0 | 0 | | | 11.07 |
| 11.08 | Speech Pathology | | 99915 | 25 | 10 | | | 11.08 |
| 12.00 | Medical Social Services | | 11300 | 1 | 1 | | | 12.00 |
| 12.01 | Medical Social Services | | 14020 | 3 | 3 | | | 12.01 |
| 12.02 | Medical Social Services | | 23844 | 0 | 0 | | | 12.02 |
| 12.03 | Medical Social Services | | 26900 | 110 | 110 | | | 12.03 |
| 12.04 | Medical Social Services | | 29020 | 1 | 7 | | | 12.04 |
| 12.05 | Medical Social Services | | 29140 | 4 | 11 | | | 12.05 |
| 12.06 | Medical Social Services | | 34620 | 20 | 9 | | | 12.06 |
| 12.07 | Medical Social Services | | 43780 | 0 | 0 | | | 12.07 |
| 12.08 | Medical Social Services | | 99915 | 27 | 31 | | | 12.08 |
| 13.00 | Home Health Aide | | 11300 | 44 | 413 | | | 13.00 |
| 13.01 | Home Health Aide | | 14020 | 23 | 73 | | | 13.01 |
| 13.02 | Home Health Aide | | 23844 | 0 | 0 | | | 13.02 |
| 13.03 | Home Health Aide | | 26900 | 449 | 400 | | | 13.03 |
| 13.04 | Home Health Aide | | 29020 | 124 | 303 | | | 13.04 |
| 13.05 | Home Health Aide | | 29140 | 89 | 159 | | | 13.05 |
| 13.06 | Home Health Aide | | 34620 | 287 | 529 | | | 13.06 |
| 13.07 | Home Health Aide | | 43780 | 8 | 0 | | | 13.07 |

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-3 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Title XVIII | Home Health Agency I | PPS

| | Cost Center Description | Cost Limits | CBSA No. (1) | Program Visits: Part A | Program Visits: Part B Not Subject to Deductibles & Coinsurance | Program Visits: Part B Subject to Deductibles | | |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 13.08 | Home Health Aide | | 99915 | 337 | 718 | | | 13.08 |
| 14.00 | Total (sum of lines 8-13) | | | 13,872 | 14,533 | | | 14.00 |

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

| | Cost Center Description | Program Visits: Part A | Program Visits: Part B Not Subject to Deductibles & Coinsurance | Program Visits: Part B Subject to Deductibles & Coinsurance | Cost of Services: Part A | Cost of Services: Part B Not Subject to Deductibles & Coinsurance | Cost of Services: Part B Subject to Deductibles & Coinsurance | |
|---|---|---|---|---|---|---|---|---|
| | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
| | PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION | | | | | | | |
| | Cost Per Visit Computation | | | | | | | |
| 1.00 | Skilled Nursing Care | 7,081 | 6,505 | | 1,205,611 | 1,107,541 | | 1.00 |
| 2.00 | Physical Therapy | 4,076 | 4,284 | | 722,063 | 758,911 | | 2.00 |
| 3.00 | Occupational Therapy | 1,004 | 888 | | 180,389 | 159,547 | | 3.00 |
| 4.00 | Speech Pathology | 184 | 89 | | 42,156 | 20,391 | | 4.00 |
| 5.00 | Medical Social Services | 166 | 172 | | 53,079 | 54,997 | | 5.00 |
| 6.00 | Home Health Aide | 1,361 | 2,595 | | 84,981 | 162,032 | | 6.00 |
| 7.00 | Total (sum of lines 1-6) | 13,872 | 14,533 | | 2,288,279 | 2,263,419 | | 7.00 |
| | Limitation Cost Computation | | | | | | | |
| 8.00 | Skilled Nursing Care | | | | | | | 8.00 |
| 8.01 | Skilled Nursing Care | | | | | | | 8.01 |
| 8.02 | Skilled Nursing Care | | | | | | | 8.02 |
| 8.03 | Skilled Nursing Care | | | | | | | 8.03 |
| 8.04 | Skilled Nursing Care | | | | | | | 8.04 |
| 8.05 | Skilled Nursing Care | | | | | | | 8.05 |
| 8.06 | Skilled Nursing Care | | | | | | | 8.06 |
| 8.07 | Skilled Nursing Care | | | | | | | 8.07 |
| 8.08 | Skilled Nursing Care | | | | | | | 8.08 |
| 9.00 | Physical Therapy | | | | | | | 9.00 |
| 9.01 | Physical Therapy | | | | | | | 9.01 |
| 9.02 | Physical Therapy | | | | | | | 9.02 |
| 9.03 | Physical Therapy | | | | | | | 9.03 |
| 9.04 | Physical Therapy | | | | | | | 9.04 |
| 9.05 | Physical Therapy | | | | | | | 9.05 |
| 9.06 | Physical Therapy | | | | | | | 9.06 |
| 9.07 | Physical Therapy | | | | | | | 9.07 |
| 9.08 | Physical Therapy | | | | | | | 9.08 |
| 10.00 | Occupational Therapy | | | | | | | 10.00 |
| 10.01 | Occupational Therapy | | | | | | | 10.01 |
| 10.02 | Occupational Therapy | | | | | | | 10.02 |
| 10.03 | Occupational Therapy | | | | | | | 10.03 |
| 10.04 | Occupational Therapy | | | | | | | 10.04 |
| 10.05 | Occupational Therapy | | | | | | | 10.05 |
| 10.06 | Occupational Therapy | | | | | | | 10.06 |
| 10.07 | Occupational Therapy | | | | | | | 10.07 |
| 10.08 | Occupational Therapy | | | | | | | 10.08 |
| 11.00 | Speech Pathology | | | | | | | 11.00 |
| 11.01 | Speech Pathology | | | | | | | 11.01 |
| 11.02 | Speech Pathology | | | | | | | 11.02 |
| 11.03 | Speech Pathology | | | | | | | 11.03 |
| 11.04 | Speech Pathology | | | | | | | 11.04 |
| 11.05 | Speech Pathology | | | | | | | 11.05 |
| 11.06 | Speech Pathology | | | | | | | 11.06 |
| 11.07 | Speech Pathology | | | | | | | 11.07 |
| 11.08 | Speech Pathology | | | | | | | 11.08 |
| 12.00 | Medical Social Services | | | | | | | 12.00 |
| 12.01 | Medical Social Services | | | | | | | 12.01 |
| 12.02 | Medical Social Services | | | | | | | 12.02 |

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-3 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Title XVIII | Home Health Agency I | PPS

| | Cost Center Description | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | 11.00 | |
|---|---|---|---|---|---|---|---|---|
| 12.03 | Medical Social Services | | | | | | | 12.03 |
| 12.04 | Medical Social Services | | | | | | | 12.04 |
| 12.05 | Medical Social Services | | | | | | | 12.05 |
| 12.06 | Medical Social Services | | | | | | | 12.06 |
| 12.07 | Medical Social Services | | | | | | | 12.07 |
| 12.08 | Medical Social Services | | | | | | | 12.08 |
| 13.00 | Home Health Aide | | | | | | | 13.00 |
| 13.01 | Home Health Aide | | | | | | | 13.01 |
| 13.02 | Home Health Aide | | | | | | | 13.02 |
| 13.03 | Home Health Aide | | | | | | | 13.03 |
| 13.04 | Home Health Aide | | | | | | | 13.04 |
| 13.05 | Home Health Aide | | | | | | | 13.05 |
| 13.06 | Home Health Aide | | | | | | | 13.06 |
| 13.07 | Home Health Aide | | | | | | | 13.07 |
| 13.08 | Home Health Aide | | | | | | | 13.08 |
| 14.00 | Total (sum of lines 8-13) | | | | | | | 14.00 |

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

| | Cost Center Description | Total Program Cost (sum of cols. 9-10) | |
|---|---|---|---|
| | | 12.00 | |

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

| | | | |
|---|---|---|---|
| 1.00 | Skilled Nursing Care | 2,313,152 | 1.00 |
| 2.00 | Physical Therapy | 1,480,974 | 2.00 |
| 3.00 | Occupational Therapy | 339,936 | 3.00 |
| 4.00 | Speech Pathology | 62,547 | 4.00 |
| 5.00 | Medical Social Services | 108,076 | 5.00 |
| 6.00 | Home Health Aide | 247,013 | 6.00 |
| 7.00 | Total (sum of lines 1-6) | 4,551,698 | 7.00 |

| | Cost Center Description | 12.00 | |
|---|---|---|---|
| | Limitation Cost Computation | | |
| 8.00 | Skilled Nursing Care | | 8.00 |
| 8.01 | Skilled Nursing Care | | 8.01 |
| 8.02 | Skilled Nursing Care | | 8.02 |
| 8.03 | Skilled Nursing Care | | 8.03 |
| 8.04 | Skilled Nursing Care | | 8.04 |
| 8.05 | Skilled Nursing Care | | 8.05 |
| 8.06 | Skilled Nursing Care | | 8.06 |
| 8.07 | Skilled Nursing Care | | 8.07 |
| 8.08 | Skilled Nursing Care | | 8.08 |
| 9.00 | Physical Therapy | | 9.00 |
| 9.01 | Physical Therapy | | 9.01 |
| 9.02 | Physical Therapy | | 9.02 |
| 9.03 | Physical Therapy | | 9.03 |
| 9.04 | Physical Therapy | | 9.04 |
| 9.05 | Physical Therapy | | 9.05 |
| 9.06 | Physical Therapy | | 9.06 |
| 9.07 | Physical Therapy | | 9.07 |
| 9.08 | Physical Therapy | | 9.08 |
| 10.00 | Occupational Therapy | | 10.00 |
| 10.01 | Occupational Therapy | | 10.01 |
| 10.02 | Occupational Therapy | | 10.02 |
| 10.03 | Occupational Therapy | | 10.03 |
| 10.04 | Occupational Therapy | | 10.04 |
| 10.05 | Occupational Therapy | | 10.05 |
| 10.06 | Occupational Therapy | | 10.06 |
| 10.07 | Occupational Therapy | | 10.07 |
| 10.08 | Occupational Therapy | | 10.08 |
| 11.00 | Speech Pathology | | 11.00 |
| 11.01 | Speech Pathology | | 11.01 |

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-3 Part I | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Title XVIII | Home Health Agency I | PPS

| | Cost Center Description | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 12.00 | | | | | | | | | | | |
| 11.02 | Speech Pathology | | | | | | | | | | | | 11.02 |
| 11.03 | Speech Pathology | | | | | | | | | | | | 11.03 |
| 11.04 | Speech Pathology | | | | | | | | | | | | 11.04 |
| 11.05 | Speech Pathology | | | | | | | | | | | | 11.05 |
| 11.06 | Speech Pathology | | | | | | | | | | | | 11.06 |
| 11.07 | Speech Pathology | | | | | | | | | | | | 11.07 |
| 11.08 | Speech Pathology | | | | | | | | | | | | 11.08 |
| 12.00 | Medical Social Services | | | | | | | | | | | | 12.00 |
| 12.01 | Medical Social Services | | | | | | | | | | | | 12.01 |
| 12.02 | Medical Social Services | | | | | | | | | | | | 12.02 |
| 12.03 | Medical Social Services | | | | | | | | | | | | 12.03 |
| 12.04 | Medical Social Services | | | | | | | | | | | | 12.04 |
| 12.05 | Medical Social Services | | | | | | | | | | | | 12.05 |
| 12.06 | Medical Social Services | | | | | | | | | | | | 12.06 |
| 12.07 | Medical Social Services | | | | | | | | | | | | 12.07 |
| 12.08 | Medical Social Services | | | | | | | | | | | | 12.08 |
| 13.00 | Home Health Aide | | | | | | | | | | | | 13.00 |
| 13.01 | Home Health Aide | | | | | | | | | | | | 13.01 |
| 13.02 | Home Health Aide | | | | | | | | | | | | 13.02 |
| 13.03 | Home Health Aide | | | | | | | | | | | | 13.03 |
| 13.04 | Home Health Aide | | | | | | | | | | | | 13.04 |
| 13.05 | Home Health Aide | | | | | | | | | | | | 13.05 |
| 13.06 | Home Health Aide | | | | | | | | | | | | 13.06 |
| 13.07 | Home Health Aide | | | | | | | | | | | | 13.07 |
| 13.08 | Home Health Aide | | | | | | | | | | | | 13.08 |
| 14.00 | Total (sum of lines 8-13) | | | | | | | | | | | | 14.00 |

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-3 Part II | Date/Time Prepared: 6/1/2014 7:02 pm

HHA CCN: 157158 | Title XVIII | Home Health Agency I | PPS

| | Cost Center Description | From Wkst. C, Part I, col. 9, line | Cost to Charge Ratio | Total HHA Charge (from provider records) | HHA Shared Ancillary Costs (col. 1 x col. 2) | Transfer to Part I as Indicated | | |
|---|---|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | | |
| | PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS | | | | | | | |
| 1.00 | Physical Therapy | 66.00 | 0.252761 | 0 | 0 | col. 2, line 2.00 | | 1.00 |
| 2.00 | Occupational Therapy | 67.00 | 0.276510 | 0 | 0 | col. 2, line 3.00 | | 2.00 |
| 3.00 | Speech Pathology | 68.00 | 0.511418 | 0 | 0 | col. 2, line 4.00 | | 3.00 |
| 4.00 | Cost of Medical Supplies | 71.00 | 0.304956 | 0 | 0 | col. 2, line 15.00 | | 4.00 |
| 5.00 | Cost of Drugs | 73.00 | 0.293816 | 0 | 0 | col. 2, line 16.00 | | 5.00 |
| 5.01 | Cost of Drugs 1 | 73.01 | 0.000000 | 0 | 0 | col. 2, line 16.01 | | 5.01 |
| 5.02 | Cost of Drugs 2 | 73.02 | 0.000000 | 0 | 0 | col. 2, line 16.02 | | 5.02 |
| 5.03 | Cost of Drugs 3 | 73.03 | 0.205937 | 0 | 0 | col. 2, line 16.03 | | 5.03 |

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-4 Part I-II

HHA CCN: 157158 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Home Health Agency I | PPS

| | | Part A | Part B Not Subject to Deductibles & Coinsurance | Part B Subject to Deductibles & Coinsurance | |
|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | |
| | PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES | | | | |
| | Reasonable Cost of Part A & Part B Services | | | | |
| 1.00 | Reasonable cost of services (see instructions) | 0 | 0 | 0 | 1.00 |
| 2.00 | Total charges | 2,774,417 | 2,738,865 | 0 | 2.00 |
| | Customary Charges | | | | |
| 3.00 | Amount actually collected from patients liable for payment for services on a charge basis (from your records) | 0 | 0 | 0 | 3.00 |
| 4.00 | Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b) | 0 | 0 | 0 | 4.00 |
| 5.00 | Ratio of line 3 to line 4 (not to exceed 1.000000) | 0.000000 | 0.000000 | 0.000000 | 5.00 |
| 6.00 | Total customary charges (see instructions) | 2,774,417 | 2,738,865 | 0 | 6.00 |
| 7.00 | Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1) | 2,774,417 | 2,738,865 | 0 | 7.00 |
| 8.00 | Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6) | 0 | 0 | 0 | 8.00 |
| 9.00 | Primary payer amounts | 0 | 0 | 0 | 9.00 |

| | | Part A Services | Part B Services | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| | PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT | | | |
| 10.00 | Total reasonable cost (see instructions) | 0 | 0 | 10.00 |
| 11.00 | Total PPS Reimbursement - Full Episodes without Outliers | 2,175,844 | 2,179,946 | 11.00 |
| 12.00 | Total PPS Reimbursement - Full Episodes with Outliers | 40,288 | 30,068 | 12.00 |
| 13.00 | Total PPS Reimbursement - LUPA Episodes | 50,303 | 71,354 | 13.00 |
| 14.00 | Total PPS Reimbursement - PEP Episodes | 38,375 | 32,235 | 14.00 |
| 15.00 | Total PPS Outlier Reimbursement - Full Episodes with Outliers | 5,878 | 6,237 | 15.00 |
| 16.00 | Total PPS Outlier Reimbursement - PEP Episodes | 524 | 355 | 16.00 |
| 17.00 | Total Other Payments | 0 | 0 | 17.00 |
| 18.00 | DME Payments | 0 | 0 | 18.00 |
| 19.00 | Oxygen Payments | 0 | 0 | 19.00 |
| 20.00 | Prosthetic and Orthotic Payments | 0 | 0 | 20.00 |
| 21.00 | Part B deductibles billed to Medicare patients (exclude coinsurance) | | 0 | 21.00 |
| 22.00 | Subtotal (sum of lines 10 thru 20 minus line 21) | 2,311,212 | 2,320,195 | 22.00 |
| 23.00 | Excess reasonable cost (from line 8) | 0 | 0 | 23.00 |
| 24.00 | Subtotal (line 22 minus line 23) | 2,311,212 | 2,320,195 | 24.00 |
| 25.00 | Coinsurance billed to program patients (from your records) | | 0 | 25.00 |
| 26.00 | Net cost (line 24 minus line 25) | 2,311,212 | 2,320,195 | 26.00 |
| 27.00 | Reimbursable bad debts (from your records) | | | 27.00 |
| 28.00 | Reimbursable bad debts for dual eligible beneficiaries (see instructions) | | | 28.00 |
| 29.00 | Total costs - current cost reporting period (line 26 plus line 27) | 2,311,212 | 2,320,195 | 29.00 |
| 30.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | 0 | 0 | 30.00 |
| 31.00 | Subtotal (line 29 plus/minus line 30) | 2,311,212 | 2,320,195 | 31.00 |
| 31.01 | Sequestration adjustment (see instructions) | 30,944 | 35,827 | 31.01 |
| 32.00 | Interim payments (see instructions) | 2,280,268 | 2,284,368 | 32.00 |
| 33.00 | Tentative settlement (for contractor use only) | 0 | 0 | 33.00 |
| 34.00 | Balance due provider/program line 31 minus lines 31.01, 32 and 33 | 0 | 0 | 34.00 |
| 35.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2 | 0 | 0 | 35.00 |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150056 HHA CCN: 157158 | Period: From 01/01/2013 To 12/31/2013 | Worksheet H-5 Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

| | | Inpatient Part A | | Part B | | |
|---|---|---|---|---|---|---|
| | | mm/dd/yyyy | Amount | mm/dd/yyyy | Amount | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Total interim payments paid to provider | | 2,280,268 | | 2,284,368 | 1.00 |
| 2.00 | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero | | 0 | | 0 | 2.00 |
| 3.00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 3.00 |
| | Program to Provider | | | | | |
| 3.01 | | | 0 | | 0 | 3.01 |
| 3.02 | | | 0 | | 0 | 3.02 |
| 3.03 | | | 0 | | 0 | 3.03 |
| 3.04 | | | 0 | | 0 | 3.04 |
| 3.05 | | | 0 | | 0 | 3.05 |
| | Provider to Program | | | | | |
| 3.50 | | | 0 | | 0 | 3.50 |
| 3.51 | | | 0 | | 0 | 3.51 |
| 3.52 | | | 0 | | 0 | 3.52 |
| 3.53 | | | 0 | | 0 | 3.53 |
| 3.54 | | | 0 | | 0 | 3.54 |
| 3.99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) | | 0 | | 0 | 3.99 |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32) | | 2,280,268 | | 2,284,368 | 4.00 |
| | TO BE COMPLETED BY CONTRACTOR | | | | | |
| 5.00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | | | 5.00 |
| | Program to Provider | | | | | |
| 5.01 | | | 0 | | 0 | 5.01 |
| 5.02 | | | 0 | | 0 | 5.02 |
| 5.03 | | | 0 | | 0 | 5.03 |
| | Provider to Program | | | | | |
| 5.50 | | | 0 | | 0 | 5.50 |
| 5.51 | | | 0 | | 0 | 5.51 |
| 5.52 | | | 0 | | 0 | 5.52 |
| 5.99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | 0 | | 0 | 5.99 |
| 6.00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | | | 6.00 |
| 6.01 | SETTLEMENT TO PROVIDER | | 0 | | 0 | 6.01 |
| 6.02 | SETTLEMENT TO PROGRAM | | 0 | | 0 | 6.02 |
| 7.00 | Total Medicare program liability (see instructions) | | 2,280,268 | | 2,284,368 | 7.00 |

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056 | Component CCN: 153510 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Renal Dialysis

| | | Total Costs | Basis | Statistics | FTEs per 2080 Hours | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Registered Nurses | 3,346,630 | Hours of Service | 104,849.00 | 50.41 | 1.00 |
| 2.00 | Licensed Practical Nurses | 10,590 | Hours of Service | 671.00 | 0.32 | 2.00 |
| 3.00 | Nurses Aides | 22,622 | Hours of Service | 1,479.00 | 0.71 | 3.00 |
| 4.00 | Technicians | 1,172,037 | Hours of Service | 73,517.00 | 35.34 | 4.00 |
| 5.00 | Social Workers | 66,646 | Hours of Service | 2,958.00 | 1.42 | 5.00 |
| 6.00 | Dieticians | 143,670 | Hours of Service | 4,964.00 | 2.39 | 6.00 |
| 7.00 | Physicians | 0 | Accumulated Cost | | | 7.00 |
| 8.00 | Non-patient Care Salary | 843,154 | Accumulated Cost | | | 8.00 |
| 9.00 | Subtotal (sum of lines 1-8) | 5,605,349 | | | | 9.00 |
| 10.00 | Employee Benefits | 454,226 | Salary | | | 10.00 |
| 11.00 | Capital Related Costs-Bldgs. & Fixtures | 37,644 | Square Feet | | | 11.00 |
| 12.00 | Capital Related Costs-Mov. Equip. | 61,698 | Percentage of Time | | | 12.00 |
| 13.00 | Machine Costs & Repairs | 29,625 | Percentage of Time | | | 13.00 |
| 14.00 | Supplies | 0 | Requisitions | | | 14.00 |
| 15.00 | Drugs | 0 | Requisitions | | | 15.00 |
| 16.00 | Other | 1,149,256 | Accumulated Cost | | | 16.00 |
| 17.00 | Subtotal (sum of lines 9-16)* | 7,337,798 | | | | 17.00 |
| 18.00 | Capital Related Costs-Bldgs. & Fixtures | 322,026 | Square Feet | | | 18.00 |
| 19.00 | Capital Related Costs-Mov. Equip. | 305,956 | Percentage of Time | | | 19.00 |
| 20.00 | Employee Benefits Department | 1,413,543 | Salary | | | 20.00 |
| 21.00 | Administrative & General | 1,837,007 | Accumulated Cost | | | 21.00 |
| 22.00 | Maint./Repairs-Oper-Housekeeping | 1,052,584 | Square Feet | | | 22.00 |
| 23.00 | Medical Education Program Costs | 397 | | | | 23.00 |
| 24.00 | Central Service & Supplies | 1,383,938 | Requisitions | | | 24.00 |
| 25.00 | Pharmacy | -1,091,236 | Requisitions | | | 25.00 |
| 26.00 | Other Allocated Costs | 596,956 | Accumulated Cost | | | 26.00 |
| 27.00 | Subtotal (sum of lines 17-26)* | 13,158,969 | | | | 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 | Other (see instructions) | 0 | Charges | 0 | | 30.00 |
| 31.00 | Total costs (sum of lines 27-30) | 13,158,969 | | | | 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 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056 | Component CCN: 153510 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-2 | Date/Time Prepared: 6/1/2014 7:02 pm

Renal Dialysis

| | | Capital Related Costs | | Direct Patient Care Salary | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Building | Equipment | RNs | Other | Employee Benefits Department | Drugs | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | Total Renal Department Costs | 1,412,254 | 397,279 | 3,346,630 | 1,415,565 | 1,867,769 | -1,091,236 | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | 803,106 | 225,921 | 1,903,128 | 804,989 | 1,062,145 | -620,553 | 2.00 |
| 3.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | 1,554 | 437 | 3,683 | 1,558 | 2,055 | -1,201 | 4.00 |
| 5.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | CAPD | 201 | 56 | 475 | 201 | 265 | -155 | 6.00 |
| 7.00 | CCPD | 1,053 | 296 | 2,495 | 1,055 | 1,392 | -813 | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | 190,349 | 53,547 | 451,072 | 190,796 | 251,745 | -147,081 | 8.00 |
| 9.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | CAPD | 21,155 | 5,951 | 50,132 | 21,205 | 27,979 | -16,347 | 10.00 |
| 11.00 | CCPD | 394,836 | 111,071 | 935,645 | 395,761 | 522,188 | -305,086 | 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 | EPO (include in Renal Department) | | | | | | 0 | 14.00 |
| 15.00 | ARANESP (include in Renal Department) | | | | | | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Total (sum of lines 2-16) | 1,412,254 | 397,279 | 3,346,630 | 1,415,565 | 1,867,769 | -1,091,236 | 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 | 1,383,938 | 0 | 8,732,199 | 4,426,373 | 13,158,572 | | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | 787,003 | 0 | 4,965,739 | 2,517,146 | 7,482,885 | | 2.00 |
| 3.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | 1,523 | 0 | 9,609 | 4,871 | 14,480 | | 4.00 |
| 5.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | | 5.00 |
| 6.00 | CAPD | 197 | 0 | 1,240 | 629 | 1,869 | | 6.00 |
| 7.00 | CCPD | 1,032 | 0 | 6,510 | 3,300 | 9,810 | | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | 186,533 | 0 | 1,176,961 | 596,604 | 1,773,565 | | 8.00 |
| 9.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | | 9.00 |
| 10.00 | CAPD | 20,731 | 0 | 130,806 | 66,306 | 197,112 | | 10.00 |
| 11.00 | CCPD | 386,919 | 0 | 2,441,334 | 1,237,517 | 3,678,851 | | 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 | EPO (include in Renal Department) | | | | | | | 14.00 |
| 15.00 | ARANESP (include in Renal Department) | | | | | | | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | Total (sum of lines 2-16) | 1,383,938 | 0 | 8,732,199 | 4,426,373 | 13,158,572 | | 17.00 |
| 18.00 | Medical Educational Program Costs | | | | | 397 | | 18.00 |
| 19.00 | Total Renal Costs (line 17 + line 18) | | | | | 13,158,969 | | 19.00 |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056 | Component CCN: 153510 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Renal Dialysis

| | | | Capital Related Costs | | Direct Patient Care Salary | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Building (Square Feet) | Equipment (% of Time) | RNs (Hours) | Other (Hours) | Employee Benefits Department (Salary) | |
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1.00 | Total Renal Department Costs | | 1,412,254 | 397,279 | 3,346,630 | 1,415,565 | 1,867,769 | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | | 16,020 | 16,020.00 | 16,020.00 | 16,020.00 | 16,020 | 2.00 |
| 3.00 | Intermittent Peritoneal | | 0 | 0.00 | 0.00 | 0.00 | 0 | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | | 31 | 31.00 | 31.00 | 31.00 | 31 | 4.00 |
| 5.00 | Intermittent Peritoneal | | 0 | 0.00 | 0.00 | 0.00 | 0 | 5.00 |
| 6.00 | CAPD | | 4 | 4.00 | 4.00 | 4.00 | 4 | 6.00 |
| 7.00 | CCPD | | 21 | 21.00 | 21.00 | 21.00 | 21 | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | | 3,797 | 3,797.00 | 3,797.00 | 3,797.00 | 3,797 | 8.00 |
| 9.00 | Intermittent Peritoneal | | 0 | 0.00 | 0.00 | 0.00 | 0 | 9.00 |
| 10.00 | CAPD | | 422 | 422.00 | 422.00 | 422.00 | 422 | 10.00 |
| 11.00 | CCPD | | 7,876 | 7,876.00 | 7,876.00 | 7,876.00 | 7,876 | 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 | EPO | | | | | | | 14.00 |
| 15.00 | ARANESP | | | | | | | 15.00 |
| 16.00 | Other | | 0 | 0.00 | 0.00 | 0.00 | 0 | 16.00 |
| 17.00 | Total Statistical Basis | | 28,171 | 28,171.00 | 28,171.00 | 28,171.00 | 28,171 | 17.00 |
| 18.00 | Unit Cost Multiplier (line 1 ÷ line 17) | | 50.131483 | 14.102410 | 118.796990 | 50.249015 | 66.301125 | 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 | -1,091,236 | 1,383,938 | 0 | 8,732,199 | 4,426,373 | | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | 16,020 | 16,020 | 16,020 | | | | 2.00 |
| 3.00 | Intermittent Peritoneal | 0 | 0 | 0 | | | | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | 31 | 31 | 31 | | | | 4.00 |
| 5.00 | Intermittent Peritoneal | 0 | 0 | 0 | | | | 5.00 |
| 6.00 | CAPD | 4 | 4 | 4 | | | | 6.00 |
| 7.00 | CCPD | 21 | 21 | 21 | | | | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | 3,797 | 3,797 | 3,797 | | | | 8.00 |
| 9.00 | Intermittent Peritoneal | 0 | 0 | 0 | | | | 9.00 |
| 10.00 | CAPD | 422 | 422 | 422 | | | | 10.00 |
| 11.00 | CCPD | 7,876 | 7,876 | 7,876 | | | | 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 | EPO | 0 | | | | | | 14.00 |
| 15.00 | ARANESP | 0 | | | | | | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | | | | 16.00 |
| 17.00 | Total Statistical Basis | 28,171 | 28,171 | 28,171 | | 8,732,199 | | 17.00 |
| 18.00 | Unit Cost Multiplier (line 1 ÷ line 17) | -38.736147 | 49.126336 | 0.000000 | | 0.506902 | | 18.00 |

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 150056 | Component CCN: 153510 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Rate 0 | Renal Dialysis

| | | Number of Total Treatments | Total Cost (from Wkst. I-2, col. 11) | Average Cost of Program Treatments (col. 2 ÷ col. 1) | Number of Program Treatments (prior to Jan. 1) | Number of Program Treatments (on/after Jan. 1) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 4.02 | |
| 1.00 | Maintenance - Hemodialysis | 16,020 | 7,482,885 | 467.10 | 0 | 17,690 | 1.00 |
| 2.00 | Maintenance - Peritoneal Dialysis | 0 | 0 | 0.00 | 0 | 0 | 2.00 |
| 3.00 | Training - Hemodialysis | 31 | 14,480 | 467.10 | 0 | 34 | 3.00 |
| 4.00 | Training - Peritoneal Dialysis | 0 | 0 | 0.00 | 0 | 0 | 4.00 |
| 5.00 | Training - Continuous Ambulatory Peritoneal Dialysis | 4 | 1,869 | 467.25 | 0 | 3 | 5.00 |
| 6.00 | Training - Continuous Cycling Peritoneal Dialysis | 21 | 9,810 | 467.14 | 0 | 9 | 6.00 |
| 7.00 | Home Program - Hemodialysis | 3,797 | 1,773,565 | 467.10 | 0 | 4,193 | 7.00 |
| 8.00 | Home Program - Peritoneal Dialysis | 0 | 0 | 0.00 | 0 | 0 | 8.00 |
| | | Patient Weeks | | | Patient Weeks (prior to Jan. 1) | Patient Weeks (on/after Jan. 1) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 4.02 | |
| 9.00 | Home Program - Continuous Ambulatory Peritoneal Dialysis | 60 | 197,112 | 3,285.20 | 0 | 56 | 9.00 |
| 10.00 | Home Program - Continuous Cycling Peritoneal Dialysis | 1,125 | 3,678,851 | 3,270.09 | 0 | 452 | 10.00 |
| 11.00 | Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) | 19,873 | 13,158,572 | | 0 | 21,929 | 11.00 |
| 12.00 | Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) | 23,428 | | | | | 12.00 |
| | ADDITIONAL RENAL FACILITY NUMBERS | | | | | | |
| 20.00 | CLARIAN | 153515 | | | | | 20.00 |
| 20.01 | CLARIAN HEALTH PARTNERS | 153521 | | | | | 20.01 |
| 20.02 | METHODIST DIALYSIS | 153522 | | | | | 20.02 |
| 20.03 | | | | | | | 20.03 |

| | | Total Program Expenses (see instructions) | Total Program Payment (prior to Jan. 1) | Total Program Payment (on/after Jan. 1) | Average Payment Rate (col. 6 ÷ col. 4) | Average Payment Rate (col. 6.02 ÷ col. 4.02) | |
|---|---|---|---|---|---|---|---|
| | | 5.00 | 6.00 | 6.02 | 7.00 | 7.02 | |
| 1.00 | Maintenance - Hemodialysis | 8,262,999 | 0 | 4,601,186 | 249.09 | 260.10 | 1.00 |
| 2.00 | Maintenance - Peritoneal Dialysis | 0 | 0 | 0 | 0.00 | 0.00 | 2.00 |
| 3.00 | Training - Hemodialysis | 15,881 | 0 | 12,830 | 317.00 | 377.35 | 3.00 |
| 4.00 | Training - Peritoneal Dialysis | 0 | 0 | 0 | 0.00 | 0.00 | 4.00 |
| 5.00 | Training - Continuous Ambulatory Peritoneal Dialysis | 1,402 | 0 | 1,037 | 349.50 | 345.67 | 5.00 |
| 6.00 | Training - Continuous Cycling Peritoneal Dialysis | 4,204 | 0 | 2,781 | 273.53 | 309.00 | 6.00 |
| 7.00 | Home Program - Hemodialysis | 1,958,550 | 0 | 1,115,834 | 255.16 | 266.12 | 7.00 |
| 8.00 | Home Program - Peritoneal Dialysis | 0 | 0 | 0 | 0.00 | 0.00 | 8.00 |
| | | | (prior to Jan. 1) | (on/after Jan. 1) | | | |
| | | 5.00 | 6.00 | 6.02 | 7.00 | 7.02 | |
| 9.00 | Home Program - Continuous Ambulatory Peritoneal Dialysis | 183,971 | 0 | 42,518 | 744.78 | 759.25 | 9.00 |
| 10.00 | Home Program - Continuous Cycling Peritoneal Dialysis | 1,478,081 | 0 | 346,983 | 8,866.74 | 767.66 | 10.00 |
| 11.00 | Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) | 11,905,088 | 0 | 6,123,169 | | | 11.00 |
| 12.00 | Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) | | | | | | 12.00 |
| | ADDITIONAL RENAL FACILITY NUMBERS | | | | | | |
| 20.00 | CLARIAN | | | | | | 20.00 |
| 20.01 | CLARIAN HEALTH PARTNERS | | | | | | 20.01 |
| 20.02 | METHODIST DIALYSIS | | | | | | 20.02 |
| 20.03 | | | | | | | 20.03 |

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-1 | Date/Time Prepared: 6/1/2014 7:02 pm

Home Program Dialysis | PPS

| | | Total Costs | Basis | Statistics | FTEs per 2080 Hours | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Registered Nurses | 571,083 | Hours of Service | 15,529.00 | 7.47 | 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 | 0.00 | 0.00 | 3.00 |
| 4.00 | Technicians | 89,432 | Hours of Service | 4,679.00 | 2.25 | 4.00 |
| 5.00 | Social Workers | 55,697 | Hours of Service | 2,278.00 | 1.10 | 5.00 |
| 6.00 | Dieticians | 1,149 | Hours of Service | 49.00 | 0.02 | 6.00 |
| 7.00 | Physicians | 0 | Accumulated Cost | | | 7.00 |
| 8.00 | Non-patient Care Salary | 47,738 | Accumulated Cost | | | 8.00 |
| 9.00 | Subtotal (sum of lines 1-8) | 765,099 | | | | 9.00 |
| 10.00 | Employee Benefits | 51,697 | Salary | | | 10.00 |
| 11.00 | Capital Related Costs-Bldgs. & Fixtures | 76,046 | Square Feet | | | 11.00 |
| 12.00 | Capital Related Costs-Mov. Equip. | 19,261 | Percentage of Time | | | 12.00 |
| 13.00 | Machine Costs & Repairs | 4,468 | Percentage of Time | | | 13.00 |
| 14.00 | Supplies | 0 | Requisitions | | | 14.00 |
| 15.00 | Drugs | 0 | Requisitions | | | 15.00 |
| 16.00 | Other | 165,300 | Accumulated Cost | | | 16.00 |
| 17.00 | Subtotal (sum of lines 9-16)* | 1,081,871 | | | | 17.00 |
| 18.00 | Capital Related Costs-Bldgs. & Fixtures | 110,452 | Square Feet | | | 18.00 |
| 19.00 | Capital Related Costs-Mov. Equip. | 81,167 | Percentage of Time | | | 19.00 |
| 20.00 | Employee Benefits Department | 195,611 | Salary | | | 20.00 |
| 21.00 | Administrative & General | 410,428 | Accumulated Cost | | | 21.00 |
| 22.00 | Maint./Repairs-Oper-Housekeeping | 359,361 | Square Feet | | | 22.00 |
| 23.00 | Medical Education Program Costs | 0 | | | | 23.00 |
| 24.00 | Central Service & Supplies | 1,239,350 | Requisitions | | | 24.00 |
| 25.00 | Pharmacy | -491,004 | Requisitions | | | 25.00 |
| 26.00 | Other Allocated Costs | 93,701 | Accumulated Cost | | | 26.00 |
| 27.00 | Subtotal (sum of lines 17-26)* | 3,080,937 | | | | 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 | Other (see instructions) | 0 | Charges | 0 | | 30.00 |
| 31.00 | Total costs (sum of lines 27-30) | 3,080,937 | | | | 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 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-2 | Date/Time Prepared: 6/1/2014 7:02 pm

Home Program Dialysis | PPS

| | | Capital Related Costs | | Direct Patient Care Salary | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Building | Equipment | RNs | Other | Employee Benefits Department | Drugs | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | Total Renal Department Costs | 545,859 | 104,896 | 571,083 | 146,278 | 247,308 | -491,004 | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | 200,725 | 38,572 | 210,001 | 53,791 | 90,941 | -180,554 | 2.00 |
| 3.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | 394 | 76 | 412 | 106 | 178 | -354 | 4.00 |
| 5.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | CAPD | 1,143 | 220 | 1,195 | 306 | 518 | -1,028 | 6.00 |
| 7.00 | CCPD | 453 | 87 | 474 | 121 | 205 | -408 | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | 47,571 | 9,142 | 49,770 | 12,748 | 21,553 | -42,791 | 8.00 |
| 9.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | CAPD | 131,565 | 25,282 | 137,644 | 35,256 | 59,607 | -118,343 | 10.00 |
| 11.00 | CCPD | 164,008 | 31,517 | 171,587 | 43,950 | 74,306 | -147,526 | 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 | EPO (include in Renal Department) | | | | | | 0 | 14.00 |
| 15.00 | ARANESP (include in Renal Department) | | | | | | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Total (sum of lines 2-16) | 545,859 | 104,896 | 571,083 | 146,278 | 247,308 | -491,004 | 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 | 1,239,350 | 0 | 2,363,770 | 717,167 | 3,080,937 | | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | 455,739 | 0 | 869,215 | 263,719 | 1,132,934 | | 2.00 |
| 3.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | 894 | 0 | 1,706 | 518 | 2,224 | | 4.00 |
| 5.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | | 5.00 |
| 6.00 | CAPD | 2,594 | 0 | 4,948 | 1,501 | 6,449 | | 6.00 |
| 7.00 | CCPD | 1,029 | 0 | 1,961 | 595 | 2,556 | | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | 108,009 | 0 | 206,002 | 62,501 | 268,503 | | 8.00 |
| 9.00 | Intermittent Peritoneal | 0 | 0 | 0 | 0 | 0 | | 9.00 |
| 10.00 | CAPD | 298,712 | 0 | 569,723 | 172,854 | 742,577 | | 10.00 |
| 11.00 | CCPD | 372,373 | 0 | 710,215 | 215,479 | 925,694 | | 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 | EPO (include in Renal Department) | | | | | | | 14.00 |
| 15.00 | ARANESP (include in Renal Department) | | | | | | | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | Total (sum of lines 2-16) | 1,239,350 | 0 | 2,363,770 | 717,167 | 3,080,937 | | 17.00 |
| 18.00 | Medical Educational Program Costs | | | | | 0 | | 18.00 |
| 19.00 | Total Renal Costs (line 17 + line 18) | | | | | 3,080,937 | | 19.00 |

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-3 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | | Home Program Dialysis | PPS |
|---|---|---|---|---|

| | | | Capital Related Costs | | Direct Patient Care Salary | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Building (Square Feet) | Equipment (% of Time) | RNs (Hours) | Other (Hours) | Employee Benefits Department (Salary) | |
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1.00 | Total Renal Department Costs | | 545,859 | 104,896 | 571,083 | 146,278 | 247,308 | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | | 10,190 | 10,190.00 | 10,190.00 | 10,190.00 | 10,190 | 2.00 |
| 3.00 | Intermittent Peritoneal | | 0 | 0.00 | 0.00 | 0.00 | 0 | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | | 20 | 20.00 | 20.00 | 20.00 | 20 | 4.00 |
| 5.00 | Intermittent Peritoneal | | 0 | 0.00 | 0.00 | 0.00 | 0 | 5.00 |
| 6.00 | CAPD | | 58 | 58.00 | 58.00 | 58.00 | 58 | 6.00 |
| 7.00 | CCPD | | 23 | 23.00 | 23.00 | 23.00 | 23 | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | | 2,415 | 2,415.00 | 2,415.00 | 2,415.00 | 2,415 | 8.00 |
| 9.00 | Intermittent Peritoneal | | 0 | 0.00 | 0.00 | 0.00 | 0 | 9.00 |
| 10.00 | CAPD | | 6,679 | 6,679.00 | 6,679.00 | 6,679.00 | 6,679 | 10.00 |
| 11.00 | CCPD | | 8,326 | 8,326.00 | 8,326.00 | 8,326.00 | 8,326 | 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 | EPO | | | | | | | 14.00 |
| 15.00 | ARANESP | | | | | | | 15.00 |
| 16.00 | Other | | 0 | 0.00 | 0.00 | 0.00 | 0 | 16.00 |
| 17.00 | Total Statistical Basis | | 27,711 | 27,711.00 | 27,711.00 | 27,711.00 | 27,711 | 17.00 |
| 18.00 | Unit Cost Multiplier (line 1 ÷ line 17) | | 19.698279 | 3.785356 | 20.608531 | 5.278698 | 8.924543 | 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 | -491,004 | 1,239,350 | 0 | 2,363,770 | 717,167 | | 1.00 |
| | MAINTENANCE | | | | | | | |
| 2.00 | Hemodialysis | 10,190 | 10,190 | 10,190 | | | | 2.00 |
| 3.00 | Intermittent Peritoneal | 0 | 0 | 0 | | | | 3.00 |
| | TRAINING | | | | | | | |
| 4.00 | Hemodialysis | 20 | 20 | 20 | | | | 4.00 |
| 5.00 | Intermittent Peritoneal | 0 | 0 | 0 | | | | 5.00 |
| 6.00 | CAPD | 58 | 58 | 58 | | | | 6.00 |
| 7.00 | CCPD | 23 | 23 | 23 | | | | 7.00 |
| | HOME | | | | | | | |
| 8.00 | Hemodialysis | 2,415 | 2,415 | 2,415 | | | | 8.00 |
| 9.00 | Intermittent Peritoneal | 0 | 0 | 0 | | | | 9.00 |
| 10.00 | CAPD | 6,679 | 6,679 | 6,679 | | | | 10.00 |
| 11.00 | CCPD | 8,326 | 8,326 | 8,326 | | | | 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 | EPO | 0 | | | | | | 14.00 |
| 15.00 | ARANESP | 0 | | | | | | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | | | | 16.00 |
| 17.00 | Total Statistical Basis | 27,711 | 27,711 | 27,711 | | 2,363,770 | | 17.00 |
| 18.00 | Unit Cost Multiplier (line 1 ÷ line 17) | -17.718740 | 44.724117 | 0.000000 | | 0.303400 | | 18.00 |

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Rate 0 | Home Program Dialysis | PPS

| | | Number of Total Treatments | Total Cost (from Wkst. I-2, col. 11) | Average Cost of Program Treatments (col. 2 ÷ col. 1) | Number of Program Treatments (prior to Jan. 1) | Number of Program Treatments (on/after Jan. 1) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 4.02 | |
| 1.00 | Maintenance - Hemodialysis | 10,190 | 1,132,934 | 111.18 | 0 | 10,878 | 1.00 |
| 2.00 | Maintenance - Peritoneal Dialysis | 0 | 0 | 0.00 | 0 | 0 | 2.00 |
| 3.00 | Training - Hemodialysis | 20 | 2,224 | 111.20 | 0 | 21 | 3.00 |
| 4.00 | Training - Peritoneal Dialysis | 0 | 0 | 0.00 | 0 | 0 | 4.00 |
| 5.00 | Training - Continuous Ambulatory Peritoneal Dialysis | 58 | 6,449 | 111.19 | 0 | 44 | 5.00 |
| 6.00 | Training - Continuous Cycling Peritoneal Dialysis | 23 | 2,556 | 111.13 | 0 | 10 | 6.00 |
| 7.00 | Home Program - Hemodialysis | 2,415 | 268,503 | 111.18 | 0 | 2,578 | 7.00 |
| 8.00 | Home Program - Peritoneal Dialysis | 0 | 0 | 0.00 | 0 | 0 | 8.00 |
| | | Patient Weeks | | | Patient Weeks (prior to Jan. 1) | Patient Weeks (on/after Jan. 1) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 4.02 | |
| 9.00 | Home Program - Continuous Ambulatory Peritoneal Dialysis | 954 | 742,577 | 778.38 | 0 | 714 | 9.00 |
| 10.00 | Home Program - Continuous Cycling Peritoneal Dialysis | 1,189 | 925,694 | 778.55 | 0 | 544 | 10.00 |
| 11.00 | Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) | 12,706 | 3,080,937 | | 0 | 13,531 | 11.00 |
| 12.00 | Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) | 19,135 | | | | | 12.00 |
| | ADDITIONAL RENAL FACILITY NUMBERS | | | | | | |
| 20.00 | CLARIAN | 153515 | | | | | 20.00 |
| 20.01 | CLARIAN HEALTH PARTNERS | 153521 | | | | | 20.01 |
| 20.02 | METHODIST DIALYSIS | 153522 | | | | | 20.02 |
| 20.03 | | | | | | | 20.03 |

| | | Total Program Expenses (see instructions) | Total Program Payment (prior to Jan. 1) | Total Program Payment (on/after Jan. 1) | Average Payment Rate (col. 6 ÷ col. 4) | Average Payment Rate (col. 6.02 ÷ col. 4.02) | |
|---|---|---|---|---|---|---|---|
| | | 5.00 | 6.00 | 6.02 | 7.00 | 7.02 | |
| 1.00 | Maintenance - Hemodialysis | 1,209,416 | 0 | 2,829,402 | 249.09 | 260.10 | 1.00 |
| 2.00 | Maintenance - Peritoneal Dialysis | 0 | 0 | 0 | 0.00 | 0.00 | 2.00 |
| 3.00 | Training - Hemodialysis | 2,335 | 0 | 7,890 | 318.68 | 375.71 | 3.00 |
| 4.00 | Training - Peritoneal Dialysis | 0 | 0 | 0 | 0.00 | 0.00 | 4.00 |
| 5.00 | Training - Continuous Ambulatory Peritoneal Dialysis | 4,892 | 0 | 13,298 | 292.77 | 302.23 | 5.00 |
| 6.00 | Training - Continuous Cycling Peritoneal Dialysis | 1,111 | 0 | 3,343 | 282.25 | 334.30 | 6.00 |
| 7.00 | Home Program - Hemodialysis | 286,622 | 0 | 686,158 | 255.16 | 266.16 | 7.00 |
| 8.00 | Home Program - Peritoneal Dialysis | 0 | 0 | 0 | 0.00 | 0.00 | 8.00 |
| | | | (prior to Jan. 1) | (on/after Jan. 1) | | | |
| | | 5.00 | 6.00 | 6.02 | 7.00 | 7.02 | |
| 9.00 | Home Program - Continuous Ambulatory Peritoneal Dialysis | 555,763 | 0 | 545,385 | 755.08 | 763.84 | 9.00 |
| 10.00 | Home Program - Continuous Cycling Peritoneal Dialysis | 423,531 | 0 | 417,153 | 739.02 | 766.83 | 10.00 |
| 11.00 | Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) | 2,483,670 | 0 | 4,502,629 | | | 11.00 |
| 12.00 | Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) | | | | | | 12.00 |
| | ADDITIONAL RENAL FACILITY NUMBERS | | | | | | |
| 20.00 | CLARIAN | | | | | | 20.00 |
| 20.01 | CLARIAN HEALTH PARTNERS | | | | | | 20.01 |
| 20.02 | METHODIST DIALYSIS | | | | | | 20.02 |
| 20.03 | | | | | | | 20.03 |

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-5 | Date/Time Prepared: 6/1/2014 7:02 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) | 14,388,758 | | 1.00 |
| 2.00 | Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions) | 0 | 0 | 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) | 10,625,798 | 9,918,272 | 2.02 |
| 2.03 | Total payment due (see instructions) | 10,625,798 | 9,918,272 | 2.03 |
| 2.04 | Outlier payments | 110,859 | | 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) | 1,425 | 1,330 | 3.02 |
| 3.03 | Total deductibles billed to Medicare (Part B) patients (see instructions) | 1,425 | 1,330 | 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) | 2,124,873 | 1,983,386 | 4.02 |
| 4.03 | Total coinsurance billed to Medicare (Part B) patients (see instructions) | 2,124,873 | 1,983,386 | 4.03 |
| 5.00 | Bad debts for deductibles and coinsurance, net of bad debt recoveries | 0 | 0 | 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 | 332,539 | 303,016 | 5.04 |
| 5.05 | Total bad debts (sum of line 5 through line 5.04) | 332,539 | 303,016 | 5.05 |
| 6.00 | Allowable bad debts (see instructions) | 266,654 | | 6.00 |
| 7.00 | Reimbursable bad debts for dual eligible beneficiaries (see instructions) | 226,885 | | 7.00 |
| 8.00 | Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions) | 0 | 1,681,700 | 8.00 |
| 9.00 | Program payment (see instructions) | 0 | 7,933,554 | 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) | 266,654 | | 11.00 |
| | PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE | | | |
| 12.00 | Total allowable expenses (see instructions) | 17,821,749 | | 12.00 |
| 13.00 | Total composite costs (from Wkst. I-4, col. 2, line 11) | 16,239,509 | | 13.00 |
| 14.00 | Facility specific composite cost percentage (line 13 divided by line 12) | 0.911219 | | 14.00 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056 Hospice CCN: 151511 | Period: From 01/01/2013 To 12/31/2013 | Worksheet K | Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Salaries (from Wkst. K-1) | Employee Benefits (from Wkst. K-2) | Transportation (see inst.) | Contracted Services (from Wkst. K-3) | Other | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | | | 0 | | 253,412 | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | | | 0 | | 44,649 | 2.00 |
| 3.00 | Plant Operation and Maintenance | 0 | 0 | 0 | 0 | 45,597 | 3.00 |
| 4.00 | Transportation - Staff | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Administrative and General | 1,079,033 | 322,402 | 0 | 0 | 1,600,951 | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 10,563 | 3,156 | 0 | 0 | 145,245 | 9.00 |
| 10.00 | Nursing Care | 1,740,173 | 519,943 | 0 | 0 | 0 | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Social Services | 318,522 | 95,170 | 0 | 0 | 0 | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 260,852 | 77,940 | 0 | 0 | 0 | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | 0 | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 638,420 | 22.00 |
| 23.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Patient Transportation | 0 | 0 | 48,511 | 0 | 0 | 27.00 |
| 28.00 | Imaging Services | 0 | 0 | 0 | 0 | 4,876 | 28.00 |
| 29.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 5,699 | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | 0 | 0 | 71,175 | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | 0 | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 276,690 | 82,672 | 0 | 0 | 0 | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 3,685,833 | 1,101,283 | 48,511 | 0 | 2,810,024 | 39.00 |

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056 Hospice CCN: 151511 | Period: From 01/01/2013 To 12/31/2013 | Worksheet K | Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Total (cols. 1-5) | Reclassification | Subtotal (col. 6 ± col. 7) | Adjustments | Total (col. 8 ± col. 9) | |
|---|---|---|---|---|---|---|---|
| | | 6.00 | 7.00 | 8.00 | 9.00 | 10.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | 253,412 | -15,048 | 238,364 | 0 | 238,364 | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | 44,649 | -44,649 | 0 | 0 | 0 | 2.00 |
| 3.00 | Plant Operation and Maintenance | 45,597 | 0 | 45,597 | 0 | 45,597 | 3.00 |
| 4.00 | Transportation - Staff | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Administrative and General | 3,002,386 | -241,373 | 2,761,013 | -318,527 | 2,442,486 | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 158,964 | -2,363 | 156,601 | -50,000 | 106,601 | 9.00 |
| 10.00 | Nursing Care | 2,260,116 | -389,295 | 1,870,821 | 0 | 1,870,821 | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Social Services | 413,692 | -71,257 | 342,435 | 0 | 342,435 | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 338,792 | -58,355 | 280,437 | 0 | 280,437 | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | 0 | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | 638,420 | -633,399 | 5,021 | 0 | 5,021 | 22.00 |
| 23.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Patient Transportation | 48,511 | 0 | 48,511 | 0 | 48,511 | 27.00 |
| 28.00 | Imaging Services | 4,876 | 0 | 4,876 | 0 | 4,876 | 28.00 |
| 29.00 | Labs and Diagnostics | 5,699 | 0 | 5,699 | 0 | 5,699 | 29.00 |
| 30.00 | Medical Supplies | 71,175 | -71,175 | 0 | 0 | 0 | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | 0 | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 359,362 | -61,898 | 297,464 | 0 | 297,464 | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 7,645,651 | -1,588,812 | 6,056,839 | -368,527 | 5,688,312 | 39.00 |

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056 Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-1

Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Administrator | Director | Social Services | Supervisors | Nurses | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | | | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | | | | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Transportation - Staff | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Administrative and General | 0 | 97,580 | 0 | 0 | 291,000 | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Nursing Care | 0 | 0 | 0 | 0 | 1,740,173 | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Social Services | 0 | 0 | 318,522 | 0 | 0 | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | 0 | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | | | | | | 22.00 |
| 23.00 | Analgesics | | | | | | 23.00 |
| 24.00 | Sedatives / Hypnotics | | | | | | 24.00 |
| 25.00 | Other - Specify | | | | | | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | | | | | | 26.00 |
| 27.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | 0 | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 0 | 97,580 | 318,522 | 0 | 2,031,173 | 39.00 |

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056 Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-1

Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Total Therapists | Aides | All-Other | Total (1) | | |
|---|---|---|---|---|---|---|---|
| | | 6.00 | 7.00 | 8.00 | 9.00 | | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | | | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | | | | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | | 0 | 0 | 0 | | 3.00 |
| 4.00 | Transportation - Staff | | 0 | 0 | 0 | | 4.00 |
| 5.00 | Volunteer Service Coordination | | 0 | 0 | 0 | | 5.00 |
| 6.00 | Administrative and General | | 0 | 690,453 | 1,079,033 | | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | | 0 | 0 | 0 | | 7.00 |
| 8.00 | Inpatient - Respite Care | | 0 | 0 | 0 | | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | | 0 | 10,563 | 10,563 | | 9.00 |
| 10.00 | Nursing Care | | 0 | 0 | 1,740,173 | | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | | 0 | 0 | 0 | | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | Medical Social Services | | 0 | 0 | 318,522 | | 15.00 |
| 16.00 | Spiritual Counseling | | 0 | 0 | 0 | | 16.00 |
| 17.00 | Dietary Counseling | | 0 | 0 | 0 | | 17.00 |
| 18.00 | Counseling - Other | | 0 | 0 | 0 | | 18.00 |
| 19.00 | Home Health Aide and Homemaker | | 0 | 260,852 | 260,852 | | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | | 0 | 0 | 0 | | 20.00 |
| 21.00 | Other | | 0 | 0 | 0 | | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | | | | | | 22.00 |
| 23.00 | Analgesics | | | | | | 23.00 |
| 24.00 | Sedatives / Hypnotics | | | | | | 24.00 |
| 25.00 | Other - Specify | | | | | | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | | | | | | 26.00 |
| 27.00 | Patient Transportation | | 0 | 0 | 0 | | 27.00 |
| 28.00 | Imaging Services | | 0 | 0 | 0 | | 28.00 |
| 29.00 | Labs and Diagnostics | | 0 | 0 | 0 | | 29.00 |
| 30.00 | Medical Supplies | | 0 | 0 | 0 | | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | | 0 | 0 | 0 | | 31.00 |
| 32.00 | Radiation Therapy | | 0 | 0 | 0 | | 32.00 |
| 33.00 | Chemotherapy | | 0 | 0 | 0 | | 33.00 |
| 34.00 | Other | | 0 | 0 | 0 | | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | | 0 | 276,690 | 276,690 | | 35.00 |
| 36.00 | Volunteer Program Costs | | 0 | 0 | 0 | | 36.00 |
| 37.00 | Fundraising | | 0 | 0 | 0 | | 37.00 |
| 38.00 | Other Program Costs | | 0 | 0 | 0 | | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 0 | 0 | 1,238,558 | 3,685,833 | | 39.00 |

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056 Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-2

Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Administrator | Director | Social Services | Supervisors | Nurses | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | | | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | | | | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Transportation - Staff | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Administrative and General | 0 | 29,156 | 0 | 0 | 86,947 | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Nursing Care | 0 | 0 | 0 | 0 | 519,943 | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Social Services | 0 | 0 | 95,170 | 0 | 0 | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | 0 | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | | | | | | 22.00 |
| 23.00 | Analgesics | | | | | | 23.00 |
| 24.00 | Sedatives / Hypnotics | | | | | | 24.00 |
| 25.00 | Other - Specify | | | | | | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | | | | | | 26.00 |
| 27.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | 0 | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 0 | 29,156 | 95,170 | 0 | 606,890 | 39.00 |

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056 Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-2

Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Total Therapists | Aides | All-Other | Total (1) | | |
|---|---|---|---|---|---|---|---|
| | | 6.00 | 7.00 | 8.00 | 9.00 | | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | | | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | | | | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | | 0 | 0 | 0 | | 3.00 |
| 4.00 | Transportation - Staff | | 0 | 0 | 0 | | 4.00 |
| 5.00 | Volunteer Service Coordination | | 0 | 0 | 0 | | 5.00 |
| 6.00 | Administrative and General | | 0 | 206,299 | 322,402 | | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | | 0 | 0 | 0 | | 7.00 |
| 8.00 | Inpatient - Respite Care | | 0 | 0 | 0 | | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | | 0 | 3,156 | 3,156 | | 9.00 |
| 10.00 | Nursing Care | | 0 | 0 | 519,943 | | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | | 0 | 0 | 0 | | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | Medical Social Services | | 0 | 0 | 95,170 | | 15.00 |
| 16.00 | Spiritual Counseling | | 0 | 0 | 0 | | 16.00 |
| 17.00 | Dietary Counseling | | 0 | 0 | 0 | | 17.00 |
| 18.00 | Counseling - Other | | 0 | 0 | 0 | | 18.00 |
| 19.00 | Home Health Aide and Homemaker | | 0 | 77,940 | 77,940 | | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | | 0 | 0 | 0 | | 20.00 |
| 21.00 | Other | | 0 | 0 | 0 | | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | | | | | | 22.00 |
| 23.00 | Analgesics | | | | | | 23.00 |
| 24.00 | Sedatives / Hypnotics | | | | | | 24.00 |
| 25.00 | Other - Specify | | | | | | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | | | | | | 26.00 |
| 27.00 | Patient Transportation | | 0 | 0 | 0 | | 27.00 |
| 28.00 | Imaging Services | | 0 | 0 | 0 | | 28.00 |
| 29.00 | Labs and Diagnostics | | 0 | 0 | 0 | | 29.00 |
| 30.00 | Medical Supplies | | 0 | 0 | 0 | | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | | 0 | 0 | 0 | | 31.00 |
| 32.00 | Radiation Therapy | | 0 | 0 | 0 | | 32.00 |
| 33.00 | Chemotherapy | | 0 | 0 | 0 | | 33.00 |
| 34.00 | Other | | 0 | 0 | 0 | | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | | 0 | 82,672 | 82,672 | | 35.00 |
| 36.00 | Volunteer Program Costs | | 0 | 0 | 0 | | 36.00 |
| 37.00 | Fundraising | | 0 | 0 | 0 | | 37.00 |
| 38.00 | Other Program Costs | | 0 | 0 | 0 | | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 0 | 0 | 370,067 | 1,101,283 | | 39.00 |

COST ALLOCATION - HOSPICE GENERAL SERVICE COST | Provider CCN: 150056 Hospice CCN: 151511 | Period: From 01/01/2013 To 12/31/2013 | Worksheet K-4 Part I Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | NET EXPENSES FOR COST ALLOCATION | CAPITAL RELATED COST | | PLANT OPERATION & MAINT. | TRANSPORTATION | |
|---|---|---|---|---|---|---|---|
| | | | BUILDINGS & FIXTURES | MOVABLE EQUIPMENT | | | |
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | 238,364 | 238,364 | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | 0 | | 0 | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | 45,597 | 0 | 0 | 45,597 | | 3.00 |
| 4.00 | Transportation - Staff | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Administrative and General | 2,442,486 | 238,364 | 0 | 45,597 | 0 | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 106,601 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Nursing Care | 1,870,821 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Social Services | 342,435 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 280,437 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | 0 | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | 5,021 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Patient Transportation | 48,511 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Imaging Services | 4,876 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Labs and Diagnostics | 5,699 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | 0 | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 297,464 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 5,688,312 | 238,364 | 0 | 45,597 | 0 | 39.00 |

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-4
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (cols. 0 - 5) | ADMINISTRATIVE & GENERAL | TOTAL (col. 5A ± col. 6) | | |
|---|---|---|---|---|---|---|---|
| | | 5.00 | 5A | 6.00 | 7.00 | | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | | | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | | | | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | | | | | | 3.00 |
| 4.00 | Transportation - Staff | | | | | | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | | | | | 5.00 |
| 6.00 | Administrative and General | 0 | 2,726,447 | 2,726,447 | | | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 0 | 106,601 | 98,128 | 204,729 | | 9.00 |
| 10.00 | Nursing Care | 0 | 1,870,821 | 1,722,123 | 3,592,944 | | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | Medical Social Services | 0 | 342,435 | 315,217 | 657,652 | | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 0 | 280,437 | 258,147 | 538,584 | | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | 0 | 5,021 | 4,622 | 9,643 | | 22.00 |
| 23.00 | Analgesics | 0 | 0 | 0 | 0 | | 23.00 |
| 24.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | | 24.00 |
| 25.00 | Other - Specify | 0 | 0 | 0 | 0 | | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | | 26.00 |
| 27.00 | Patient Transportation | 0 | 48,511 | 44,655 | 93,166 | | 27.00 |
| 28.00 | Imaging Services | 0 | 4,876 | 4,488 | 9,364 | | 28.00 |
| 29.00 | Labs and Diagnostics | 0 | 5,699 | 5,246 | 10,945 | | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | 0 | 0 | | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 0 | 297,464 | 273,821 | 571,285 | | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | | 38.00 |
| 39.00 | Total (sum of lines 1 thru 38) | 0 | 5,688,312 | | 5,688,312 | | 39.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 Hospice CCN: 151511 | Period: From 01/01/2013 To 12/31/2013 | Worksheet K-4 Part II Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | CAPITAL RELATED COST | | | | | |
|---|---|---|---|---|---|---|---|
| | | BUILDINGS & FIXTURES (SQ. FT.) | MOVABLE EQUIPMENT ($ VALUE) | PLANT OPERATION & MAINT. (SQ. FT.) | TRANSPORTATION (MILEAGE) | VOLUNTEER SERVICES COORDINATOR (HOURS) | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | GENERAL SERVICE COST CENTERS | | | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | 7,062 | | | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | 0 | 0 | | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | 0 | 0 | 7,062 | | | 3.00 |
| 4.00 | Transportation - Staff | 0 | 0 | 0 | 100 | | 4.00 |
| 5.00 | Volunteer Service Coordination | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Administrative and General | 7,062 | 0 | 7,062 | 100 | 0 | 6.00 |
| | INPATIENT CARE SERVICE | | | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 8.00 |
| | VISITING SERVICES | | | | | | |
| 9.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Other | 0 | 0 | 0 | 0 | 0 | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Other | 0 | 0 | 0 | 0 | 0 | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | | | |
| 35.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 36.00 |
| 37.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 38.00 |
| 39.00 | Cost to be Allocated (per Wkst. K-4, Part I) | 238,364 | 0 | 45,597 | 0 | 0 | 39.00 |
| 40.00 | Unit Cost Multiplier | 33.753044 | 0.000000 | 6.456669 | 0.000000 | 0.000000 | 40.00 |

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 Hospice CCN: 151511 | Period: From 01/01/2013 To 12/31/2013 | Worksheet K-4 Part II Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACC. COST) | | |
|---|---|---|---|---|---|
| | | 6A | 6.00 | | |
| | GENERAL SERVICE COST CENTERS | | | | |
| 1.00 | Capital Related Costs-Bldg and Fixt. | 0 | | | 1.00 |
| 2.00 | Capital Related Costs-Movable Equip. | 0 | | | 2.00 |
| 3.00 | Plant Operation and Maintenance | 0 | | | 3.00 |
| 4.00 | Transportation - Staff | 0 | | | 4.00 |
| 5.00 | Volunteer Service Coordination | | | | 5.00 |
| 6.00 | Administrative and General | -2,726,447 | 2,961,865 | | 6.00 |
| | INPATIENT CARE SERVICE | | | | |
| 7.00 | Inpatient - General Care | 0 | 0 | | 7.00 |
| 8.00 | Inpatient - Respite Care | 0 | 0 | | 8.00 |
| | VISITING SERVICES | | | | |
| 9.00 | Physician Services | 0 | 106,601 | | 9.00 |
| 10.00 | Nursing Care | 0 | 1,870,821 | | 10.00 |
| 11.00 | Nursing Care-Continuous Home Care | 0 | 0 | | 11.00 |
| 12.00 | Physical Therapy | 0 | 0 | | 12.00 |
| 13.00 | Occupational Therapy | 0 | 0 | | 13.00 |
| 14.00 | Speech/ Language Pathology | 0 | 0 | | 14.00 |
| 15.00 | Medical Social Services | 0 | 342,435 | | 15.00 |
| 16.00 | Spiritual Counseling | 0 | 0 | | 16.00 |
| 17.00 | Dietary Counseling | 0 | 0 | | 17.00 |
| 18.00 | Counseling - Other | 0 | 0 | | 18.00 |
| 19.00 | Home Health Aide and Homemaker | 0 | 280,437 | | 19.00 |
| 20.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | | 20.00 |
| 21.00 | Other | 0 | 0 | | 21.00 |
| | OTHER HOSPICE SERVICE COSTS | | | | |
| 22.00 | Drugs, Biological and Infusion Therapy | 0 | 5,021 | | 22.00 |
| 23.00 | Analgesics | 0 | 0 | | 23.00 |
| 24.00 | Sedatives / Hypnotics | 0 | 0 | | 24.00 |
| 25.00 | Other - Specify | 0 | 0 | | 25.00 |
| 26.00 | Durable Medical Equipment/Oxygen | 0 | 0 | | 26.00 |
| 27.00 | Patient Transportation | 0 | 48,511 | | 27.00 |
| 28.00 | Imaging Services | 0 | 4,876 | | 28.00 |
| 29.00 | Labs and Diagnostics | 0 | 5,699 | | 29.00 |
| 30.00 | Medical Supplies | 0 | 0 | | 30.00 |
| 31.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | | 31.00 |
| 32.00 | Radiation Therapy | 0 | 0 | | 32.00 |
| 33.00 | Chemotherapy | 0 | 0 | | 33.00 |
| 34.00 | Other | 0 | 0 | | 34.00 |
| | HOSPICE NONREIMBURSABLE SERVICE | | | | |
| 35.00 | Bereavement Program Costs | 0 | 297,464 | | 35.00 |
| 36.00 | Volunteer Program Costs | 0 | 0 | | 36.00 |
| 37.00 | Fundraising | 0 | 0 | | 37.00 |
| 38.00 | Other Program Costs | 0 | 0 | | 38.00 |
| 39.00 | Cost to be Allocated (per Wkst. K-4, Part I) | | 2,726,447 | | 39.00 |
| 40.00 | Unit Cost Multiplier | | 0.920517 | | 40.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | Hospice Trial Balance (1) | CAPITAL RELATED COSTS | | | EMPLOYEE BENEFITS DEPARTMENT | |
|---|---|---|---|---|---|---|---|
| | | | NEW BLDG & FIXT | NEW INTEREST | NEW MVBLE EQUIP | | |
| | | 0 | 1.00 | 1.01 | 2.00 | 4.00 | |
| 1.00 | Administrative and General | | 63,314 | 0 | 62,425 | 853,882 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 204,729 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 3,592,944 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 657,652 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 538,584 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 9,643 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 93,166 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 9,364 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 10,945 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 571,285 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 5,688,312 | 63,314 | 0 | 62,425 | 853,882 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING, & STORES | ADMITTING | CASHIERING | |
|---|---|---|---|---|---|---|---|
| | | 5.01 | 5.02 | 5.03 | 5.04 | 5.05 | |
| 1.00 | Administrative and General | 488 | 225,142 | 4,388 | 0 | 89,518 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 488 | 225,142 | 4,388 | 0 | 89,518 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | Subtotal | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | MAINTENANCE & REPAIRS | OPERATION OF PLANT | |
|---|---|---|---|---|---|---|---|
| | | 5A.05 | 5.06 | 6.00 | 6.03 | 7.00 | |
| 1.00 | Administrative and General | 1,299,157 | 96,166 | 43,612 | 0 | 139,935 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 204,729 | 15,154 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 3,592,944 | 265,957 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 657,652 | 48,681 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 538,584 | 39,867 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 9,643 | 714 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 93,166 | 6,896 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 9,364 | 693 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 10,945 | 810 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 571,285 | 42,288 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 6,987,469 | 517,226 | 43,612 | 0 | 139,935 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | 0.000000 | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | IU LEASED SPACE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | HOUSEKEEPING - UNIVERSITY | HOUSEKEEPING - RILEY | |
|---|---|---|---|---|---|---|---|
| | | 7.01 | 8.00 | 9.00 | 9.01 | 9.02 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 1,840 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 1,840 | 0 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | HOUSEKEEPING - METHODIST | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | |
|---|---|---|---|---|---|---|---|
| | | 9.03 | 10.00 | 11.00 | 12.00 | 13.00 | |
| 1.00 | Administrative and General | 24,187 | 47,419 | 15,378 | 0 | 248,180 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 24,187 | 47,419 | 15,378 | 0 | 248,180 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | OTHER GENERAL SERVICE PATIENT TRANSPORTATION | |
|---|---|---|---|---|---|---|---|
| | | 14.00 | 15.00 | 16.00 | 17.00 | 18.00 | |
| 1.00 | Administrative and General | 46,782 | 0 | 29,495 | 26,803 | 8,218 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 46,782 | 0 | 29,495 | 26,803 | 8,218 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS | PARAMED ED PRGM | |
|---|---|---|---|---|---|---|---|
| | | 19.00 | 20.00 | 21.00 | 22.00 | 23.00 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | PARAMED ED HEALTH SCIENCES | PARAMED RADIOLOGY-METH ODIST | PARAMED RESPIRATORY THERAPY | PARAMED EMERGENCY | PARAMED PASTORAL EDUCATION | |
|---|---|---|---|---|---|---|---|
| | | 23.01 | 23.02 | 23.03 | 23.04 | 23.05 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 2,595 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 0 | 2,595 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | PARAMED LAB SCIENCE PRO | PARAMED PHARMACY | PARAMED MEDICAL ASSIST | PARAMED SURGERY TECHNOLOGY | PARAMED PHARMACY TECH | |
|---|---|---|---|---|---|---|---|
| | | 23.06 | 23.07 | 23.08 | 23.09 | 23.10 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | PARAMED NEUROPHYSIOLOGY | Subtotal (cols. 4A-23) | Intern & Residents Cost & Post Stepdown Adjustments | Subtotal (cols. 24 ± 25) | Allocated Hospice A&G (See Part II) | |
|---|---|---|---|---|---|---|---|
| | | 23.11 | 24.00 | 25.00 | 26.00 | 27.00 | |
| 1.00 | Administrative and General | 0 | 2,029,767 | | | | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 219,883 | 0 | 219,883 | 73,053 | 4.00 |
| 5.00 | Nursing Care | 0 | 3,858,901 | 0 | 3,858,901 | 1,282,077 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 706,333 | 0 | 706,333 | 234,671 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 578,451 | 0 | 578,451 | 192,183 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 10,357 | 0 | 10,357 | 3,441 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 100,062 | 0 | 100,062 | 33,244 | 22.00 |
| 23.00 | Imaging Services | 0 | 10,057 | 0 | 10,057 | 3,341 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 11,755 | 0 | 11,755 | 3,905 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 613,573 | 0 | 613,573 | 203,852 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 8,139,139 | 0 | 8,139,139 | | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | | | 0.332238 | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | Total Hospice Costs (cols. 26 ± 27) | | |
|---|---|---|---|---|
| | | 28.00 | | |
| 1.00 | Administrative and General | | | 1.00 |
| 2.00 | Inpatient - General Care | 0 | | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | | 3.00 |
| 4.00 | Physician Services | 292,936 | | 4.00 |
| 5.00 | Nursing Care | 5,140,978 | | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | | 6.00 |
| 7.00 | Physical Therapy | 0 | | 7.00 |
| 8.00 | Occupational Therapy | 0 | | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | | 9.00 |
| 10.00 | Medical Social Services | 941,004 | | 10.00 |
| 11.00 | Spiritual Counseling | 0 | | 11.00 |
| 12.00 | Dietary Counseling | 0 | | 12.00 |
| 13.00 | Counseling - Other | 0 | | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 770,634 | | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | | 15.00 |
| 16.00 | Other | 0 | | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 13,798 | | 17.00 |
| 18.00 | Analgesics | 0 | | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | | 19.00 |
| 20.00 | Other - Specify | 0 | | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | | 21.00 |
| 22.00 | Patient Transportation | 133,306 | | 22.00 |
| 23.00 | Imaging Services | 13,398 | | 23.00 |
| 24.00 | Labs and Diagnostics | 15,660 | | 24.00 |
| 25.00 | Medical Supplies | 0 | | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | | 26.00 |
| 27.00 | Radiation Therapy | 0 | | 27.00 |
| 28.00 | Chemotherapy | 0 | | 28.00 |
| 29.00 | Other | 0 | | 29.00 |
| 30.00 | Bereavement Program Costs | 817,425 | | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | | 31.00 |
| 32.00 | Fundraising | 0 | | 32.00 |
| 33.00 | Other Program Costs | 0 | | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 8,139,139 | | 34.00 |
| 35.00 | Unit Cost Multiplier (see instructions) | | | 35.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | CAPITAL RELATED COSTS | | | | | |
|---|---|---|---|---|---|---|---|
| | | NEW BLDG & FIXT (SQUARE FEET) | NEW INTEREST (SQUARE FEET) | NEW MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | NONPATIENT TELEPHONES (PHONE LINES) | |
| | | 1.00 | 1.01 | 2.00 | 4.00 | 5.01 | |
| 1.00 | Administrative and General | 6,697 | 6,697 | 44,649 | 3,709,354 | 42 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 6,697 | 6,697 | 44,649 | 3,709,354 | 42 | 34.00 |
| 35.00 | Total cost to be allocated | 63,314 | 0 | 62,425 | 853,882 | 488 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 9.454084 | 0.000000 | 1.398128 | 0.230197 | 11.619048 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | DATA PROCESSING (PHONE LINES) | PURCHASING, RECEIVING, & STORES (COSTED REQ) | ADMITTING (INPATIENT CHARGES) | CASHIERING (TOTAL CHARGES) | Reconciliation | |
|---|---|---|---|---|---|---|---|
| | | 5.02 | 5.03 | 5.04 | 5.05 | 5A.06 | |
| 1.00 | Administrative and General | 42 | 71,175 | 0 | 17,228,308 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 42 | 71,175 | 0 | 17,228,308 | | 34.00 |
| 35.00 | Total cost to be allocated | 225,142 | 4,388 | 0 | 89,518 | | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 5,360.523810 | 0.061651 | 0.000000 | 0.005196 | | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | IU LEASED SPACE (SQUARE FEET) | |
|---|---|---|---|---|---|---|---|
| | | 5.06 | 6.00 | 6.03 | 7.00 | 7.01 | |
| 1.00 | Administrative and General | 1,299,157 | 6,697 | 0 | 6,697 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 204,729 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 3,592,944 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 657,652 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 538,584 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 9,643 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 93,166 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 9,364 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 10,945 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 571,285 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 6,987,469 | 6,697 | 0 | 6,697 | 0 | 34.00 |
| 35.00 | Total cost to be allocated | 517,226 | 43,612 | 0 | 139,935 | 0 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 0.074022 | 6.512170 | 0.000000 | 20.895177 | 0.000000 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) | HOUSEKEEPING - RILEY (RILEY SQUAREFEET) | HOUSEKEEPING - METHODIST (MH SQUARE FEET) | |
|---|---|---|---|---|---|---|---|
| | | 8.00 | 9.00 | 9.01 | 9.02 | 9.03 | |
| 1.00 | Administrative and General | 0 | 0 | 549 | 0 | 6,148 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 549 | 0 | 6,148 | 34.00 |
| 35.00 | Total cost to be allocated | 0 | 0 | 1,840 | 0 | 24,187 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 0.000000 | 0.000000 | 3.351548 | 0.000000 | 3.934125 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | MAINTENANCE OF PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQ) | |
|---|---|---|---|---|---|---|---|
| | | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | |
| 1.00 | Administrative and General | 2,919 | 66 | 0 | 28 | 71,175 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 2,919 | 66 | 0 | 28 | 71,175 | 34.00 |
| 35.00 | Total cost to be allocated | 47,419 | 15,378 | 0 | 248,180 | 46,782 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 16.244947 | 233.000000 | 0.000000 | 8,863.571429 | 0.657281 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TOTAL CHARGES) | SOCIAL SERVICE (PATIENT DAYS) | OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|
| | | 15.00 | 16.00 | 17.00 | 18.00 | 19.00 | |
| 1.00 | Administrative and General | 0 | 17,228,308 | 973 | 17,228,308 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 17,228,308 | 973 | 17,228,308 | 0 | 34.00 |
| 35.00 | Total cost to be allocated | 0 | 29,495 | 26,803 | 8,218 | 0 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 0.000000 | 0.001712 | 27.546763 | 0.000477 | 0.000000 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) | PARAMED ED PRGM (ASSIGNED TIME) | PARAMED ED HEALTH SCIENCES (PROGRAM COST) | |
|---|---|---|---|---|---|---|---|
| | | 20.00 | 21.00 | 22.00 | 23.00 | 23.01 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | Total cost to be allocated | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME) | PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) | PARAMED EMERGENCY (ASSIGNED TIME) | PARAMED PASTORAL EDUCATION (PATIENT DAYS) | PARAMED LAB SCIENCE PRO (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|
| | | 23.02 | 23.03 | 23.04 | 23.05 | 23.06 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 973 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 973 | 0 | 34.00 |
| 35.00 | Total cost to be allocated | 0 | 0 | 0 | 2,595 | 0 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 0.000000 | 0.000000 | 0.000000 | 2.667009 | 0.000000 | 36.00 |

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | PARAMED PHARMACY (COSTED REQUIS.) | PARAMED MEDICAL ASSIST (ASSIGNED TIME) | PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME) | PARAMED PHARMACY TECH (ASSIGNED TIME) | PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME) | |
|---|---|---|---|---|---|---|---|
| | | 23.07 | 23.08 | 23.09 | 23.10 | 23.11 | |
| 1.00 | Administrative and General | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Inpatient - General Care | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Inpatient - Respite Care | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Physician Services | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Nursing Care | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Nursing Care-Continuous Home Care | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | Speech/ Language Pathology | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | Medical Social Services | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | Spiritual Counseling | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Dietary Counseling | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Counseling - Other | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Home Health Aide and Homemaker | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | HH Aide & Homemaker - Cont. Home Care | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | Other | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Drugs, Biological and Infusion Therapy | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Analgesics | 0 | 0 | 0 | 0 | 0 | 18.00 |
| 19.00 | Sedatives / Hypnotics | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | Other - Specify | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Durable Medical Equipment/Oxygen | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | Patient Transportation | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | Imaging Services | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Labs and Diagnostics | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Medical Supplies | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | Outpatient Services (including E/R Dept.) | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Radiation Therapy | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Chemotherapy | 0 | 0 | 0 | 0 | 0 | 28.00 |
| 29.00 | Other | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | Bereavement Program Costs | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | Volunteer Program Costs | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | Fundraising | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Other Program Costs | 0 | 0 | 0 | 0 | 0 | 33.00 |
| 34.00 | Total (sum of lines 1 thru 33) (2) | 0 | 0 | 0 | 0 | 0 | 34.00 |
| 35.00 | Total cost to be allocated | 0 | 0 | 0 | 0 | 0 | 35.00 |
| 36.00 | Unit Cost Multiplier (see instructions) | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 0.000000 | 36.00 |

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150056 Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-5 Part III Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | Cost Center Description | Wkst. C, Part I, col. 11 line | Cost to Charge Ratio | Total Hospice Charges (Provider Records) | Hospice Shared Ancillary Costs (cols. 1 x 2) | |
|---|---|---|---|---|---|---|
| | | 0 | 1.00 | 2.00 | 3.00 | |
| | ANCILLARY SERVICE COST CENTERS | | | | | |
| 1.00 | PHYSICAL THERAPY | 66.00 | 0.252761 | 0 | 0 | 1.00 |
| 2.00 | OCCUPATIONAL THERAPY | 67.00 | 0.276510 | 0 | 0 | 2.00 |
| 3.00 | SPEECH PATHOLOGY | 68.00 | 0.511418 | 0 | 0 | 3.00 |
| 4.00 | DRUGS CHARGED TO PATIENTS | 73.00 | 0.293816 | 0 | 0 | 4.00 |
| 4.01 | RENAL-RILEY | 73.01 | 0.000000 | 0 | 0 | 4.01 |
| 4.02 | RENAL-ADULT | 73.02 | 0.000000 | 0 | 0 | 4.02 |
| 4.03 | OUTPATIENT RETAIL PHARMACY | 73.03 | 0.205937 | 0 | 0 | 4.03 |
| 5.00 | DURABLE MEDICAL EQUIP-RENTED | 96.00 | 0.000000 | 0 | 0 | 5.00 |
| 6.00 | LABORATORY | 60.00 | 0.100445 | 0 | 0 | 6.00 |
| 6.01 | TRANSPLANT IMMUNOLOGY | 60.01 | 0.347622 | 0 | 0 | 6.01 |
| 6.02 | BONE MARROW TRANSPLANT LAB | 60.02 | 0.206188 | 0 | 0 | 6.02 |
| 7.00 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00 | 0.304956 | 0 | 0 | 7.00 |
| 8.00 | FAMILY PRACTICE | 93.00 | 0.000000 | 0 | 0 | 8.00 |
| 9.00 | RADIOLOGY-THERAPEUTIC | 55.00 | 0.123923 | 0 | 0 | 9.00 |
| 10.00 | RH NBN ECMO IC | 76.00 | 0.535763 | 0 | 0 | 10.00 |
| 10.01 | CARDIOLOGY | 76.01 | 0.147306 | 0 | 0 | 10.01 |
| 10.02 | PSYCH OTHER ANCILLARY | 76.02 | 0.304013 | 0 | 0 | 10.02 |
| 10.03 | CARDIAC CATHERIZATION | 76.03 | 0.139255 | 0 | 0 | 10.03 |
| 10.04 | DAY SURGERY | 76.04 | 1.171883 | 0 | 0 | 10.04 |
| 10.05 | ONCOLOGY | 76.05 | 0.000000 | 0 | 0 | 10.05 |
| 10.06 | DAY SURGERY-RILEY | 76.06 | 0.000000 | 0 | 0 | 10.06 |
| 10.07 | CARDIOLOGY-RILEY | 76.07 | 0.000000 | 0 | 0 | 10.07 |
| 10.08 | ECMO-ADULT | 76.08 | 0.282535 | 0 | 0 | 10.08 |
| 10.97 | CARDIAC REHABILITATION | 76.97 | 0.718585 | 0 | 0 | 10.97 |
| 10.98 | HYPERBARIC OXYGEN THERAPY | 76.98 | | | | 10.98 |
| 11.00 | Totals (sum of lines 1-10) | | | | 0 | 11.00 |

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150056 Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-6

Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

| | | Title XVIII | Title XIX | Other | Total | |
|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Total cost (see instructions) | | | | 8,139,139 | 1.00 |
| 2.00 | Total Unduplicated Days (Worksheet S-9, column 6, line 5) | | | | 48,309 | 2.00 |
| 3.00 | Average cost per diem (line 1 divided by line 2) | | | | 168.48 | 3.00 |
| 4.00 | Updduplicated Medicare Days (Worksheet S-9, column 1, line 5) | 36,970 | | | | 4.00 |
| 5.00 | Aggregate Medicare cost (line 3 time line 4) | 6,228,706 | | | | 5.00 |
| 6.00 | Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5) | | 4,428 | | | 6.00 |
| 7.00 | Aggregate Medicaid cost (line 3 time line 60) | | 746,029 | | | 7.00 |
| 8.00 | Updduplicated SNF Days (Worksheet S-9, column 3, line 5) | 3,175 | | | | 8.00 |
| 9.00 | Aggregate SNF cost (line 3 time line 8) | 534,924 | | | | 9.00 |
| 10.00 | Unduplicated NF Days (Worksheet S-9, column 4, line 5) | | 0 | | | 10.00 |
| 11.00 | Aggregate NF cost (line 3 times line 10) | | 0 | | | 11.00 |
| 12.00 | Other Unduplicated days (Worksheet S-9, column 5, line 5) | | | 6,911 | | 12.00 |
| 13.00 | Aggregate cost for other days (line 3 times line 12) | | | 1,164,365 | | 13.00 |

| CALCULATION OF CAPITAL PAYMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet L Parts I-III Date/Time Prepared: 6/1/2014 7:02 pm |
|---|---|---|---|
| | Title XVIII | Hospital | PPS |

| | | | |
|---|---|---|---|
| | | 1.00 | |
| | PART I - FULLY PROSPECTIVE METHOD | | |
| | CAPITAL FEDERAL AMOUNT | | |
| 1.00 | Capital DRG other than outlier | 12,507,109 | 1.00 |
| 1.01 | Model 4 BPCI Capital DRG other than outlier | 0 | 1.01 |
| 2.00 | Capital DRG outlier payments | 529,313 | 2.00 |
| 2.01 | Model 4 BPCI Capital DRG outlier payments | 0 | 2.01 |
| 3.00 | Total inpatient days divided by number of days in the cost reporting period (see instructions) | 869.14 | 3.00 |
| 4.00 | Number of interns & residents (see instructions) | 548.68 | 4.00 |
| 5.00 | Indirect medical education percentage (see instructions) | 19.50 | 5.00 |
| 6.00 | Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01) | 2,438,886 | 6.00 |
| 7.00 | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions) | 7.87 | 7.00 |
| 8.00 | Percentage of Medicaid patient days to total days (see instructions) | 36.13 | 8.00 |
| 9.00 | Sum of lines 7 and 8 | 44.00 | 9.00 |
| 10.00 | Allowable disproportionate share percentage (see instructions) | 9.32 | 10.00 |
| 11.00 | Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01) | 1,165,663 | 11.00 |
| 12.00 | Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11) | 16,640,971 | 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 |

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150056 Component CCN: 151804 | Period: From 01/01/2013 To 12/31/2013 | Worksheet M-1 | Date/Time Prepared: 6/1/2014 7:02 pm

FQHC I | Cost

| | | Compensation | Other Costs | Total (col. 1 + col. 2) | Reclassifications | Reclassified Trial Balance (col. 3 + col. 4) | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | FACILITY HEALTH CARE STAFF COSTS | | | | | | |
| 1.00 | Physician | 878,650 | 7,097 | 885,747 | 0 | 885,747 | 1.00 |
| 2.00 | Physician Assistant | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Nurse Practitioner | 75,512 | 0 | 75,512 | 0 | 75,512 | 3.00 |
| 4.00 | Visiting Nurse | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Other Nurse | 793,490 | 0 | 793,490 | 0 | 793,490 | 5.00 |
| 6.00 | Clinical Psychologist | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | Clinical Social Worker | 40,104 | 0 | 40,104 | 0 | 40,104 | 7.00 |
| 8.00 | Laboratory Technician | 36,456 | 0 | 36,456 | 0 | 36,456 | 8.00 |
| 9.00 | Other Facility Health Care Staff Costs | 584,326 | 0 | 584,326 | 0 | 584,326 | 9.00 |
| 10.00 | Subtotal (sum of lines 1-9) | 2,408,538 | 7,097 | 2,415,635 | 0 | 2,415,635 | 10.00 |
| 11.00 | Physician Services Under Agreement | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | Physician Supervision Under Agreement | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | Other Costs Under Agreement | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | Subtotal (sum of lines 11-13) | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | Medical Supplies | 0 | 120,041 | 120,041 | 0 | 120,041 | 15.00 |
| 16.00 | Transportation (Health Care Staff) | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | Depreciation-Medical Equipment | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Professional Liability Insurance | 0 | 13,163 | 13,163 | 0 | 13,163 | 18.00 |
| 19.00 | Other Health Care Costs | 0 | 85,767 | 85,767 | 0 | 85,767 | 19.00 |
| 20.00 | Allowable GME Costs | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | Subtotal (sum of lines 15-20) | 0 | 218,971 | 218,971 | 0 | 218,971 | 21.00 |
| 22.00 | Total Cost of Health Care Services (sum of lines 10, 14, and 21) | 2,408,538 | 226,068 | 2,634,606 | 0 | 2,634,606 | 22.00 |
| | COSTS OTHER THAN RHC/FQHC SERVICS | | | | | | |
| 23.00 | Pharmacy | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | Dental | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | Optometry | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | All other nonreimbursable costs | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | Nonallowable GME costs | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total Nonreimbursable Costs (sum of lines 23-27) | 0 | 0 | 0 | 0 | 0 | 28.00 |
| | FACILITY OVERHEAD | | | | | | |
| 29.00 | Facility Costs | 0 | 162,321 | 162,321 | 0 | 162,321 | 29.00 |
| 30.00 | Administrative Costs | 755,400 | 1,210,917 | 1,966,317 | 0 | 1,966,317 | 30.00 |
| 31.00 | Total Facility Overhead (sum of lines 29 and 30) | 755,400 | 1,373,238 | 2,128,638 | 0 | 2,128,638 | 31.00 |
| 32.00 | Total facility costs (sum of lines 22, 28 and 31) | 3,163,938 | 1,599,306 | 4,763,244 | 0 | 4,763,244 | 32.00 |

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150056 | Component CCN: 151804 | Period: From 01/01/2013 To 12/31/2013 | Worksheet M-1 | Date/Time Prepared: 6/1/2014 7:02 pm

FQHC I | Cost

| | | Adjustments | Net Expenses for Allocation (col. 5 + col. 6) | | |
|---|---|---|---|---|---|
| | | 6.00 | 7.00 | | |
| | FACILITY HEALTH CARE STAFF COSTS | | | | |
| 1.00 | Physician | 0 | 885,747 | | 1.00 |
| 2.00 | Physician Assistant | 0 | 0 | | 2.00 |
| 3.00 | Nurse Practitioner | 0 | 75,512 | | 3.00 |
| 4.00 | Visiting Nurse | 0 | 0 | | 4.00 |
| 5.00 | Other Nurse | 0 | 793,490 | | 5.00 |
| 6.00 | Clinical Psychologist | 0 | 0 | | 6.00 |
| 7.00 | Clinical Social Worker | 0 | 40,104 | | 7.00 |
| 8.00 | Laboratory Technician | 0 | 36,456 | | 8.00 |
| 9.00 | Other Facility Health Care Staff Costs | 0 | 584,326 | | 9.00 |
| 10.00 | Subtotal (sum of lines 1-9) | 0 | 2,415,635 | | 10.00 |
| 11.00 | Physician Services Under Agreement | 0 | 0 | | 11.00 |
| 12.00 | Physician Supervision Under Agreement | 0 | 0 | | 12.00 |
| 13.00 | Other Costs Under Agreement | 0 | 0 | | 13.00 |
| 14.00 | Subtotal (sum of lines 11-13) | 0 | 0 | | 14.00 |
| 15.00 | Medical Supplies | 0 | 120,041 | | 15.00 |
| 16.00 | Transportation (Health Care Staff) | 0 | 0 | | 16.00 |
| 17.00 | Depreciation-Medical Equipment | 0 | 0 | | 17.00 |
| 18.00 | Professional Liability Insurance | 0 | 13,163 | | 18.00 |
| 19.00 | Other Health Care Costs | 0 | 85,767 | | 19.00 |
| 20.00 | Allowable GME Costs | 0 | 0 | | 20.00 |
| 21.00 | Subtotal (sum of lines 15-20) | 0 | 218,971 | | 21.00 |
| 22.00 | Total Cost of Health Care Services (sum of lines 10, 14, and 21) | 0 | 2,634,606 | | 22.00 |
| | COSTS OTHER THAN RHC/FQHC SERVICS | | | | |
| 23.00 | Pharmacy | 0 | 0 | | 23.00 |
| 24.00 | Dental | 0 | 0 | | 24.00 |
| 25.00 | Optometry | 0 | 0 | | 25.00 |
| 26.00 | All other nonreimbursable costs | 0 | 0 | | 26.00 |
| 27.00 | Nonallowable GME costs | 0 | 0 | | 27.00 |
| 28.00 | Total Nonreimbursable Costs (sum of lines 23-27) | 0 | 0 | | 28.00 |
| | FACILITY OVERHEAD | | | | |
| 29.00 | Facility Costs | 0 | 162,321 | | 29.00 |
| 30.00 | Administrative Costs | -314,513 | 1,651,804 | | 30.00 |
| 31.00 | Total Facility Overhead (sum of lines 29 and 30) | -314,513 | 1,814,125 | | 31.00 |
| 32.00 | Total facility costs (sum of lines 22, 28 and 31) | -314,513 | 4,448,731 | | 32.00 |

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150056 | Component CCN: 151804 | Period: From 01/01/2013 To 12/31/2013 | Worksheet M-2 | Date/Time Prepared: 6/1/2014 7:02 pm

| | | Number of FTE Personnel | Total Visits | Productivity Standard (1) | FQHC I Minimum Visits (col. 1 x col. 3) | Cost Greater of col. 2 or col. 4 | |
|---|---|---|---|---|---|---|---|
| | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| | VISITS AND PRODUCTIVITY | | | | | | |
| | Positions | | | | | | |
| 1.00 | Physician | 5.35 | 18,803 | 4,200 | 22,470 | | 1.00 |
| 2.00 | Physician Assistant | 0.00 | 0 | 2,100 | 0 | | 2.00 |
| 3.00 | Nurse Practitioner | 0.86 | 3,775 | 2,100 | 1,806 | | 3.00 |
| 4.00 | Subtotal (sum of lines 1-3) | 6.21 | 22,578 | | 24,276 | 24,276 | 4.00 |
| 5.00 | Visiting Nurse | 12.60 | 0 | | | 0 | 5.00 |
| 6.00 | Clinical Psychologist | 0.00 | 0 | | | 0 | 6.00 |
| 7.00 | Clinical Social Worker | 0.98 | 0 | | | 0 | 7.00 |
| 7.01 | Medical Nutrition Therapist (FQHC only) | 0.00 | 0 | | | 0 | 7.01 |
| 7.02 | Diabetes Self Management Training (FQHC only) | 0.00 | 0 | | | 0 | 7.02 |
| 8.00 | Total FTEs and Visits (sum of lines 4-7) | 19.79 | 22,578 | | | 24,276 | 8.00 |
| 9.00 | Physician Services Under Agreements | | 0 | | | 0 | 9.00 |
| | | | | | | 1.00 | |
| | DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES | | | | | | |
| 10.00 | Total costs of health care services (from Worksheet M-1, column 7, line 22) | | | | | 2,634,606 | 10.00 |
| 11.00 | Total nonreimbursable costs (from Worksheet M-1, column 7, line 28) | | | | | 0 | 11.00 |
| 12.00 | Cost of all services (excluding overhead) (sum of lines 10 and 11) | | | | | 2,634,606 | 12.00 |
| 13.00 | Ratio of RHC/FQHC services (line 10 divided by line 12) | | | | | 1.000000 | 13.00 |
| 14.00 | Total facility overhead - (from Worksheet M-1, column 7, line 31) | | | | | 1,814,125 | 14.00 |
| 15.00 | Parent provider overhead allocated to facility (see instructions) | | | | | 1,158,968 | 15.00 |
| 16.00 | Total overhead (sum of lines 14 and 15) | | | | | 2,973,093 | 16.00 |
| 17.00 | Allowable GME overhead (see instructions) | | | | | 0 | 17.00 |
| 18.00 | Subtract line 17 from line 16 | | | | | 2,973,093 | 18.00 |
| 19.00 | Overhead applicable to RHC/FQHC services (line 13 x line 18) | | | | | 2,973,093 | 19.00 |
| 20.00 | Total allowable cost of RHC/FQHC services (sum of lines 10 and 19) | | | | | 5,607,699 | 20.00 |

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 150056 | Component CCN: 151804 | Period: From 01/01/2013 To 12/31/2013 | Worksheet M-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | FQHC I | Cost

| | | | | |
|---|---|---|---|---|
| | | | 1.00 | |
| | DETERMINATION OF RATE FOR RHC/FQHC SERVICES | | | |
| 1.00 | Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20) | | 5,607,699 | 1.00 |
| 2.00 | Cost of vaccines and their administration (from Worksheet M-4, line 15) | | 0 | 2.00 |
| 3.00 | Total allowable cost excluding vaccine (line 1 minus line 2) | | 5,607,699 | 3.00 |
| 4.00 | Total Visits (from Worksheet M-2, column 5, line 8) | | 24,276 | 4.00 |
| 5.00 | Physicians visits under agreement (from Worksheet M-2, column 5, line 9) | | 0 | 5.00 |
| 6.00 | Total adjusted visits (line 4 plus line 5) | | 24,276 | 6.00 |
| 7.00 | Adjusted cost per visit (line 3 divided by line 6) | | 231.00 | 7.00 |
| | | Calculation of Limit (1) | | |
| | | Prior to January 1 | On on After January 1 | |
| | | 1.00 | 2.00 | |
| 8.00 | Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor) | 0.00 | 128.00 | 8.00 |
| 9.00 | Rate for Program covered visits (see instructions) | 0.00 | 128.00 | 9.00 |
| | CALCULATION OF SETTLEMENT | | | |
| 10.00 | Program covered visits excluding mental health services (from contractor records) | 0 | 6,441 | 10.00 |
| 11.00 | Program cost excluding costs for mental health services (line 9 x line 10) | 0 | 824,448 | 11.00 |
| 12.00 | Program covered visits for mental health services (from contractor records) | 0 | 0 | 12.00 |
| 13.00 | Program covered cost from mental health services (line 9 x line 12) | 0 | 0 | 13.00 |
| 14.00 | Limit adjustment for mental health services (see instructions) | 0 | 0 | 14.00 |
| 15.00 | Graduate Medical Education Pass Through Cost (see instructions) | | 0 | 15.00 |
| 16.00 | Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) * | | 824,448 | 16.00 |
| 16.01 | Total program charges (see instructions)(from contractor's records) | | 0 | 16.01 |
| 16.02 | Total program preventive charges (see instructions)(from provider's records) | | 0 | 16.02 |
| 16.03 | Total program preventive costs ((line 16.02/line 16.01) times line 16) | | 0 | 16.03 |
| 16.04 | Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.) | | 659,558 | 16.04 |
| 16.05 | Total program cost (see instructions) | | 659,558 | 16.05 |
| 17.00 | Primary payer amounts | | 0 | 17.00 |
| 18.00 | Less: Beneficiary deductible for RHC only (see instructions) (from contractor records) | | 0 | 18.00 |
| 19.00 | Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records) | | 0 | 19.00 |
| 20.00 | Net Medicare cost excluding vaccines (see instructions) | | 659,558 | 20.00 |
| 21.00 | Program cost of vaccines and their administration (from Wkst. M-4, line 16) | | 0 | 21.00 |
| 22.00 | Total reimbursable Program cost (line 20 plus line 21) | | 659,558 | 22.00 |
| 23.00 | Allowable bad debts (see instructions) | | 3,277 | 23.00 |
| 23.01 | Adjusted reimbursable bad debts (see instructions) | | 2,884 | 23.01 |
| 24.00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | | 111 | 24.00 |
| 25.00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) | | 0 | 25.00 |
| 26.00 | Net reimbursable amount (see instructions) | | 662,442 | 26.00 |
| 26.01 | Sequestration adjustment (see instructions) | | 10,003 | 26.01 |
| 27.00 | Interim payments | | 650,101 | 27.00 |
| 28.00 | Tentative settlement (for contractor use only) | | 0 | 28.00 |
| 29.00 | Balance due component/program line 26 minus lines 26.01, 27 and 28 | | 2,338 | 29.00 |
| 30.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2 | | 0 | 30.00 |

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150056 | Component CCN: 151804 | Period: From 01/01/2013 To 12/31/2013 | Worksheet M-5 | Date/Time Prepared: 6/1/2014 7:02 pm

FQHC I | Cost

| | | Part B mm/dd/yyyy | Part B Amount | |
|---|---|---|---|---|
| | | 1.00 | 2.00 | |
| 1.00 | Total interim payments paid to provider | | 650,101 | 1.00 |
| 2.00 | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero | | 0 | 2.00 |
| 3.00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | 3.00 |
| | Program to Provider | | | |
| 3.01 | | | 0 | 3.01 |
| 3.02 | | | 0 | 3.02 |
| 3.03 | | | 0 | 3.03 |
| 3.04 | | | 0 | 3.04 |
| 3.05 | | | 0 | 3.05 |
| | Provider to Program | | | |
| 3.50 | | | 0 | 3.50 |
| 3.51 | | | 0 | 3.51 |
| 3.52 | | | 0 | 3.52 |
| 3.53 | | | 0 | 3.53 |
| 3.54 | | | 0 | 3.54 |
| 3.99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) | | 0 | 3.99 |
| 4.00 | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27) | | 650,101 | 4.00 |
| | TO BE COMPLETED BY CONTRACTOR | | | |
| 5.00 | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | 5.00 |
| | Program to Provider | | | |
| 5.01 | | | 0 | 5.01 |
| 5.02 | | | 0 | 5.02 |
| 5.03 | | | 0 | 5.03 |
| | Provider to Program | | | |
| 5.50 | | | 0 | 5.50 |
| 5.51 | | | 0 | 5.51 |
| 5.52 | | | 0 | 5.52 |
| 5.99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) | | 0 | 5.99 |
| 6.00 | Determined net settlement amount (balance due) based on the cost report. (1) | | | 6.00 |
| 6.01 | SETTLEMENT TO PROVIDER | | 2,338 | 6.01 |
| 6.02 | SETTLEMENT TO PROGRAM | | 0 | 6.02 |
| 7.00 | Total Medicare program liability (see instructions) | | 652,439 | 7.00 |

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