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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 9:14 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2019 Time: 9:14 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (15-0056) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ADAM HORST
Officer or Administrator of Provider(s)

CFO
Title

(Dated when report is electronically signed.)
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,456,121	-698,920	0	0	1.00
2.00	Subprovider - IPF	0	61,094	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-231		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	1,517,215	-699,151	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

	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	INDIANA UNIVERSITY HEALTH IPF	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	INDIANA UNIVERSITY HEALTH IRF	15T056	26900	5	01/01/2016	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	INDIANA UNIVERSITY HEALTH HOME CARE	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	INDIANA UNIVERSITY HEALTH HOSPICE	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	RILEY HOSPITAL RENAL SERVICES	153522	26900		04/09/2007				18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)	2		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	16,951	7,473	721	1,436	103,298	271	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	215	88	0	0	1,189		25.00

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1	60.06
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1	60.07

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			22.00	22.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

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

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	16.16	464.63	0.033611	66.00

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		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	6.48	29.62	0.179501	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.30	42.98	0.006932	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.12	0.29	0.292683	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	0.94	27.18	0.033428	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	0.76	23.03	0.031946	67.04
67.05		PEDIATRICS GENERAL	2000	0.60	63.11	0.009418	67.05

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

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

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

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,128,426	0	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/07/2005		131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:14 am

							1.00	
	Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
						Beginning	Ending	
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2018	12/31/2018	170.00
						1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					Y	6,637	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2019 9:14 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2019	Y	04/03/2019 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:14 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

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

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:14 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2019 9:14 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	914	333,508	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)		914	333,508	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	64	23,360	0.00	0	9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	98	35,770	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02	UH SURG 6IC	34.02	18	6,570	0.00	0	11.02
11.03	UH NS 3IC	34.03	0	0	0.00	0	11.03
11.04	RH PED IC	34.04	36	13,140	0.00	0	11.04
11.05	TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05
11.06	PEDS CANCER CARE	34.06	12	4,380	0.00	0	11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,226	447,388	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	26	9,490		0	16.00
17.00	SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		1,262				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		26	9,490			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2019 9:14 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	66,498	6,095	232,109			1.00
2.00	HMO and other (see instructions)	31,024	109,068				2.00
3.00	HMO IPF Subprovider	48	0				3.00
4.00	HMO IRF Subprovider	0	1,317				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)	66,498	6,095	232,109			7.00
8.00	INTENSIVE CARE UNIT	5,868	6,311	18,071			8.00
9.00	CORONARY CARE UNIT	4,529	644	16,998			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	1,097	28,622			9.01
10.00	BURN INTENSIVE CARE UNIT	0	44	2,228			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02	UH SURG 6IC	1,704	0	4,111			11.02
11.03	UH NS 3IC	0	0	0			11.03
11.04	RH PED IC	85	2,193	9,785			11.04
11.05	TRANSPLANT ICU	947	0	2,237			11.05
11.06	PEDS CANCER CARE	116	0	3,237			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		4,427	5,324			13.00
14.00	Total (see instructions)	79,747	20,811	322,722	667.97	8,534.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,341	418	6,284	0.80	61.00	16.00
17.00	SUBPROVIDER - IRF	0	175	2,050	0.00	20.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	41,607	11,248	87,708	0.00	372.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	113.00	24.00
24.10	HOSPICE (non-distinct part)			669			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				668.77	9,100.00	27.00
28.00	Observation Bed Days		0	14,386			28.00
29.00	Ambulance Trips	4,606					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	271	4,848			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2019 9:14 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	12,414	2,215	50,673	1.00
2.00	HMO and other (see instructions)			4,674	12,461		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				81		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.02	UH SURG 6IC						11.02
11.03	UH NS 3IC						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	12,414	2,215	50,673	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	132	59	780	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	8	135	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2019 9:14 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	668,610,348	-3,405,036	665,205,312	18,933,104.99	35.13	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	34,751,372	0	34,751,372	1,243,840.00	27.94	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		71,132,516	771,744	71,904,260	1,907,126.00	37.70	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		17,618,597	0	17,618,597	218,804.00	80.52	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		14,143,838	0	14,143,838	122,771.00	115.21	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		156,607,451	0	156,607,451	4,900,923.00	31.95	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		176,341,785	0	176,341,785			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		20,992,894	0	20,992,894			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		7,995,340	0	7,995,340			25.00
25.50	Home office wage-related (core)		31,593,738	0	31,593,738			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	180,368	-1,199	179,169	4,178.77	42.88	26.00
27.00	Administrative & General	5.00	14,391,119	171,130	14,562,249	271,189.10	53.70	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2019 9:14 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,656,685	0	4,656,685	25,823.00	180.33	28.00
29.00	Maintenance & Repairs	6.00	4,835,759	-10,127	4,825,632	135,316.15	35.66	29.00
30.00	Operation of Plant	7.00	5,376,788	-21,600	5,355,188	194,759.82	27.50	30.00
31.00	Laundry & Linen Service	8.00	11,675	0	11,675	970.49	12.03	31.00
32.00	Housekeeping	9.00	822,424	-3,603	818,821	53,737.56	15.24	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	8,385,270	-55,058	8,330,212	413,975.64	20.12	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	19,364,914	-102,768	19,262,146	477,396.47	40.35	38.00
39.00	Central Services and Supply	14.00	8,680,520	-36,870	8,643,650	453,217.21	19.07	39.00
40.00	Pharmacy	15.00	29,975,545	-635,293	29,340,252	662,003.95	44.32	40.00
41.00	Medical Records & Medical Records Library	16.00	94,660	0	94,660	3,695.85	25.61	41.00
42.00	Social Service	17.00	5,103,215	-16,036	5,087,179	169,983.01	29.93	42.00
43.00	Other General Service	18.00	1,815,526	-10,763	1,804,763	101,170.47	17.84	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part III Date/Time Prepared: 5/30/2019 9:14 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		638,515,661	-3,405,036	635,110,625	17,715,087.99	35.85	1.00
2.00	Excluded area salaries (see instructions)		71,132,516	771,744	71,904,260	1,907,126.00	37.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)		567,383,145	-4,176,780	563,206,365	15,807,961.99	35.63	3.00
4.00	Subtotal other wages & related costs (see inst.)		188,369,886	0	188,369,886	5,242,498.00	35.93	4.00
5.00	Subtotal wage-related costs (see inst.)		207,935,523	0	207,935,523	0.00	36.92	5.00
6.00	Total (sum of lines 3 thru 5)		963,688,554	-4,176,780	959,511,774	21,050,459.99	45.58	6.00
7.00	Total overhead cost (see instructions)		103,694,468	-722,187	102,972,281	2,967,417.49	34.70	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 9:14 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	55,107,163	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	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	78,527	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	90,904,604	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,886,011	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	349,452	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)	3,089,287	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,221,235	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	46,958,757	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	241,057	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	2,493,928	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	205,330,021	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	17,618,597	205,330,021	1.00
2.00	Hospital	17,618,597	205,330,021	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-0056 | Component CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	5,878	837	499	7,214	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,644.00	0.00	5,574.00	8,218.00	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)		8.70	0.00	8.70	4.00
5.00	Other Administrative Personnel		127.11	4.59	131.70	5.00
6.00	Direct Nursing Service		74.86	0.00	74.86	6.00
7.00	Nursing Supervisor		2.33	0.00	2.33	7.00
8.00	Physical Therapy Service		42.81	0.00	42.81	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		19.34	0.00	19.34	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.54	0.00	0.54	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		4.63	0.00	4.63	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		4.78	0.00	4.78	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION, RT, AND ENTERAL		86.12	0.32	86.44	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		14020			20.00
20.01			26900			20.01
20.02			29020			20.02
20.03			29200			20.03
20.04			31140			20.04
20.05			34620			20.05
20.06			99915			20.06

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	11,713	4,088	740	400	16,941	21.00
22.00	Skilled Nursing Visit Charges	3,257,641	1,136,772	222,359	114,319	4,731,091	22.00
23.00	Physical Therapy Visits	12,763	1,804	496	261	15,324	23.00
24.00	Physical Therapy Visit Charges	4,313,894	609,752	167,648	88,218	5,179,512	24.00
25.00	Occupational Therapy Visits	3,905	1,328	43	135	5,411	25.00
26.00	Occupational Therapy Visit Charges	1,319,890	448,864	14,534	45,630	1,828,918	26.00
27.00	Speech Pathology Visits	335	154	6	15	510	27.00
28.00	Speech Pathology Visit Charges	113,230	52,052	2,028	5,070	172,380	28.00
29.00	Medical Social Service Visits	453	255	5	24	737	29.00
30.00	Medical Social Service Visit Charges	153,114	86,190	1,690	8,112	249,106	30.00
31.00	Home Health Aide Visits	1,819	772	5	85	2,681	31.00
32.00	Home Health Aide Visit Charges	263,755	111,940	725	12,325	388,745	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	30,988	8,401	1,295	920	41,604	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	9,421,524	2,445,570	408,984	273,674	12,549,752	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,381		495	49	2,925	36.00
37.00	Total Number of Outlier Episodes		248		22	270	37.00
38.00	Total Non-Routine Medical Supply Charges	65,226	27,602	4,487	2,538	99,853	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-5 | Date/Time Prepared: 5/30/2019 9:14 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	6	0	0	0	19	1.00
2.00	Number of times per week patient receives dialysis	4.00	3.00	3.00	7.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	5.00	5.00	4.00	4.00			3.00
4.00	CAPD exchanges per day				4.00		9.00	4.00
5.00	Number of days in year dialysis furnished	0	260					5.00
6.00	Number of stations	0	8	1	1			6.00
7.00	Treatment capacity per day per station	0	2					7.00
8.00	Utilization (see instructions)	0.00	56.11					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	9		11.00
12.00	Number of patients transplanted during the cost reporting period	13		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet S-5 Date/Time Prepared: 5/30/2019 9:14 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

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

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/30/2019 9:14 am

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	1	1	10.00
11.00	Hospice Routine Home Care	66,143	4,723	8,535	79,401	11.00
12.00	Hospice Inpatient Respite Care	875	28	78	981	12.00
13.00	Hospice General Inpatient Care	2,963	345	549	3,857	13.00
14.00	Total Hospice Days	69,981	5,096	9,163	84,240	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	555	5	27	587	15.00
16.00	Hospice General Inpatient Care	1,092	56	191	1,339	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-10 | Date/Time Prepared: 5/30/2019 9:14 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.223304	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	418,926,572	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	2,353,341,364	6.00
7.00	Medicaid cost (line 1 times line 6)	525,510,540	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)	106,583,968	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	106,583,968	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	143,398,519	2,208,075	145,606,594	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	32,021,463	2,208,075	34,229,538	21.00
22.00	Payments received from patients for amounts previously written off as charity care	627,611	141,981	769,592	22.00
23.00	Cost of charity care (line 21 minus line 22)	31,393,852	2,066,094	33,459,946	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	94,372,990	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	4,377,201	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	6,734,157	27.01
28.00	Non-Medicare bad debt expense (see instructions)	87,638,833	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	21,927,058	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	55,387,004	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	161,970,972	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	48,447,008	48,447,008	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,599,602	1,599,602	57,137,910	58,737,512	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	180,368	34,989	215,357	114,310,462	114,525,819	4.00
5.01	00540	NONPATIENT TELEPHONES	0	32,920	32,920	62,531	95,451	5.01
5.02	00550	DATA PROCESSING	0	19,781	19,781	-15,652	4,129	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	-186,158	-186,158	3,270	-182,888	5.03
5.04	00570	ADMITTING	0	55,296	55,296	-4,894	50,402	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,391,119	428,503,528	442,894,647	-46,647,136	396,247,511	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,835,759	18,023,090	22,858,849	-1,755,341	21,103,508	6.00
7.00	00700	OPERATION OF PLANT	5,376,788	16,565,948	21,942,736	-2,262,791	19,679,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,675	154,466	166,141	-88,936	77,205	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	173	173	18	191	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	465,193	311,242	776,435	-143,101	633,334	9.04
9.05	00905	HOUSEKEEPING - MORGAN	357,231	181,836	539,067	-118,632	420,435	9.05
10.00	01000	DIETARY	8,385,270	6,308,808	14,694,078	-2,133,208	12,560,870	10.00
11.00	01100	CAFETERIA	0	93	93	0	93	11.00
13.00	01300	NURSING ADMINISTRATION	19,204,087	11,774,243	30,978,330	-3,584,413	27,393,917	13.00
13.01	01851	PARAMED ED ADMINISTRATION	160,827	76,125	236,952	-34,384	202,568	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,680,520	12,519,683	21,200,203	95,442,105	116,642,308	14.00
15.00	01500	PHARMACY	29,975,545	121,884,217	151,859,762	-112,911,693	38,948,069	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	94,660	1,084,052	1,178,712	-10,737	1,167,975	16.00
17.00	01700	SOCIAL SERVICE	5,103,215	3,566,275	8,669,490	-1,068,323	7,601,167	17.00
18.00	01850	PATIENT TRANSPORTATION	1,815,526	1,858,340	3,673,866	-578,837	3,095,029	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	34,751,372	10,694,914	45,446,286	78	45,446,364	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	53,700	40,180,808	40,234,508	637,953	40,872,461	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	174,134	84,819	258,953	499,806	758,759	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	320,966	145,001	465,967	209,662	675,629	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	723,155	268,022	991,177	-512,491	478,686	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	264,966	65,259	330,225	126,284	456,509	23.06
23.07	02307	PARAMED PHARMACY	821,463	273,643	1,095,106	359,336	1,454,442	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	154,671	44,427	199,098	36,518	235,616	23.09
23.10	02310	PARAMED PHARMACY TECH	131,972	44,757	176,729	40,090	216,819	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	122,646,648	90,865,670	213,512,318	-48,534,221	164,978,097	30.00
31.00	03100	INTENSIVE CARE UNIT	13,944,012	5,835,800	19,779,812	-4,776,642	15,003,170	31.00
32.00	03200	CORONARY CARE UNIT	14,338,056	7,430,176	21,768,232	-5,656,042	16,112,190	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	18,853,857	7,336,262	26,190,119	-5,786,637	20,403,482	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,870,845	906,635	2,777,480	-692,891	2,084,589	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,325,195	1,494,471	4,819,666	-1,144,994	3,674,672	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,997,650	6,872,246	15,869,896	-3,379,520	12,490,376	34.04
34.05	03404	TRANSPLANT ICU	1,837,329	1,193,206	3,030,535	-650,307	2,380,228	34.05
34.06	03407	PEDS CANCER CARE	1,660,819	813,352	2,474,171	-637,939	1,836,232	34.06
40.00	04000	SUBPROVIDER - IPF	3,811,740	2,109,771	5,921,511	-982,164	4,939,347	40.00
41.00	04100	SUBPROVIDER - IRF	1,225,769	466,163	1,691,932	-345,943	1,345,989	41.00
43.00	04300	NURSERY	0	0	0	1,710,793	1,710,793	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,665,078	145,170,483	183,835,561	-128,729,823	55,105,738	50.00
50.01	05001	ENDOSCOPY	1,516,611	1,760,433	3,277,044	-1,491,199	1,785,845	50.01
51.00	05100	RECOVERY ROOM	8,329,762	3,432,882	11,762,644	-2,770,276	8,992,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	974,262	2,776,680	3,750,942	6,610,761	10,361,703	52.00
53.00	05300	ANESTHESIOLOGY	1,301,214	21,829,098	23,130,312	-4,883,877	18,246,435	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,051,119	1,413,206	4,464,325	-1,078,628	3,385,697	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,242,346	47,721,862	76,964,208	-36,588,468	40,375,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,433,860	9,489,780	13,923,640	-3,692,366	10,231,274	55.00
56.00	05600	RADIOISOTOPE	1,059,763	8,274,117	9,333,880	-7,743,832	1,590,048	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,148,205	5,050,146	6,198,351	-4,933,962	1,264,389	59.00
60.00	06000	LABORATORY	47,534,929	173,400,746	220,935,675	-52,364,437	168,571,238	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,019,431	2,350,006	3,369,437	-1,793,932	1,575,505	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,147,081	15,483,635	18,630,716	-2,158,280	16,472,436	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	20,021,117	12,694,238	32,715,355	-10,265,783	22,449,572	65.00
66.00	06600	PHYSICAL THERAPY	16,696,312	6,368,729	23,065,041	-3,778,136	19,286,905	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,312,533	912,135	4,224,668	-650,178	3,574,490	67.00
68.00	06800	SPEECH PATHOLOGY	4,182,442	3,857,275	8,039,717	-3,461,585	4,578,132	68.00
69.00	06900	ELECTROCARDIOLOGY	3,358,151	4,483,376	7,841,527	-1,397,360	6,444,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,420,225	2,641,462	7,061,687	-1,493,467	5,568,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,377,392	48,377,392	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	82,020,360	82,020,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	224,279,809	224,279,809	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,489,662	122,220,963	129,710,625	-1,318,527	128,392,098	73.03
74.00	07400	RENAL DIALYSIS	3,472,566	3,005,597	6,478,163	-2,269,816	4,208,347	74.00
76.00	03020	RH NBN ECMO IC	1,280,685	593,006	1,873,691	-496,748	1,376,943	76.00
76.01	03140	CARDIOLOGY	943,065	10,344,093	11,287,158	-10,219,482	1,067,676	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	948,358	1,395,155	2,343,513	-250,342	2,093,171	76.02
76.03	03950	CARDIAC CATH	4,602,201	11,911,082	16,513,283	-10,042,794	6,470,489	76.03
76.04	03951	DAY SURGERY	4,353,084	2,190,022	6,543,106	-1,564,109	4,978,997	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,064,859	300,079	1,364,938	-211,984	1,152,954	76.08
76.97	07697	CARDIAC REHABILITATION	456,709	318,930	775,639	-112,739	662,900	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,587,088	1,247,943	2,835,031	-967,441	1,867,590	90.01
90.02	09002	IUSCC HEM/ONC	16,281,560	101,314,180	117,595,740	-89,107,262	28,488,478	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	348,661	876,468	1,225,129	-826,173	398,956	90.03
90.04	09004	AMB SVC-PSYCH ADULT	938,419	282,100	1,220,519	-188,258	1,032,261	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,045,304	1,027,618	3,072,922	-625,696	2,447,226	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,757,682	3,095,506	8,853,188	-2,264,243	6,588,945	90.07
90.08	09008	MOTILITY LAB	148,774	132,532	281,306	-122,068	159,238	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	21	579	600	0	600	90.10
90.11	09023	SLEEP LAB	3,601,177	3,207,427	6,808,604	-948,978	5,859,626	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	INFUSION CLINIC	241,247	8,487,113	8,728,360	-8,268,967	459,393	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	621,012	616,117	1,237,129	-329,374	907,755	90.17
90.18	09016	DERMATOLOGY CLINIC	696,472	374,587	1,071,059	-310,002	761,057	90.18
90.19	09017	INFUSION/HEM/ONC	479,172	549,595	1,028,767	-186,082	842,685	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	145,125	574,179	719,304	-558,911	160,393	90.21
90.22	09020	EATING DISORDERS CLINIC	991,937	817,414	1,809,351	-191,248	1,618,103	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,132,638	487,441	1,620,079	-327,284	1,292,795	90.23
90.24	09021	LIFE CARE CLINIC	1,276,191	570,934	1,847,125	-466,084	1,381,041	90.24
91.00	09100	EMERGENCY	21,842,456	30,557,276	52,399,732	-8,179,246	44,220,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	51,774	51,774	-51,774	0	94.00
95.00	09500	AMBULANCE SERVICES	11,600,861	22,324,817	33,925,678	-6,092,103	27,833,575	95.00
101.00	10100	HOME HEALTH AGENCY	25,837,707	51,579,764	77,417,471	-5,395,399	72,022,072	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,225,731	11,034,860	16,260,591	-4,603,214	11,657,377	105.00
106.00	10600	HEART ACQUISITION	612,453	1,002,088	1,614,541	-402,768	1,211,773	106.00
107.00	10700	LIVER ACQUISITION	1,167,547	12,046,238	13,213,785	-23,272	13,190,513	107.00
108.00	10800	LUNG ACQUISITION	981,430	5,649,457	6,630,887	-699,148	5,931,739	108.00
109.00	10900	PANCREAS ACQUISITION	423,604	1,486,757	1,910,361	-337,317	1,573,044	109.00
110.00	11000	INTESTINAL ACQUISITION	344,298	478,116	822,414	-248,267	574,147	110.00
112.00	08600	OTHER ORGAN ACQUISITION	271,256	1,314,311	1,585,567	-39,631	1,545,936	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	200,188	200,188	4,037,064	4,237,252	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	7,347,929	6,554,422	13,902,351	-3,412,426	10,489,925	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	658,919,484	1,690,824,968	2,349,744,452	8,956,575	2,358,701,027	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,062	242,289	397,351	-85,916	311,435	190.00
191.00	19100	RESEARCH	975,802	2,086,724	3,062,526	-231,092	2,831,434	191.00
191.01	19101	RESEARCH-GCRC	648,747	334,672	983,419	-262,125	721,294	191.01
191.02	19102	OSA	1,777,617	2,343,113	4,120,730	-200,438	3,920,292	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	255,040	2,255,401	2,510,441	-1,216	2,509,225	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	5,578,752	14,599,745	20,178,497	-8,010,956	12,167,541	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	180	5,032,128	5,032,308	-10,160	5,022,148	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	181,528	156,009	337,537	-136,189	201,348	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	19	19	0	19	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	118,136	110,971	229,107	-18,483	210,624	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	668,610,348	1,717,986,039	2,386,596,387	0	2,386,596,387	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	486,447	48,933,455		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	24,758,467	83,495,979		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,156,345	130,682,164		4.00
5.01	00540	NONPATIENT TELEPHONES	-63,785	31,666		5.01
5.02	00550	DATA PROCESSING	63,650,733	63,654,862		5.02
5.03	00590	PURCHASING, RECEIVING & STORES	7,002,827	6,819,939		5.03
5.04	00570	ADMITTING	15,643,068	15,693,470		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	50,170,397	50,170,397		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-242,198,875	154,048,636		5.06
6.00	00600	MAINTENANCE & REPAIRS	8,502,116	29,605,624		6.00
7.00	00700	OPERATION OF PLANT	35,225,382	54,905,327		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	77,205		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,185,166	3,185,357		9.01
9.02	00902	HOUSEKEEPING - RILEY	3,272,203	3,272,203		9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,134,377	5,134,377		9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	633,334		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	420,435		9.05
10.00	01000	DIETARY	-115,764	12,445,106		10.00
11.00	01100	CAFETERIA	2,295,343	2,295,436		11.00
13.00	01300	NURSING ADMINISTRATION	-3,504,867	23,889,050		13.00
13.01	01851	PARAMED ED ADMINISTRATION	-11,683	190,885		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-51,227	116,591,081		14.00
15.00	01500	PHARMACY	-3,005,351	35,942,718		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,968,752	16,136,727		16.00
17.00	01700	SOCIAL SERVICE	-1,935,638	5,665,529		17.00
18.00	01850	PATIENT TRANSPORTATION	0	3,095,029		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	45,446,364		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,257,963	51,130,424		22.00
23.00	02300	PARAMED ED PRGM	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	-116,134	642,625		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	-609,754	65,875		23.03
23.04	02304	PARAMED EMERGENCY	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	-6,539	472,147		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	-100,709	355,800		23.06
23.07	02307	PARAMED PHARMACY	1,664	1,456,106		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-54,500	181,116		23.09
23.10	02310	PARAMED PHARMACY TECH	-16,237	200,582		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-32,369,565	132,608,532		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,056	15,002,114		31.00
32.00	03200	CORONARY CARE UNIT	-503,654	15,608,536		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	20,403,482		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-150	2,084,439		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	03401	UH SURG 6IC	0	3,674,672		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	-2,530,431	9,959,945		34.04
34.05	03404	TRANSPLANT ICU	0	2,380,228		34.05
34.06	03407	PEDS CANCER CARE	0	1,836,232		34.06
40.00	04000	SUBPROVIDER - IPF	-719,800	4,219,547		40.00
41.00	04100	SUBPROVIDER - IRF	-1,572	1,344,417		41.00
43.00	04300	NURSERY	0	1,710,793		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-10,415,349	44,690,389		50.00
50.01	05001	ENDOSCOPY	0	1,785,845		50.01
51.00	05100	RECOVERY ROOM	0	8,992,368		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,815,902	7,545,801		52.00
53.00	05300	ANESTHESIOLOGY	-14,256,331	3,990,104		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-37,649	3,348,048		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,736,775	35,638,965		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,673,069	6,558,205		55.00
56.00	05600	RADIOISOTOPE	-225,511	1,364,537		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,264,389		59.00
60.00	06000	LABORATORY	-126,250,672	42,320,566		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-1,900	1,573,605		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-7,176,252	9,296,184		63.00
65.00	06500	RESPIRATORY THERAPY	0	22,449,572		65.00
66.00	06600	PHYSICAL THERAPY	-60,892	19,226,013		66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
67.00	06700	OCCUPATIONAL THERAPY	-39,095	3,535,395		67.00
68.00	06800	SPEECH PATHOLOGY	-58,481	4,519,651		68.00
69.00	06900	ELECTROCARDIOLOGY	-3,115,449	3,328,718		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-320,222	5,247,998		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,377,392		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	82,020,360		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	224,279,809		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-458,519	127,933,579		73.03
74.00	07400	RENAL DIALYSIS	-266,718	3,941,629		74.00
76.00	03020	RH NBN ECMO IC	0	1,376,943		76.00
76.01	03140	CARDIOLOGY	-23,099	1,044,577		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,064,479	1,028,692		76.02
76.03	03950	CARDIAC CATH	-2,107,897	4,362,592		76.03
76.04	03951	DAY SURGERY	-137,895	4,841,102		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	1,152,954		76.08
76.97	07697	CARDIAC REHABILITATION	0	662,900		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	-185,578	1,682,012		90.01
90.02	09002	IUSCC HEM/ONC	-7,734,565	20,753,913		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	398,956		90.03
90.04	09004	AMB SVC-PSYCH ADULT	-128	1,032,133		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	-160,102	2,287,124		90.06
90.07	09007	AMB SVC-RILEY CLINICS	-7,828,824	-1,239,879		90.07
90.08	09008	MOTILITY LAB	-45,811	113,427		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	600		90.10
90.11	09023	SLEEP LAB	-2,892,368	2,967,258		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	INFUSION CLINIC	-43,767	415,626		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	907,755		90.17
90.18	09016	DERMATOLOGY CLINIC	-4,337	756,720		90.18
90.19	09017	INFUSION/HEM/ONC	0	842,685		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	160,393		90.21
90.22	09020	EATING DISORDERS CLINIC	-297,186	1,320,917		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,292,795		90.23
90.24	09021	LIFE CARE CLINIC	-76,459	1,304,582		90.24
91.00	09100	EMERGENCY	-14,600,439	29,620,047		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	-4,729,814	23,103,761		95.00
101.00	10100	HOME HEALTH AGENCY	-6,944,227	65,077,845		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-361,376	11,296,001		105.00
106.00	10600	HEART ACQUISITION	0	1,211,773		106.00
107.00	10700	LIVER ACQUISITION	-1,375,748	11,814,765		107.00
108.00	10800	LUNG ACQUISITION	-944,122	4,987,617		108.00
109.00	10900	PANCREAS ACQUISITION	-5,219	1,567,825		109.00
110.00	11000	INTESTINAL ACQUISITION	0	574,147		110.00
112.00	08600	OTHER ORGAN ACQUISITION	-1,246,981	298,955		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,237,252		112.01
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-175,168	10,314,757		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-254,100,416	2,104,600,611		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	311,435		190.00
191.00	19100	RESEARCH	0	2,831,434		191.00
191.01	19101	RESEARCH-GCRC	-889,299	-168,005		191.01
191.02	19102	OSA	-220,000	3,700,292		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,090,070	1,419,155		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-2,071,829	10,095,712		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-4,989,061	33,087		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0		192.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
192.06	19206	BELTWAY SURGERY	0	0		192.06
192.07	19207	RHI	0	201,348		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	19		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	210,624		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-263,360,675	2,123,235,712		200.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	110,911,226	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: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		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
	0		0	110,911,226		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	47,941,794		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	57,136,498		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
	0		0	105,078,292		
	D - SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48,377,392		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	82,020,360		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,369		3.00
4.00	PURCHASING, RECEIVING & STORES	5.03	0	7,339		4.00
5.00	HOUSEKEEPING - UNIVERSITY	9.01	0	18		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,147,690		6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	78		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	7		8.00
9.00	PARAMED PASTORAL EDUCATION	23.05	0	2		9.00
10.00	PARAMED PHARMACY	23.07	0	8		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	259		11.00
12.00	HOME PROGRAM DIALYSIS	94.00	0	15,275		12.00
13.00	OTHER ORGAN ACQUISITION	112.00	0	3		13.00
14.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4		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

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
	0		0	230,569,804		
	E - DRUGS					
1.00	PHARMACY	15.00	0	5,431,371		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	216,003,285		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43		3.00
4.00	HOME HEALTH AGENCY	101.00	0	71,294		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

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		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
	0		0	221,505,993		
	F - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	4,988		1.00
2.00	LABORATORY	60.00	0	764		2.00
	0		0	5,752		
	G - NURSERY & L&D					
1.00	NURSERY	43.00	1,362,604	125,985		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	5,259,022	547,948		2.00
	0		6,621,626	673,933		
	H - SLEEP LAB					
1.00	SLEEP LAB	90.11	182,182	0		1.00
	0		182,182	0		
	I - OB SERVICES					
1.00	NURSERY	43.00	70,729	151,475		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	272,983	658,812		2.00
	0		343,712	810,287		

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - RADIOLOGY PARAMED				
1.00	PARAMED RADIOLOGY-METHODIST	23.02	497,994	38,097	1.00
	0		497,994	38,097	
	K - PHARMACIST PARAMED				
1.00	PARAMED PHARMACY	23.07	485,660	37,154	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		485,660	37,154	
	L - PHARMACY TECH PARAMED				
1.00	PARAMED PHARMACY TECH	23.10	66,003	5,049	1.00
2.00		0.00	0	0	2.00
	0		66,003	5,049	
	M - CLINICAL LAB PARAMED				
1.00	PARAMED LAB SCIENCE PRO	23.06	155,896	11,926	1.00
2.00		0.00	0	0	2.00
	0		155,896	11,926	
	N - ORGAN				
1.00	LUNG ACQUISITION	108.00	318,955	41,218	1.00
2.00	HEART ACQUISITION	106.00	131,501	18,207	2.00
3.00	LIVER ACQUISITION	107.00	860,709	109,897	3.00
4.00	PANCREAS ACQUISITION	109.00	0	1,650	4.00
5.00	INTESTINAL ACQUISITION	110.00	0	15,517	5.00
	0		1,311,165	186,489	
	O - PRE-POST TRANSPLANT				
1.00	POST TRANSPLANT EXPENSES	112.01	3,528,732	508,332	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		3,528,732	508,332	
	R - SURGICAL TECH PARAMED				
1.00	PARAMED SURGERY TECHNOLOGY	23.09	62,130	4,753	1.00
	0		62,130	4,753	
	S - RENAL EXPENSE RECLASS				
1.00	RENAL DIALYSIS	74.00	0	67,049	1.00
	TOTALS		0	67,049	
	T - PHONE				
1.00	NONPATIENT TELEPHONES	5.01	0	63,785	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
	0		0	63,785	
	V - RADIO PHARM RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,671,907	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	38,675	2.00
3.00		0.00	0	0	3.00
	0		0	8,710,582	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	W - PTO AS STD				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,405,036	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
	0		0	3,405,036	

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	X - PROPERTY TAXES				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	505,214	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,658	2.00
3.00	AMBULANCE SERVICES	95.00	0	14,197	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
	0		0	526,069	
	Y - PASTORAL ED RECLASSES				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	284,128	58,009	1.00
	0		284,128	58,009	
	AA - RESPIRATORY THERAPY PARAMED				
1.00	PARAMED RESPIRATORY THERAPY	23.03	256,351	19,611	1.00
2.00		0.00	0	0	2.00
	0		256,351	19,611	
	CC - HO I&R				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	65,399	587,611	1.00
	TOTALS		65,399	587,611	
	DD - ALTEPLASE RECLASS				
1.00	LIVER ACQUISITION	107.00	0	395,383	1.00
	TOTALS		0	395,383	
500.00	Grand Total: Increases		13,860,978	684,180,222	500.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		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	1,546,706	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	771,140	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,028,091	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	6,312	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	136,257	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	113,378	0		6.00
7.00	DIETARY	10.00	0	1,946,287	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	2,871,666	0		8.00
9.00	PARAMED ED ADMINISTRATION	13.01	0	30,209	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,394,821	0		10.00
11.00	PHARMACY	15.00	0	4,446,429	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,291	0		12.00
13.00	SOCIAL SERVICE	17.00	0	1,050,830	0		13.00
14.00	PATIENT TRANSPORTATION	18.00	0	519,945	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	15,064	0		15.00
16.00	PARAMED RADIOLOGY-METHODIST	23.02	0	34,316	0		16.00
17.00	PARAMED RESPIRATORY THERAPY	23.03	0	46,839	0		17.00
18.00	PARAMED PASTORAL EDUCATION	23.05	0	170,356	0		18.00
19.00	PARAMED LAB SCIENCE PRO	23.06	0	35,476	0		19.00
20.00	PARAMED PHARMACY	23.07	0	163,486	0		20.00
21.00	PARAMED SURGERY TECHNOLOGY	23.09	0	30,089	0		21.00
22.00	PARAMED PHARMACY TECH	23.10	0	28,936	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	0	21,516,411	0		23.00
24.00	INTENSIVE CARE UNIT	31.00	0	2,160,476	0		24.00
25.00	CORONARY CARE UNIT	32.00	0	2,508,267	0		25.00
26.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,203,675	0		26.00
27.00	BURN INTENSIVE CARE UNIT	33.00	0	311,111	0		27.00
28.00	UH SURG 6IC	34.02	0	512,205	0		28.00
29.00	RH PED IC	34.04	0	1,594,096	0		29.00
30.00	TRANSPLANT ICU	34.05	0	250,470	0		30.00
31.00	PEDS CANCER CARE	34.06	0	322,735	0		31.00
32.00	SUBPROVIDER - IPF	40.00	0	666,379	0		32.00
33.00	SUBPROVIDER - IRF	41.00	0	235,055	0		33.00
34.00	OPERATING ROOM	50.00	0	6,720,663	0		34.00
35.00	ENDOSCOPY	50.01	0	264,036	0		35.00
36.00	RECOVERY ROOM	51.00	0	1,533,587	0		36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	0	86,313	0		37.00
38.00	ANESTHESIOLOGY	53.00	0	249,271	0		38.00
39.00	PULMONARY FUNCTION TESTING	53.01	0	555,567	0		39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,924,554	0		40.00
41.00	RADIOLOGY-THERAPEUTIC	55.00	0	714,492	0		41.00
42.00	RADIOISOTOPE	56.00	0	149,512	0		42.00
43.00	CARDIAC CATHETERIZATION	59.00	0	177,154	0		43.00
44.00	LABORATORY	60.00	0	10,088,570	0		44.00
45.00	TRANSPLANT IMMUNOLOGY	60.01	0	213,289	0		45.00
46.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	485,690	0		46.00
47.00	RESPIRATORY THERAPY	65.00	0	3,293,108	0		47.00
48.00	PHYSICAL THERAPY	66.00	0	2,694,423	0		48.00
49.00	OCCUPATIONAL THERAPY	67.00	0	546,674	0		49.00
50.00	SPEECH PATHOLOGY	68.00	0	680,888	0		50.00
51.00	ELECTROCARDIOLOGY	69.00	0	612,386	0		51.00
52.00	ELECTROENCEPHALOGRAPHY	70.00	0	708,648	0		52.00
53.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,166,356	0		53.00
54.00	RENAL DIALYSIS	74.00	0	598,155	0		54.00
55.00	RH NBN ECMO IC	76.00	0	210,447	0		55.00
56.00	CARDIOLOGY	76.01	0	171,728	0		56.00
57.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	154,663	0		57.00
58.00	CARDIAC CATH	76.03	0	705,702	0		58.00
59.00	DAY SURGERY	76.04	0	721,004	0		59.00
60.00	ECMO-ADULT	76.08	0	190,422	0		60.00
61.00	CARDIAC REHABILITATION	76.97	0	86,670	0		61.00
62.00	AMB SVC-OB & GYN	90.01	0	276,650	0		62.00
63.00	IUSCC HEM/ONC	90.02	0	2,460,985	0		63.00
64.00	AMB SVC-OPTHALMOLOGY	90.03	0	102,668	0		64.00
65.00	AMB SVC-PSYCH ADULT	90.04	0	183,770	0		65.00
66.00	OUTPATIENT SURGERY	90.06	0	403,967	0		66.00
67.00	AMB SVC-RILEY CLINICS	90.07	0	1,005,527	0		67.00
68.00	MOTILITY LAB	90.08	0	17,785	0		68.00
69.00	SLEEP LAB	90.11	0	702,672	0		69.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
70.00	INFUSION CLINIC	90.14	0	40,608	0		70.00
71.00	PHYSICAL MEDICINE	90.17	0	168,462	0		71.00
72.00	DERMATOLOGY CLINIC	90.18	0	164,941	0		72.00
73.00	INFUSION/HEM/ONC	90.19	0	94,422	0		73.00
74.00	OP REHAB CLINIC	90.21	0	26,773	0		74.00
75.00	EATING DISORDERS CLINIC	90.22	0	177,221	0		75.00
76.00	GASTROENTEROLOGY CLINIC	90.23	0	277,420	0		76.00
77.00	LIFE CARE CLINIC	90.24	0	274,786	0		77.00
78.00	EMERGENCY	91.00	0	3,831,281	0		78.00
79.00	AMBULANCE SERVICES	95.00	0	2,107,743	0		79.00
80.00	HOME HEALTH AGENCY	101.00	0	4,622,112	0		80.00
81.00	KIDNEY ACQUISITION	105.00	0	880,375	0		81.00
82.00	HEART ACQUISITION	106.00	0	85,710	0		82.00
83.00	LIVER ACQUISITION	107.00	0	231,060	0		83.00
84.00	LUNG ACQUISITION	108.00	0	150,342	0		84.00
85.00	PANCREAS ACQUISITION	109.00	0	53,513	0		85.00
86.00	INTESTINAL ACQUISITION	110.00	0	54,680	0		86.00
87.00	OTHER ORGAN ACQUISITION	112.00	0	39,634	0		87.00
88.00	HOSPICE	116.00	0	1,415,498	0		88.00
89.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	52,224	0		89.00
90.00	RESEARCH	191.00	0	108,448	0		90.00
91.00	RESEARCH-GCRC	191.01	0	188,078	0		91.00
92.00	OSA	191.02	0	181,400	0		92.00
93.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,085,981	0		93.00
94.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	8	0		94.00
95.00	RHI	192.07	0	45,125	0		95.00
96.00	CARDIO PHYSICIANS	192.10	0	17,581	0		96.00
	0		0	110,911,226			
	C - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,097	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,254	9		2.00
3.00	DATA PROCESSING	5.02	0	15,652	0		3.00
4.00	PURCHASING, RECEIVING & STORES	5.03	0	4,056	0		4.00
5.00	ADMITTING	5.04	0	4,858	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44,453,356	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	1,009,699	0		7.00
8.00	OPERATION OF PLANT	7.00	0	1,194,553	0		8.00
9.00	HOUSEKEEPING - SAXONY	9.04	0	4,759	0		9.00
10.00	DIETARY	10.00	0	103,983	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	593,546	0		11.00
12.00	PARAMED ED ADMINISTRATION	13.01	0	4,147	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	978,558	0		13.00
14.00	PHARMACY	15.00	0	1,221,729	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	41,794	0		15.00
16.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,746	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	4,288,177	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	142,875	0		18.00
19.00	CORONARY CARE UNIT	32.00	0	264,328	0		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	788,132	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	161,921	0		21.00
22.00	UH SURG 6IC	34.02	0	51,273	0		22.00
23.00	RH PED IC	34.04	0	482,733	0		23.00
24.00	TRANSPLANT ICU	34.05	0	5,373	0		24.00
25.00	PEDS CANCER CARE	34.06	0	142,389	0		25.00
26.00	SUBPROVIDER - IPF	40.00	0	253,987	0		26.00
27.00	SUBPROVIDER - IRF	41.00	0	52,588	0		27.00
28.00	OPERATING ROOM	50.00	0	14,143,455	0		28.00
29.00	ENDOSCOPY	50.01	0	164,542	0		29.00
30.00	RECOVERY ROOM	51.00	0	485,059	0		30.00
31.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,950	0		31.00
32.00	ANESTHESIOLOGY	53.00	0	341,500	0		32.00
33.00	PULMONARY FUNCTION TESTING	53.01	0	255,058	0		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,285,730	0		34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,562,780	0		35.00
36.00	RADIOISOTOPE	56.00	0	695,518	0		36.00
37.00	CARDIAC CATHETERIZATION	59.00	0	610,993	0		37.00
38.00	LABORATORY	60.00	0	5,245,661	0		38.00
39.00	TRANSPLANT IMMUNOLOGY	60.01	0	42,556	0		39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	81,094	0		40.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
41.00	RESPIRATORY THERAPY	65.00	0	766,955	0		41.00
42.00	PHYSICAL THERAPY	66.00	0	312,970	0		42.00
43.00	OCCUPATIONAL THERAPY	67.00	0	471	0		43.00
44.00	SPEECH PATHOLOGY	68.00	0	147,902	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	402,412	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	0	503,184	0		46.00
47.00	OUTPATIENT RETAIL PHARMACY	73.03	0	54,818	0		47.00
48.00	RENAL DIALYSIS	74.00	0	235,586	0		48.00
49.00	RH NBN ECMO IC	76.00	0	30,680	0		49.00
50.00	CARDIOLOGY	76.01	0	396,044	0		50.00
51.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	22,698	0		51.00
52.00	CARDIAC CATH	76.03	0	948,268	0		52.00
53.00	DAY SURGERY	76.04	0	34,187	0		53.00
54.00	ECMO-ADULT	76.08	0	21,133	0		54.00
55.00	CARDIAC REHABILITATION	76.97	0	4,812	0		55.00
56.00	AMB SVC-OB & GYN	90.01	0	162,048	0		56.00
57.00	IUSCC HEM/ONC	90.02	0	1,495,868	0		57.00
58.00	AMB SVC-OPTHALMOLOGY	90.03	0	230,555	0		58.00
59.00	AMB SVC-PSYCH ADULT	90.04	0	175	0		59.00
60.00	OUTPATIENT SURGERY	90.06	0	163,914	0		60.00
61.00	AMB SVC-RILEY CLINICS	90.07	0	229,360	0		61.00
62.00	MOTILITY LAB	90.08	0	41,080	0		62.00
63.00	SLEEP LAB	90.11	0	219,808	0		63.00
64.00	INFUSION CLINIC	90.14	0	69,775	0		64.00
65.00	PHYSICAL MEDICINE	90.17	0	2,563	0		65.00
66.00	DERMATOLOGY CLINIC	90.18	0	52,631	0		66.00
67.00	INFUSION/HEM/ONC	90.19	0	25,082	0		67.00
68.00	OP REHAB CLINIC	90.21	0	2,817	0		68.00
69.00	EATING DISORDERS CLINIC	90.22	0	9,664	0		69.00
70.00	GASTROENTEROLOGY CLINIC	90.23	0	10,623	0		70.00
71.00	EMERGENCY	91.00	0	798,402	0		71.00
72.00	AMBULANCE SERVICES	95.00	0	3,421,852	0		72.00
73.00	HOME HEALTH AGENCY	101.00	0	123,143	0		73.00
74.00	KIDNEY ACQUISITION	105.00	0	266,480	0		74.00
75.00	HEART ACQUISITION	106.00	0	654	0		75.00
76.00	HOSPICE	116.00	0	691,032	0		76.00
77.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	16,395	0		77.00
78.00	RESEARCH	191.00	0	93,916	0		78.00
79.00	OSA	191.02	0	214	0		79.00
80.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,216	0		80.00
81.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	795,592	0		81.00
82.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	7,934	0		82.00
83.00	RHI	192.07	0	22,920	0		83.00
	0		0	105,078,292			
	D - SUPPLIES & IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,504	0		1.00
2.00	ADMITTING	5.04	0	36	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,119	10		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	2,505	0		4.00
5.00	OPERATION OF PLANT	7.00	0	18,547	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	82,624	0		6.00
7.00	HOUSEKEEPING - SAXONY	9.04	0	763	0		7.00
8.00	HOUSEKEEPING - MORGAN	9.05	0	2,973	0		8.00
9.00	DIETARY	10.00	0	27,444	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	15,407	0		10.00
11.00	PARAMED ED ADMINISTRATION	13.01	0	28	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,264,076	0		12.00
13.00	PHARMACY	15.00	0	979,480	0		13.00
14.00	SOCIAL SERVICE	17.00	0	75	0		14.00
15.00	PATIENT TRANSPORTATION	18.00	0	6,335	0		15.00
16.00	PARAMED RADIOLOGY-METHODIST	23.02	0	1,969	0		16.00
17.00	PARAMED RESPIRATORY THERAPY	23.03	0	1,994	0		17.00
18.00	PARAMED LAB SCIENCE PRO	23.06	0	6,062	0		18.00
19.00	PARAMED SURGERY TECHNOLOGY	23.09	0	276	0		19.00
20.00	PARAMED PHARMACY TECH	23.10	0	1,827	0		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	12,717,705	0		21.00
22.00	INTENSIVE CARE UNIT	31.00	0	2,243,109	0		22.00
23.00	CORONARY CARE UNIT	32.00	0	2,564,318	0		23.00
24.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,419,319	0		24.00
25.00	BURN INTENSIVE CARE UNIT	33.00	0	189,325	0		25.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	UH SURG 6IC	34.02	0	558,866	0		26.00
27.00	RH PED IC	34.04	0	1,074,536	0		27.00
28.00	TRANSPLANT ICU	34.05	0	372,224	0		28.00
29.00	PEDS CANCER CARE	34.06	0	135,118	0		29.00
30.00	SUBPROVIDER - IPF	40.00	0	37,166	0		30.00
31.00	SUBPROVIDER - IRF	41.00	0	54,395	0		31.00
32.00	OPERATING ROOM	50.00	0	106,494,295	0		32.00
33.00	ENDOSCOPY	50.01	0	1,032,453	0		33.00
34.00	RECOVERY ROOM	51.00	0	624,577	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	2,967,614	0		35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	213,735	0		36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,723,105	0		37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	387,228	0		38.00
39.00	RADIOISOTOPE	56.00	0	51,411	0		39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	4,087,469	0		40.00
41.00	LABORATORY	60.00	0	36,137,573	0		41.00
42.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,535,371	0		42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,570,861	0		43.00
44.00	RESPIRATORY THERAPY	65.00	0	5,653,622	0		44.00
45.00	PHYSICAL THERAPY	66.00	0	661,691	0		45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	84,396	0		46.00
47.00	SPEECH PATHOLOGY	68.00	0	2,585,240	0		47.00
48.00	ELECTROCARDIOLOGY	69.00	0	99,490	0		48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	241,750	0		49.00
50.00	OUTPATIENT RETAIL PHARMACY	73.03	0	22,168	0		50.00
51.00	RENAL DIALYSIS	74.00	0	1,370,652	0		51.00
52.00	RH NBN ECMO IC	76.00	0	232,549	0		52.00
53.00	CARDIOLOGY	76.01	0	9,621,033	0		53.00
54.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	62,324	0		54.00
55.00	CARDIAC CATH	76.03	0	8,227,398	0		55.00
56.00	DAY SURGERY	76.04	0	700,279	0		56.00
57.00	ECMO-ADULT	76.08	0	429	0		57.00
58.00	CARDIAC REHABILITATION	76.97	0	6,084	0		58.00
59.00	AMB SVC-OB & GYN	90.01	0	63,630	0		59.00
60.00	IUSCC HEM/ONC	90.02	0	781,903	0		60.00
61.00	AMB SVC-OPTHALMOLOGY	90.03	0	23,149	0		61.00
62.00	AMB SVC-PSYCH ADULT	90.04	0	1,847	0		62.00
63.00	OUTPATIENT SURGERY	90.06	0	55,132	0		63.00
64.00	AMB SVC-RILEY CLINICS	90.07	0	245,961	0		64.00
65.00	MOTILITY LAB	90.08	0	63,159	0		65.00
66.00	SLEEP LAB	90.11	0	182,009	0		66.00
67.00	INFUSION CLINIC	90.14	0	10,204	0		67.00
68.00	PHYSICAL MEDICINE	90.17	0	11,055	0		68.00
69.00	DERMATOLOGY CLINIC	90.18	0	81,068	0		69.00
70.00	INFUSION/HEM/ONC	90.19	0	31,296	0		70.00
71.00	OP REHAB CLINIC	90.21	0	6,327	0		71.00
72.00	EATING DISORDERS CLINIC	90.22	0	3,667	0		72.00
73.00	GASTROENTEROLOGY CLINIC	90.23	0	9,468	0		73.00
74.00	LIFE CARE CLINIC	90.24	0	19,362	0		74.00
75.00	EMERGENCY	91.00	0	3,147,067	0		75.00
76.00	AMBULANCE SERVICES	95.00	0	416,963	0		76.00
77.00	HOME HEALTH AGENCY	101.00	0	428,280	0		77.00
78.00	KIDNEY ACQUISITION	105.00	0	341,463	0		78.00
79.00	LIVER ACQUISITION	107.00	0	113	0		79.00
80.00	LUNG ACQUISITION	108.00	0	19,843	0		80.00
81.00	PANCREAS ACQUISITION	109.00	0	128	0		81.00
82.00	HOSPICE	116.00	0	225,556	0		82.00
83.00	RESEARCH	191.00	0	25,985	0		83.00
84.00	RESEARCH-GCRC	191.01	0	61,306	0		84.00
85.00	OSA	191.02	0	18,824	0		85.00
86.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	51,781	0		86.00
87.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	2,175	0		87.00
88.00	RHI	192.07	0	59,259	0		88.00
89.00	CARDIO PHYSICIANS	192.10	0	902	0		89.00
	0		0	230,569,804			
	E - DRUGS						
1.00	PURCHASING, RECEIVING & STORES	5.03	0	13	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	30,158	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	545	10		3.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	DIETARY	10.00	0	76	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	105	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,260	0		6.00
7.00	PHARMACY	15.00	0	111,021,989	0		7.00
8.00	SOCIAL SERVICE	17.00	0	1,382	0		8.00
9.00	PARAMED PHARMACY TECH	23.10	0	199	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	836,312	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	152,525	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	247,105	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	199,389	0		13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	0	12,716	0		14.00
15.00	UH SURG 6IC	34.02	0	20,858	0		15.00
16.00	RH PED IC	34.04	0	164,626	0		16.00
17.00	TRANSPLANT ICU	34.05	0	17,676	0		17.00
18.00	PEDS CANCER CARE	34.06	0	23,051	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	350	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	595	0		20.00
21.00	OPERATING ROOM	50.00	0	1,060,307	0		21.00
22.00	ENDOSCOPY	50.01	0	14,636	0		22.00
23.00	RECOVERY ROOM	51.00	0	67,554	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	1,312,145	0		24.00
25.00	PULMONARY FUNCTION TESTING	53.01	0	16,980	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,970,915	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	20,930	0		27.00
28.00	RADIOISOTOPE	56.00	0	341,252	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	58,346	0		29.00
30.00	LABORATORY	60.00	0	504,337	0		30.00
31.00	TRANSPLANT IMMUNOLOGY	60.01	0	2	0		31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,689	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	86,556	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	6,603	0		34.00
35.00	SPEECH PATHOLOGY	68.00	0	10,219	0		35.00
36.00	ELECTROCARDIOLOGY	69.00	0	13,389	0		36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0		37.00
38.00	RENAL DIALYSIS	74.00	0	117,302	0		38.00
39.00	RH NBN ECMO IC	76.00	0	18,554	0		39.00
40.00	CARDIOLOGY	76.01	0	27,002	0		40.00
41.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	2,985	0		41.00
42.00	CARDIAC CATH	76.03	0	135,849	0		42.00
43.00	DAY SURGERY	76.04	0	62,407	0		43.00
44.00	CARDIAC REHABILITATION	76.97	0	195	0		44.00
45.00	AMB SVC-OB & GYN	90.01	0	448,777	0		45.00
46.00	IUSCC HEM/ONC	90.02	0	84,241,253	0		46.00
47.00	AMB SVC-OPTHALMOLOGY	90.03	0	466,555	0		47.00
48.00	AMB SVC-PSYCH ADULT	90.04	0	2	0		48.00
49.00	OUTPATIENT SURGERY	90.06	0	491	0		49.00
50.00	AMB SVC-RILEY CLINICS	90.07	0	746,982	0		50.00
51.00	MOTILITY LAB	90.08	0	44	0		51.00
52.00	INFUSION CLINIC	90.14	0	8,147,594	0		52.00
53.00	PHYSICAL MEDICINE	90.17	0	143,881	0		53.00
54.00	DERMATOLOGY CLINIC	90.18	0	7,333	0		54.00
55.00	INFUSION/HEM/ONC	90.19	0	34,589	0		55.00
56.00	OP REHAB CLINIC	90.21	0	522,994	0		56.00
57.00	GASTROENTEROLOGY CLINIC	90.23	0	28,104	0		57.00
58.00	LIFE CARE CLINIC	90.24	0	170,986	0		58.00
59.00	EMERGENCY	91.00	0	280,994	0		59.00
60.00	AMBULANCE SERVICES	95.00	0	93,285	0		60.00
61.00	KIDNEY ACQUISITION	105.00	0	395,997	0		61.00
62.00	HEART ACQUISITION	106.00	0	9,550	0		62.00
63.00	LUNG ACQUISITION	108.00	0	141,921	0		63.00
64.00	HOSPICE	116.00	0	1,038,563	0		64.00
65.00	RESEARCH	191.00	0	1,089	0		65.00
66.00	RESEARCH-GCRC	191.01	0	6,044	0		66.00
67.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	5,960,437	0		67.00
68.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	43	0		68.00
69.00	RHI	192.07	0	7,399	0		69.00
	0		0	221,505,993			
	F - BLOOD						
1.00	OPERATING ROOM	50.00	0	5,752	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	5,752			

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	G - NURSERY & L&D						
1.00	ADULTS & PEDIATRICS	30.00	6,621,626	673,933	0		1.00
2.00		0.00	0	0	0		2.00
	0		6,621,626	673,933			
	H - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	182,182	0	0		1.00
	0		182,182	0			
	I - OB SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	343,712	810,287	0		1.00
2.00		0.00	0	0	0		2.00
	0		343,712	810,287			
	J - RADIOLOGY PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	497,994	38,097	0		1.00
	0		497,994	38,097			
	K - PHARMACIST PARAMED						
1.00	PHARMACY	15.00	455,862	34,873	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	7,406	567	0		2.00
3.00	IUSCC HEM/ONC	90.02	19,235	1,472	0		3.00
4.00	EMERGENCY	91.00	3,157	242	0		4.00
	0		485,660	37,154			
	L - PHARMACY TECH PARAMED						
1.00	PHARMACY	15.00	31,261	2,391	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	34,742	2,658	0		2.00
	0		66,003	5,049			
	M - CLINICAL LAB PARAMED						
1.00	LABORATORY	60.00	146,904	11,238	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	8,992	688	0		2.00
	0		155,896	11,926			
	N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,207,439	186,489	0		1.00
2.00	PANCREAS ACQUISITION	109.00	103,091	0	0		2.00
3.00	INTESTINAL ACQUISITION	110.00	635	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		1,311,165	186,489			
	O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	646,727	99,496	0		1.00
2.00	KIDNEY ACQUISITION	105.00	1,148,334	150,938	0		2.00
3.00	HEART ACQUISITION	106.00	392,783	63,779	0		3.00
4.00	LIVER ACQUISITION	107.00	990,276	154,027	0		4.00
5.00	PANCREAS ACQUISITION	109.00	164,214	18,021	0		5.00
6.00	INTESTINAL ACQUISITION	110.00	186,398	22,071	0		6.00
	0		3,528,732	508,332			
	R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	62,130	4,753	0		1.00
	0		62,130	4,753			
	S - RENAL EXPENSE RECLASS						
1.00	HOME PROGRAM DIALYSIS	94.00	0	67,049	0		1.00
	TOTALS		0	67,049			
	T - PHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	66	0		1.00
2.00	DIETARY	10.00	0	360	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	921	0		3.00
4.00	PHARMACY	15.00	0	880	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	446	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	17,784	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	944	0		7.00
8.00	OPERATING ROOM	50.00	0	16,361	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	566	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	751	0		10.00
11.00	LABORATORY	60.00	0	3,212	0		11.00
12.00	SPEECH PATHOLOGY	68.00	0	1,561	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	74	0		13.00
14.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,191	0		14.00
15.00	AMB SVC-OB & GYN	90.01	0	534	0		15.00
16.00	IUSCC HEM/ONC	90.02	0	8,246	0		16.00
17.00	AMB SVC-RILEY CLINICS	90.07	0	223	0		17.00
18.00	INFUSION CLINIC	90.14	0	786	0		18.00
19.00	EATING DISORDERS CLINIC	90.22	0	696	0		19.00
20.00	GASTROENTEROLOGY CLINIC	90.23	0	434	0		20.00
21.00	EMERGENCY	91.00	0	2,049	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	1,053	0		22.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	KIDNEY ACQUISITION	105.00	0	1,246	0		23.00
24.00	LIVER ACQUISITION	107.00	0	740	0		24.00
25.00	LUNG ACQUISITION	108.00	0	223	0		25.00
26.00	RESEARCH-GCRC	191.01	0	434	0		26.00
27.00	OTHER	192.01	0	2,004	0		27.00
	NONREIMBURSABLE-METHODIST						
	0		0	63,785			
	V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,979,264	0		1.00
2.00	RADIOISOTOPE	56.00	0	6,506,139	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	225,179	0		3.00
	0		0	8,710,582			
	W - PTO AS STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,199	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	47,599	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	10,127	0	0		3.00
4.00	OPERATION OF PLANT	7.00	21,600	0	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	1,322	0	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	2,281	0	0		6.00
7.00	DIETARY	10.00	55,058	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	102,768	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	36,870	0	0		9.00
10.00	PHARMACY	15.00	148,170	0	0		10.00
11.00	SOCIAL SERVICE	17.00	16,036	0	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	10,763	0	0		12.00
13.00	PARAMED RESPIRATORY THERAPY	23.03	721	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	708,274	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	76,713	0	0		15.00
16.00	CORONARY CARE UNIT	32.00	72,024	0	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	32.01	176,122	0	0		17.00
18.00	BURN INTENSIVE CARE UNIT	33.00	17,818	0	0		18.00
19.00	UH SURG 6IC	34.02	1,792	0	0		19.00
20.00	RH PED IC	34.04	63,529	0	0		20.00
21.00	TRANSPLANT ICU	34.05	4,564	0	0		21.00
22.00	PEDS CANCER CARE	34.06	14,646	0	0		22.00
23.00	SUBPROVIDER - IPF	40.00	24,282	0	0		23.00
24.00	SUBPROVIDER - IRF	41.00	3,310	0	0		24.00
25.00	OPERATING ROOM	50.00	218,672	0	0		25.00
26.00	ENDOSCOPY	50.01	15,532	0	0		26.00
27.00	RECOVERY ROOM	51.00	59,499	0	0		27.00
28.00	ANESTHESIOLOGY	53.00	13,347	0	0		28.00
29.00	PULMONARY FUNCTION TESTING	53.01	12,767	0	0		29.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	174,901	0	0		30.00
31.00	RADIOLOGY-THERAPEUTIC	55.00	6,185	0	0		31.00
32.00	LABORATORY	60.00	210,772	0	0		32.00
33.00	TRANSPLANT IMMUNOLOGY	60.01	2,714	0	0		33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	14,254	0	0		34.00
35.00	RESPIRATORY THERAPY	65.00	214,101	0	0		35.00
36.00	PHYSICAL THERAPY	66.00	88,771	0	0		36.00
37.00	OCCUPATIONAL THERAPY	67.00	18,637	0	0		37.00
38.00	SPEECH PATHOLOGY	68.00	35,775	0	0		38.00
39.00	ELECTROCARDIOLOGY	69.00	24,948	0	0		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	39,809	0	0		40.00
41.00	OUTPATIENT RETAIL PHARMACY	73.03	19,021	0	0		41.00
42.00	RENAL DIALYSIS	74.00	15,170	0	0		42.00
43.00	RH NBN ECMO IC	76.00	4,518	0	0		43.00
44.00	CARDIOLOGY	76.01	3,675	0	0		44.00
45.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	7,672	0	0		45.00
46.00	CARDIAC CATH	76.03	25,577	0	0		46.00
47.00	DAY SURGERY	76.04	46,232	0	0		47.00
48.00	AMB SVC-OB & GYN	90.01	15,802	0	0		48.00
49.00	IUSCC HEM/ONC	90.02	57,183	0	0		49.00
50.00	AMB SVC-OPTHALMOLOGY	90.03	3,246	0	0		50.00
51.00	AMB SVC-PSYCH ADULT	90.04	2,464	0	0		51.00
52.00	OUTPATIENT SURGERY	90.06	2,192	0	0		52.00
53.00	AMB SVC-RILEY CLINICS	90.07	36,190	0	0		53.00
54.00	SLEEP LAB	90.11	13,781	0	0		54.00
55.00	PHYSICAL MEDICINE	90.17	3,413	0	0		55.00
56.00	DERMATOLOGY CLINIC	90.18	4,029	0	0		56.00
57.00	INFUSION/HEM/ONC	90.19	693	0	0		57.00
58.00	GASTROENTEROLOGY CLINIC	90.23	1,235	0	0		58.00

RECLASSIFICATIONS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 9:14 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
59.00	LIFE CARE CLINIC	90.24	950	0	0		59.00
60.00	EMERGENCY	91.00	116,054	0	0		60.00
61.00	AMBULANCE SERVICES	95.00	65,404	0	0		61.00
62.00	HOME HEALTH AGENCY	101.00	88,823	0	0		62.00
63.00	KIDNEY ACQUISITION	105.00	24,453	0	0		63.00
64.00	LIVER ACQUISITION	107.00	13,045	0	0		64.00
65.00	LUNG ACQUISITION	108.00	769	0	0		65.00
66.00	HOSPICE	116.00	41,777	0	0		66.00
67.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,306	0	0		67.00
68.00	RESEARCH-GCRC	191.01	6,263	0	0		68.00
69.00	OTHER NONREIMBURSABLE-METHODIST	192.01	14,341	0	0		69.00
70.00	RHI	192.07	1,486	0	0		70.00
	0		3,405,036	0			
	X - PROPERTY TAXES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	253,259	13		1.00
2.00	OPERATING ROOM	50.00	0	3,435	0		2.00
3.00	LABORATORY	60.00	0	16,934	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	13,678	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	19,556	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	9,600	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	14,978	0		7.00
8.00	IUSCC HEM/ONC	90.02	0	41,117	0		8.00
9.00	SLEEP LAB	90.11	0	12,890	0		9.00
10.00	HOME HEALTH AGENCY	101.00	0	22,153	0		10.00
11.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15,995	0		11.00
12.00	RESEARCH	191.00	0	1,654	0		12.00
13.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	100,820	0		13.00
	0		0	526,069			
	Y - PASTORAL ED RECLASSES						
1.00	PARAMED PASTORAL EDUCATION	23.05	284,128	58,009	0		1.00
	0		284,128	58,009			
	AA - RESPIRATORY THERAPY PARAMED						
1.00	PULMONARY FUNCTION TESTING	53.01	22,778	1,743	0		1.00
2.00	RESPIRATORY THERAPY	65.00	233,573	17,868	0		2.00
	0		256,351	19,611			
	CC - HO I&R						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	65,399	587,611	0		1.00
	TOTALS		65,399	587,611			
	DD - ALTEPLASE RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	395,383	0		1.00
	TOTALS		0	395,383			
500.00	Grand Total: Decreases		17,266,014	680,775,186			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part I Date/Time Prepared: 5/30/2019 9:14 am

		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	145,273,375	4,425,890	0	4,425,890	80,482	1.00
2.00	Land Improvements	23,717,699	3,248,359	0	3,248,359	9,794	2.00
3.00	Buildings and Fixtures	1,178,806,626	15,972,929	0	15,972,929	4,243,252	3.00
4.00	Building Improvements	775,461,096	28,843,020	0	28,843,020	5,785,227	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	1,420,737,610	139,799,001	0	139,799,001	127,049,083	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,543,996,406	192,289,199	0	192,289,199	137,167,838	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,543,996,406	192,289,199	0	192,289,199	137,167,838	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	149,618,783	0	1.00
2.00	Land Improvements	26,956,264	608,900	2.00
3.00	Buildings and Fixtures	1,190,536,303	210,596,124	3.00
4.00	Building Improvements	798,518,889	277,074,409	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	1,433,487,528	974,333,902	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,599,117,767	1,462,613,335	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	3,599,117,767	1,462,613,335	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part II | Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,599,602	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,599,602	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,599,602		2.00
3.00	Total (sum of lines 1-2)	0	1,599,602		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,165,630,240	0	2,165,630,240	0.601711	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,433,487,528	0	1,433,487,528	0.398289	0	2.00
3.00	Total (sum of lines 1-2)	3,599,117,768	0	3,599,117,768	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	48,428,241	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	81,894,965	1,601,014	2.00
3.00	Total (sum of lines 1-2)	0	0	0	130,323,206	1,601,014	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	505,214	0	48,933,455	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	83,495,979	2.00
3.00	Total (sum of lines 1-2)	0	0	505,214	0	132,429,434	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-115,650,344			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	251,745,722			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CATERING/FOOD REVENUE	B	-111,922	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC OTHER OP REVENUE	B	-1,010	RADIOLOGY-THERAPEUTIC	55.00	0	33.01
33.03	FRINGE BENEFIT TO HOME OFFICE	A	-110,931,880	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	PTO TO HOME OFFICE	A	-70,397	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	PTO TO HOME OFFICE	A	28,992	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06	PTO TO HOME OFFICE	A	20,120	SLEEP LAB	90.11	0	33.06
33.07	PTO TO HOME OFFICE	A	80,466	HOME HEALTH AGENCY	101.00	0	33.07
33.08	PTO TO HOME OFFICE	A	-6,563	HOSPICE	116.00	0	33.08
33.09	CLASS & LECTURE REVENUE	B	-33,237	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.09
33.10	CLASS & LECTURE REVENUE	B	-11,683	PARAMED ED ADMINISTRATION	13.01	0	33.10
33.11	CLASS & LECTURE REVENUE	B	-116,134	PARAMED RADIOLOGY-METHODIST	23.02	0	33.11
33.13	CLASS & LECTURE REVENUE	B	-609,754	PARAMED RESPIRATORY THERAPY	23.03	0	33.13
33.14	CLASS & LECTURE REVENUE	B	-100,709	PARAMED LAB SCIENCE PRO	23.06	0	33.14
33.15	CLASS & LECTURE REVENUE	B	-54,500	PARAMED SURGERY TECHNOLOGY	23.09	0	33.15
33.16	CLASS & LECTURE REVENUE	B	-16,237	PARAMED PHARMACY TECH	23.10	0	33.16
33.17	CLASS & LECTURE REVENUE	B	-1,295	ADULTS & PEDIATRICS	30.00	0	33.17
33.18	CLASS & LECTURE REVENUE	B	-2,540	DELIVERY ROOM & LABOR ROOM	52.00	0	33.18
33.19	CLASS & LECTURE REVENUE	B	-14,795	EMERGENCY	91.00	0	33.19
33.20	MISC OTHER OP REVENUE - RETAIL PHARM	B	-441,216	OUTPATIENT RETAIL PHARMACY	73.03	0	33.20
33.21	MISC OTHER OP REVENUE	B	-976	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	MISC OTHER OP REVENUE	B	-1,281,328	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.22
33.23	MISC OTHER OP REVENUE	B	-147,959	OPERATION OF PLANT	7.00	0	33.23
33.24	MISC OTHER OP REVENUE	B	-550	DIETARY	10.00	0	33.24
33.25	MISC OTHER OP REVENUE	B	-7,056	NURSING ADMINISTRATION	13.00	0	33.25
33.26	MISC OTHER OP REVENUE	B	-907,115	PHARMACY	15.00	0	33.26
33.27	MISC OTHER OP REVENUE	B	-6,539	PARAMED PASTORAL EDUCATION	23.05	0	33.27
33.28	MISC OTHER OP REVENUE	B	-50,000	ADULTS & PEDIATRICS	30.00	0	33.28
33.29	MISC OTHER OP REVENUE	B	-292,469	OPERATING ROOM	50.00	0	33.29
33.30	MISC OTHER OP REVENUE	B	-17,605	PULMONARY FUNCTION TESTING	53.01	0	33.30
33.31	MISC OTHER OP REVENUE	B	-37,165	RADIOLOGY-DIAGNOSTIC	54.00	0	33.31
33.32	MISC OTHER OP REVENUE	B	-3,601,654	LABORATORY	60.00	0	33.32
33.33	MISC OTHER OP REVENUE	B	-1,900	TRANSPLANT IMMUNOLOGY	60.01	0	33.33
33.34	MISC OTHER OP REVENUE	B	-19,639	PHYSICAL THERAPY	66.00	0	33.34
33.35	MISC OTHER OP REVENUE	B	-39,095	OCCUPATIONAL THERAPY	67.00	0	33.35
33.36	MISC OTHER OP REVENUE	B	-4,800	SPEECH PATHOLOGY	68.00	0	33.36
33.37	MISC OTHER OP REVENUE	B	-48,733	ELECTROCARDIOLOGY	69.00	0	33.37
33.38	MISC OTHER OP REVENUE	B	-16,425	CARDIAC CATH	76.03	0	33.38
33.39	MISC OTHER OP REVENUE	B	-22,145	IUSCC HEM/ONC	90.02	0	33.39
33.40	MISC OTHER OP REVENUE	B	-68,475	LIFE CARE CLINIC	90.24	0	33.40
33.41	MISC OTHER OP REVENUE	B	-8,250	SLEEP LAB	90.11	0	33.41
33.42	MISC OTHER OP REVENUE	B	-548,583	EMERGENCY	91.00	0	33.42
33.43	MISC OTHER OP REVENUE	B	-87,600	AMBULANCE SERVICES	95.00	0	33.43
33.44	MISC OTHER OP REVENUE	B	-8,733	HOME HEALTH AGENCY	101.00	0	33.44
33.45	MISC OTHER OP REVENUE	B	-353,201	KIDNEY ACQUISITION	105.00	0	33.45
33.46	OTHER INSTITUTIONAL REVENUE	B	-5,497,747	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.46
33.47	OTHER INSTITUTIONAL REVENUE	B	-20,600	NURSING ADMINISTRATION	13.00	0	33.47
33.48	OTHER INSTITUTIONAL REVENUE	B	-75,389	MEDICAL RECORDS & LIBRARY	16.00	0	33.48
33.49	OTHER INSTITUTIONAL REVENUE	B	-1,521,954	SOCIAL SERVICE	17.00	0	33.49
33.50	OTHER INSTITUTIONAL REVENUE	B	-2,336,535	ADULTS & PEDIATRICS	30.00	0	33.50
33.51	OTHER INSTITUTIONAL REVENUE	B	-1,572	SUBPROVIDER - IRF	41.00	0	33.51
33.52	OTHER INSTITUTIONAL REVENUE	B	-863,258	DELIVERY ROOM & LABOR ROOM	52.00	0	33.52
33.56	OTHER INSTITUTIONAL REVENUE	B	-450,000	RADIOLOGY-THERAPEUTIC	55.00	0	33.56
33.57	OTHER INSTITUTIONAL REVENUE	B	-16,678	SPEECH PATHOLOGY	68.00	0	33.57
33.58	OTHER INSTITUTIONAL REVENUE	B	-28,860	CARDIAC CATH	76.03	0	33.58
33.59	OTHER INSTITUTIONAL REVENUE	B	-10,000	EMERGENCY	91.00	0	33.59
33.60	GIFT SHOP REVENUE	B	-25	DIETARY	10.00	0	33.60
33.61	GIFT SHOP REVENUE	B	160	HOME HEALTH AGENCY	101.00	0	33.61
33.62	VENDING REVENUE	B	-2,178	DIETARY	10.00	0	33.62
33.63	VENDING REVENUE	B	-455	EMERGENCY	91.00	0	33.63
33.64	VENDING REVENUE	B	-588	HOME HEALTH AGENCY	101.00	0	33.64
33.66	INTERCOMPANY REVENUE	B	-87,042	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.66
33.67	INTERCOMPANY REVENUE	B	-4,531,604	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.67
33.68	INTERCOMPANY REVENUE	B	-310,327	OPERATION OF PLANT	7.00	0	33.68
33.69	INTERCOMPANY REVENUE	B	-196,250	NURSING ADMINISTRATION	13.00	0	33.69

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.70	INTERCOMPANY REVENUE	B	-51,227	CENTRAL SERVICES & SUPPLY	14.00	0	33.70
33.71	INTERCOMPANY REVENUE	B	-919,106	PHARMACY	15.00	0	33.71
33.72	INTERCOMPANY REVENUE	B	-413,684	SOCIAL SERVICE	17.00	0	33.72
33.73	INTERCOMPANY REVENUE	B	-7,242,036	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.73
33.74	INTERCOMPANY REVENUE	B	-312,395	ADULTS & PEDIATRICS	30.00	0	33.74
33.75	INTERCOMPANY REVENUE	B	-1,971,389	OPERATING ROOM	50.00	0	33.75
33.76	INTERCOMPANY REVENUE	B	-20,000	PULMONARY FUNCTION TESTING	53.01	0	33.76
33.77	INTERCOMPANY REVENUE	B	-977,978	RADIOLOGY-DIAGNOSTIC	54.00	0	33.77
33.78	INTERCOMPANY REVENUE	B	-4,876	RADIOLOGY-THERAPEUTIC	55.00	0	33.78
33.79	INTERCOMPANY REVENUE	B	-16,640	RADIOISOTOPE	56.00	0	33.79
33.80	INTERCOMPANY REVENUE	B	-122,438,505	LABORATORY	60.00	0	33.80
33.81	INTERCOMPANY REVENUE	B	-7,176,252	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.81
33.82	INTERCOMPANY REVENUE	B	-41,083	PHYSICAL THERAPY	66.00	0	33.82
33.83	INTERCOMPANY REVENUE	B	-37,003	SPEECH PATHOLOGY	68.00	0	33.83
33.84	INTERCOMPANY REVENUE	B	-553,848	ELECTROCARDIOLOGY	69.00	0	33.84
33.85	INTERCOMPANY REVENUE	B	-312,829	ELECTROENCEPHALOGRAPHY	70.00	0	33.85
33.87	INTERCOMPANY REVENUE	B	-103,710	AMB SVC-OB & GYN	90.01	0	33.87
33.88	INTERCOMPANY REVENUE	B	-128,887	IUSCC HEM/ONC	90.02	0	33.88
33.89	INTERCOMPANY REVENUE	B	-40,000	OUTPATIENT SURGERY	90.06	0	33.89
33.90	INTERCOMPANY REVENUE	B	-7,458,059	AMB SVC-RILEY CLINICS	90.07	0	33.90
33.91	INTERCOMPANY REVENUE	B	-45,811	MOTILITY LAB	90.08	0	33.91
33.92	INTERCOMPANY REVENUE	B	-2,318,103	SLEEP LAB	90.11	0	33.92
33.93	INTERCOMPANY REVENUE	B	-4,337	DERMATOLOGY CLINIC	90.18	0	33.93
33.94	INTERCOMPANY REVENUE	B	-1,143,065	AMBULANCE SERVICES	95.00	0	33.94
33.95	INTERCOMPANY REVENUE	B	-420,081	HOME HEALTH AGENCY	101.00	0	33.95
33.96	INTERCOMPANY REVENUE	B	-889,299	RESEARCH-GCRC	191.01	0	33.96
33.97	INTERCOMPANY REVENUE	B	-893,846	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.97
33.99	PARKING GARAGE	A	-1,905,890	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.99
34.00	PARKING GARAGE	A	-3,923,689	OPERATION OF PLANT	7.00	0	34.00
34.01	PARKING GARAGE	A	104,251	LABORATORY	60.00	0	34.01
34.02	INTEREST EXPENSE	A	-255,702	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.02
34.03	INTEREST EXPENSE	A	-470	OPERATION OF PLANT	7.00	0	34.03
34.04	INTEREST EXPENSE	A	-3,000	PHARMACY	15.00	0	34.04
34.05	INTEREST EXPENSE	A	-17	SLEEP LAB	90.11	0	34.05
34.06	INTEREST EXPENSE	A	-165,659	AMBULANCE SERVICES	95.00	0	34.06
34.07	INTEREST EXPENSE	A	-32	HOME HEALTH AGENCY	101.00	0	34.07
34.08	PARKING GARAGE DEPRECIATION	A	-662,377	CAP REL COSTS-BLDG & FIXT	1.00	9	34.08
34.09	PHYSICIAN MALPRACTICE INSURANCE	A	-163,224	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.09
34.10	DEPRECIATION TO HOME OFFICE	A	-40,454,374	CAP REL COSTS-BLDG & FIXT	1.00	9	34.10
34.11	PHARMACY RESEARCH	A	-757,257	PHARMACY	15.00	0	34.11
34.12	PHARMACY RESEARCH	A	-116,676	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.12
34.13	PHONES TO HOME OFFICE	A	-63,785	NONPATIENT TELEPHONES	5.01	0	34.13
34.14	CONTRIBUTION EXPENSE	A	-33,036	EMERGENCY	91.00	0	34.14
34.15	CONTRIBUTION EXPENSE	A	-101,200	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.15
34.16	ACADEMIC SUPPORT	A	17,499,999	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.16
34.17	MEDICAID HAF FEES	A	-67,854,504	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.17
34.18	OUR HOUSE UTILITIES	A	-53,450	OPERATION OF PLANT	7.00	0	34.18
34.19	UNWONTED SITUATIONS	A	-2,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.19
34.20	UNWONTED SITUATIONS	A	-709	OPERATION OF PLANT	7.00	0	34.20
34.21	UNWONTED SITUATIONS	A	-324	DIETARY	10.00	0	34.21
34.22	UNWONTED SITUATIONS	A	-9,143	NURSING ADMINISTRATION	13.00	0	34.22
34.23	UNWONTED SITUATIONS	A	-25,978	ADULTS & PEDIATRICS	30.00	0	34.23
34.24	UNWONTED SITUATIONS	A	-1,056	INTENSIVE CARE UNIT	31.00	0	34.24
34.25	UNWONTED SITUATIONS	A	-150	BURN INTENSIVE CARE UNIT	33.00	0	34.25
34.26	UNWONTED SITUATIONS	A	-112	RH PED IC	34.04	0	34.26
34.27	UNWONTED SITUATIONS	A	-394	RADIOLOGY-DIAGNOSTIC	54.00	0	34.27
34.28	UNWONTED SITUATIONS	A	-668	CARDIAC CATH	76.03	0	34.28
34.29	UNWONTED SITUATIONS	A	-853	DAY SURGERY	76.04	0	34.29
34.30	UNWONTED SITUATIONS	A	-5,481	EMERGENCY	91.00	0	34.30

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.31	LEASE AND RENT REVENUE	B	-1,221,214	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.31
34.32	LEASE AND RENT REVENUE	B	-56	DIETARY	10.00	0	34.32
34.33	LEASE AND RENT REVENUE	B	-86,852	RADIOLOGY-DIAGNOSTIC	54.00	0	34.33
34.34	LEASE AND RENT REVENUE	B	-298,968	LABORATORY	60.00	0	34.34
34.35	LEASE AND RENT REVENUE	B	-14,850	AMB SVC-RILEY CLINICS	90.07	0	34.35
34.36	NON-ALLOWABLE ADVERTISING	A	-430,805	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.36
34.37	NON-ALLOWABLE ADVERTISING	A	-709	DIETARY	10.00	0	34.37
34.38	NON-ALLOWABLE ADVERTISING	A	-1,651	NURSING ADMINISTRATION	13.00	0	34.38
34.39	NON-ALLOWABLE ADVERTISING	A	-1,590	PARAMED PHARMACY	23.07	0	34.39
34.40	NON-ALLOWABLE ADVERTISING	A	-251	ADULTS & PEDIATRICS	30.00	0	34.40
34.41	NON-ALLOWABLE ADVERTISING	A	-350	DELIVERY ROOM & LABOR ROOM	52.00	0	34.41
34.42	NON-ALLOWABLE ADVERTISING	A	-44	PULMONARY FUNCTION TESTING	53.01	0	34.42
34.43	NON-ALLOWABLE ADVERTISING	A	-15,796	LABORATORY	60.00	0	34.43
34.44	NON-ALLOWABLE ADVERTISING	A	-170	PHYSICAL THERAPY	66.00	0	34.44
34.45	NON-ALLOWABLE ADVERTISING	A	-1,323	OUTPATIENT RETAIL PHARMACY	73.03	0	34.45
34.46	NON-ALLOWABLE ADVERTISING	A	-907	CARDIOLOGY	76.01	0	34.46
34.47	NON-ALLOWABLE ADVERTISING	A	-183	IUSCC HEM/ONC	90.02	0	34.47
34.48	NON-ALLOWABLE ADVERTISING	A	-128	AMB SVC-PSYCH ADULT	90.04	0	34.48
34.49	NON-ALLOWABLE ADVERTISING	A	-7,327	SLEEP LAB	90.11	0	34.49
34.50	NON-ALLOWABLE ADVERTISING	A	-500	EATING DISORDERS CLINIC	90.22	0	34.50
34.51	NON-ALLOWABLE ADVERTISING	A	-1,887	LIFE CARE CLINIC	90.24	0	34.51
34.52	NON-ALLOWABLE ADVERTISING	A	-10,829	EMERGENCY	91.00	0	34.52
34.53	NON-ALLOWABLE ADVERTISING	A	-68,764	AMBULANCE SERVICES	95.00	0	34.53
34.54	NON-ALLOWABLE ADVERTISING	A	-7,495	HOME HEALTH AGENCY	101.00	0	34.54
34.55	NON-ALLOWABLE ADVERTISING	A	-8,175	KIDNEY ACQUISITION	105.00	0	34.55
34.56	NON-ALLOWABLE ADVERTISING	A	-41	LIVER ACQUISITION	107.00	0	34.56
34.57	NON-ALLOWABLE ADVERTISING	A	-5,219	PANCREAS ACQUISITION	109.00	0	34.57
34.58	START-UP EXPENSE	A	-3,976,869	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.58
34.59	START-UP EXPENSE	A	-1,132,039	DELIVERY ROOM & LABOR ROOM	52.00	0	34.59
34.60	HOSPICE PHYSICIAN FEE	A	-168,605	HOSPICE	116.00	0	34.60
34.61	NRCC PHYSICIAN FEE	A	-220,000	OSA	191.02	0	34.61
34.62	NRCC PHYSICIAN FEE	A	-1,090,070	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.62
34.63	NRCC PHYSICIAN FEE	A	-1,177,983	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.63
34.64	NRCC PHYSICIAN FEE	A	-4,989,061	OTHER NONREIMBURSABLE - IUMC	192.02	0	34.64
34.65	CONSOL CASH INTEREST OFFSET	B	-854,396	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.65
34.66	H.O. PARAMED ED	A	3,254	PARAMED PHARMACY	23.07	0	34.66
34.67	PENSION ADJUSTMENT	A	7,150,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.67
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-263,360,675				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2019 9:14 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY EXPENSE	41,603,198	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	24,758,467	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	120,255,559	42,243	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	10,054	10,054	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	63,650,733	0	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	7,002,827	0	3.03
3.04	5.04	ADMITTING	INTERCOMPANY EXPENSE	15,643,068	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	50,170,397	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	160,440,187	296,404,849	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	8,502,116	0	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	40,223,277	561,291	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	3,185,166	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	3,272,203	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	5,134,377	0	3.11
3.12	10.00	DIETARY	INTERCOMPANY EXPENSE	1,190,763	1,190,763	3.12
3.13	11.00	CAFETERIA	INTERCOMPANY EXPENSE	2,295,343	0	3.13
3.14	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	8,276,610	5,947,555	3.14
3.15	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY EXPENSE	41,149	41,149	3.15
3.16	15.00	PHARMACY	INTERCOMPANY EXPENSE	8,888	427,761	3.16
3.17	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	15,044,141	0	3.17
3.18	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	1,070,594	1,070,594	3.18
3.19	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	787,146	787,146	3.19
3.20	23.03	PARAMED RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.20
3.21	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	28,988,742	28,988,742	3.21
3.22	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	503,654	503,654	3.22
3.23	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	94,975	94,975	3.23
3.24	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	6,750	6,750	3.24
3.25	34.04	RH PED IC	INTERCOMPANY EXPENSE	2,684,476	2,684,476	3.25
3.26	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	27,053	27,053	3.26
3.27	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	878,667	878,667	3.27
3.28	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	7,092,690	7,314,105	3.28
3.29	51.00	RECOVERY ROOM	INTERCOMPANY EXPENSE	31,267	31,267	3.29
3.30	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	1,695,507	1,695,507	3.30
3.31	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	14,320,779	14,320,779	3.31
3.32	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	147,677	147,677	3.32
3.33	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	4,618,029	4,618,029	3.33
3.34	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	4,269,636	4,443,587	3.34
3.35	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	208,871	208,871	3.35
3.36	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	208,199	208,199	3.36
3.37	60.00	LABORATORY	INTERCOMPANY EXPENSE	81,720,665	81,720,665	3.37
3.38	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	236,762	236,762	3.38
3.39	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	11,887	11,887	3.39
3.40	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	40,754	40,754	3.40
3.41	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,530,868	2,530,868	3.41
3.42	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	0	7,393	3.42
3.43	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	79,069	3.43
3.44	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	1,534	268,252	3.44
3.45	76.01	CARDIOLOGY	INTERCOMPANY EXPENSE	41,395	41,395	3.45
3.46	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	1,064,479	1,064,479	3.46
3.47	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	2,061,944	2,061,944	3.47
3.48	76.04	DAY SURGERY	INTERCOMPANY EXPENSE	0	137,042	3.48
3.49	76.97	CARDIAC REHABILITATION	INTERCOMPANY EXPENSE	7,200	7,200	3.49
3.50	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	104,818	186,686	3.50
3.51	90.02	IUSCC HEM/ONC	INTERCOMPANY EXPENSE	8,094,067	11,179,885	3.51
3.52	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	149,725	149,725	3.52
3.53	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	930,901	930,901	3.53
3.54	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	3.54
3.55	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	360,062	938,853	3.55
3.56	90.14	INFUSION CLINIC	INTERCOMPANY EXPENSE	43,767	43,767	3.56
3.57	90.17	PHYSICAL MEDICINE	INTERCOMPANY EXPENSE	229,675	229,675	3.57
3.58	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	296,686	296,686	3.58
3.59	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	6,097	6,097	3.59
3.60	91.00	EMERGENCY	INTERCOMPANY EXPENSE	14,151,221	14,151,221	3.60
3.61	94.00	HOME PROGRAM DIALYSIS	INTERCOMPANY EXPENSE	-160	-160	3.61
3.62	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	84,490	3,264,726	3.62
3.63	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	102,961	6,690,885	3.63
3.64	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	75,918	75,918	3.64
3.65	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	25,000	25,000	3.65
3.66	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,465,063	1,465,063	3.66
3.67	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	944,122	944,122	3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2019 9:14 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
3.68	112.00	OTHER ORGAN ACQUISITION	INTERCOMPANY EXPENSE	1,288,061	1,288,061	3.68
3.69	112.01	POST TRANSPLANT EXPENSES	INTERCOMPANY EXPENSE	200,000	200,000	3.69
3.70	116.00	HOSPICE	INTERCOMPANY EXPENSE	831,282	831,282	3.70
3.71	191.02	OSA	INTERCOMPANY EXPENSE	54,870	54,870	3.71
3.72	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCOMPANY EXPENSE	2,490,070	2,490,070	3.72
3.73	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY EXPENSE	1,665,626	1,665,626	3.73
4.00	192.02	OTHER NONREIMBURSABLE - IUMC	INTERCOMPANY EXPENSE	3,962,208	3,962,208	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			763,708,263	511,962,541	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: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2019 9:14 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	41,603,198	9		1.00
2.00	24,758,467	9		2.00
3.00	120,213,316	0		3.00
3.01	0	0		3.01
3.02	63,650,733	0		3.02
3.03	7,002,827	0		3.03
3.04	15,643,068	0		3.04
3.05	50,170,397	0		3.05
3.06	-135,964,662	0		3.06
3.07	8,502,116	0		3.07
3.08	39,661,986	0		3.08
3.09	3,185,166	0		3.09
3.10	3,272,203	0		3.10
3.11	5,134,377	0		3.11
3.12	0	0		3.12
3.13	2,295,343	0		3.13
3.14	2,329,055	0		3.14
3.15	0	0		3.15
3.16	-418,873	0		3.16
3.17	15,044,141	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	-221,415	0		3.28
3.29	0	0		3.29
3.30	0	0		3.30
3.31	0	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	-173,951	0		3.34
3.35	0	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	0	0		3.41
3.42	-7,393	0		3.42
3.43	-15,980	0		3.43
3.44	-266,718	0		3.44
3.45	0	0		3.45
3.46	0	0		3.46
3.47	0	0		3.47
3.48	-137,042	0		3.48
3.49	0	0		3.49
3.50	-81,868	0		3.50
3.51	-3,085,818	0		3.51
3.52	0	0		3.52
3.53	0	0		3.53
3.54	0	0		3.54
3.55	-578,791	0		3.55
3.56	0	0		3.56
3.57	0	0		3.57
3.58	0	0		3.58
3.59	0	0		3.59
3.60	0	0		3.60
3.61	0	0		3.61
3.62	-3,180,236	0		3.62
3.63	-6,587,924	0		3.63
3.64	0	0		3.64
3.65	0	0		3.65
3.66	0	0		3.66
3.67	0	0		3.67

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2019 9:14 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
3.68	0	0		3.68
3.69	0	0		3.69
3.70	0	0		3.70
3.71	0	0		3.71
3.72	0	0		3.72
3.73	0	0		3.73
4.00	0	0		4.00
5.00	251,745,722			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2019 9:14 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	18,153,485	18,153,485	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	5,599,222	5,599,222	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	29,643,111	29,643,111	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	503,654	503,654	0	0	0	4.00
5.00	34.04	RH PED IC	2,530,319	2,530,319	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	719,800	719,800	0	0	0	6.00
7.00	50.00	OPERATING ROOM	7,930,076	7,930,076	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	817,715	817,715	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	16,740,227	14,256,331	2,483,896	239,400	26,280	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	3,634,386	3,634,386	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,043,232	3,043,232	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	208,871	208,871	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	2,512,868	2,512,868	0	0	0	13.00
14.00	76.01	CARDIOLOGY	22,192	22,192	0	0	0	14.00
15.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,064,479	1,064,479	0	0	0	15.00
16.00	76.03	CARDIAC CATH	2,061,944	2,061,944	0	0	0	16.00
17.00	90.02	IUSCC HEM/ONC	4,497,532	4,497,532	0	0	0	17.00
18.00	90.06	OUTPATIENT SURGERY	120,102	120,102	0	0	0	18.00
19.00	90.07	AMB SVC-RILEY CLINICS	355,915	355,915	0	0	0	19.00
20.00	90.14	INFUSION CLINIC	43,767	43,767	0	0	0	20.00
21.00	90.22	EATING DISORDERS CLINIC	296,686	296,686	0	0	0	21.00
22.00	90.24	LIFE CARE CLINIC	6,097	6,097	0	0	0	22.00
23.00	91.00	EMERGENCY	18,967,933	12,308,935	6,658,998	197,500	52,560	23.00
24.00	95.00	AMBULANCE SERVICES	84,490	84,490	0	0	0	24.00
25.00	107.00	LIVER ACQUISITION	1,375,707	1,375,707	0	0	0	25.00
26.00	108.00	LUNG ACQUISITION	944,122	944,122	0	0	0	26.00
27.00	112.00	OTHER ORGAN ACQUISITION	1,246,981	1,246,981	0	0	0	27.00
200.00			123,124,913	113,982,019	9,142,894		78,840	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	0	0	4.00
5.00	34.04	RH PED IC	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	3,024,727	151,236	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	76.01	CARDIOLOGY	0	0	0	0	0	14.00
15.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	15.00
16.00	76.03	CARDIAC CATH	0	0	0	0	0	16.00
17.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	17.00
18.00	90.06	OUTPATIENT SURGERY	0	0	0	0	0	18.00
19.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	0	0	19.00
20.00	90.14	INFUSION CLINIC	0	0	0	0	0	20.00
21.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	21.00
22.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	22.00
23.00	91.00	EMERGENCY	4,990,673	249,534	0	0	0	23.00
24.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	24.00
25.00	107.00	LIVER ACQUISITION	0	0	0	0	0	25.00
26.00	108.00	LUNG ACQUISITION	0	0	0	0	0	26.00
27.00	112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	27.00
200.00			8,015,400	400,770	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	18,153,485		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	5,599,222		2.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2019 9:14 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	29,643,111		3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	503,654		4.00
5.00	34.04	RH PED IC	0	0	0	2,530,319		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	719,800		6.00
7.00	50.00	OPERATING ROOM	0	0	0	7,930,076		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	817,715		8.00
9.00	53.00	ANESTHESIOLOGY	0	3,024,727	0	14,256,331		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,634,386		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,043,232		11.00
12.00	56.00	RADIOISOTOPE	0	0	0	208,871		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,512,868		13.00
14.00	76.01	CARDIOLOGY	0	0	0	22,192		14.00
15.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,064,479		15.00
16.00	76.03	CARDIAC CATH	0	0	0	2,061,944		16.00
17.00	90.02	IUSCC HEM/ONC	0	0	0	4,497,532		17.00
18.00	90.06	OUTPATIENT SURGERY	0	0	0	120,102		18.00
19.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	355,915		19.00
20.00	90.14	INFUSION CLINIC	0	0	0	43,767		20.00
21.00	90.22	EATING DISORDERS CLINIC	0	0	0	296,686		21.00
22.00	90.24	LIFE CARE CLINIC	0	0	0	6,097		22.00
23.00	91.00	EMERGENCY	0	4,990,673	1,668,325	13,977,260		23.00
24.00	95.00	AMBULANCE SERVICES	0	0	0	84,490		24.00
25.00	107.00	LIVER ACQUISITION	0	0	0	1,375,707		25.00
26.00	108.00	LUNG ACQUISITION	0	0	0	944,122		26.00
27.00	112.00	OTHER ORGAN ACQUISITION	0	0	0	1,246,981		27.00
200.00			0	8,015,400	1,668,325	115,650,344		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	48,933,455	48,933,455				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	83,495,979		83,495,979			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	130,682,164	17,221	3,045	130,702,430		4.00
5.01	00540	NONPATIENT TELEPHONES	31,666	0	1,821	0	33,487	5.01
5.02	00550	DATA PROCESSING	63,654,862	21,568	22,730	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	6,819,939	23,400	5,890	0	0	5.03
5.04	00570	ADMITTING	15,693,470	14,707	7,055	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	50,170,397	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	154,048,636	2,420,078	2,726,762	3,019,832	462	5.06
6.00	00600	MAINTENANCE & REPAIRS	29,605,624	598,021	1,466,305	1,000,711	238	6.00
7.00	00700	OPERATION OF PLANT	54,905,327	3,994,215	428,125	1,110,527	344	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77,205	229,964	0	2,421	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,185,357	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,272,203	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,134,377	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	633,334	16,725	6,911	96,195	51	9.04
9.05	00905	HOUSEKEEPING - MORGAN	420,435	0	0	73,607	44	9.05
10.00	01000	DIETARY	12,445,106	447,023	214,303	1,727,469	729	10.00
11.00	01100	CAFETERIA	2,295,436	80,125	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,889,050	652,635	1,004,859	3,961,117	835	13.00
13.01	01851	PARAMED ED ADMINISTRATION	190,885	104,633	6,022	33,351	7	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	116,591,081	848,042	1,485,339	1,792,468	799	14.00
15.00	01500	PHARMACY	35,942,718	624,526	1,925,551	6,084,405	1,165	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,136,727	45,506	0	19,630	7	16.00
17.00	01700	SOCIAL SERVICE	5,665,529	57,719	0	1,054,949	300	17.00
18.00	01850	PATIENT TRANSPORTATION	3,095,029	10,712	60,694	374,261	180	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	45,446,364	41,004	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	51,130,424	286,596	0	24,698	4	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	642,625	40,042	0	139,382	37	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	65,875	26,795	0	119,571	29	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	472,147	33,677	0	91,043	51	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	355,800	0	0	87,276	18	23.06
23.07	02307	PARAMED PHARMACY	1,456,106	41,201	0	271,063	73	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	181,116	23,690	0	44,959	11	23.09
23.10	02310	PARAMED PHARMACY TECH	200,582	23,162	0	41,055	11	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,608,532	7,425,756	4,944,365	23,842,250	6,836	30.00
31.00	03100	INTENSIVE CARE UNIT	15,002,114	434,044	309,011	2,875,717	729	31.00
32.00	03200	CORONARY CARE UNIT	15,608,536	499,919	483,894	2,958,404	755	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	20,403,482	815,659	1,099,403	3,873,277	1,081	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,084,439	156,701	235,145	384,270	92	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	3,674,672	279,579	106,008	689,187	183	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	9,959,945	559,417	681,348	1,852,704	487	34.04
34.05	03404	TRANSPLANT ICU	2,380,228	139,251	18,413	380,068	103	34.05
34.06	03407	PEDS CANCER CARE	1,836,232	431,136	206,780	341,373	95	34.06
40.00	04000	SUBPROVIDER - IPF	4,219,547	411,741	29,725	785,420	223	40.00
41.00	04100	SUBPROVIDER - IRF	1,344,417	226,766	76,369	253,506	73	41.00
43.00	04300	NURSERY	1,710,793	2,712	2,416	297,236	77	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,690,389	2,814,961	21,134,660	7,959,901	2,026	50.00
50.01	05001	ENDOSCOPY	1,785,845	69,269	355,204	311,285	73	50.01
51.00	05100	RECOVERY ROOM	8,992,368	738,224	708,422	1,715,038	443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,545,801	448,544	398,248	1,349,231	341	52.00
53.00	05300	ANESTHESIOLOGY	3,990,104	110,873	712,965	267,070	77	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,348,048	219,015	394,796	625,352	154	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,638,965	2,821,646	15,286,360	5,924,561	1,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,558,205	456,254	3,255,427	918,185	201	55.00
56.00	05600	RADIOISOTOPE	1,364,537	202,052	1,024,762	219,767	48	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,264,389	117,093	933,897	238,108	40	59.00
60.00	06000	LABORATORY	42,320,566	2,259,610	5,046,915	9,783,336	2,026	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
60.01	06001	TRANSPLANT IMMUNOLOGY	1,573,605	46,262	72,702	210,841	51	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,296,184	79,401	117,225	647,802	161	63.00
65.00	06500	RESPIRATORY THERAPY	22,449,572	237,768	1,125,425	4,059,023	971	65.00
66.00	06600	PHYSICAL THERAPY	19,226,013	490,439	279,050	3,443,972	788	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,535,395	94,107	684	683,068	154	67.00
68.00	06800	SPEECH PATHOLOGY	4,519,651	250,280	269,365	859,911	198	68.00
69.00	06900	ELECTROCARDIOLOGY	3,328,718	109,921	695,292	691,220	187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,247,998	599,935	758,339	908,384	209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,377,392	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,020,360	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	224,279,809	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	127,933,579	118,014	78,914	1,540,476	330	73.03
74.00	07400	RENAL DIALYSIS	3,941,629	449,320	409,427	716,974	169	74.00
76.00	03020	RH NBN ECMO IC	1,376,943	0	64,871	264,644	44	76.00
76.01	03140	CARDIOLOGY	1,044,577	103,008	512,644	194,805	48	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,028,692	9,273	32,962	195,074	51	76.02
76.03	03950	CARDIAC CATH	4,362,592	697,686	2,085,083	949,073	190	76.03
76.04	03951	DAY SURGERY	4,841,102	274,332	50,254	893,129	245	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,152,954	4,523	31,378	220,824	44	76.08
76.97	07697	CARDIAC REHABILITATION	662,900	87,184	33,224	94,710	26	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,682,012	204,029	207,708	325,844	88	90.01
90.02	09002	IUSCC HEM/ONC	20,753,913	1,381,886	1,552,554	3,360,525	711	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	398,956	3,291	362,926	71,630	22	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,032,133	137,430	254	194,093	55	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,287,124	143,029	268,404	423,688	106	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-1,239,879	516,757	73,848	1,186,489	322	90.07
90.08	09008	MOTILITY LAB	113,427	2,246	66,934	30,852	4	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	600	0	0	4	0	90.10
90.11	09023	SLEEP LAB	2,967,258	42,660	173,735	781,712	209	90.11
90.12	09024	OP CARE ADULTS	0	15,752	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	415,626	0	3,764	50,028	11	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	907,755	138,248	3,722	128,074	48	90.17
90.18	09016	DERMATOLOGY CLINIC	756,720	83,685	37,608	143,595	40	90.18
90.19	09017	INFUSION/HEM/ONC	842,685	0	5,250	99,224	29	90.19
90.20	09025	IUMG - MH	0	44,575	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	160,393	21,672	4,091	30,095	11	90.21
90.22	09020	EATING DISORDERS CLINIC	1,320,917	0	9,592	205,702	51	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,292,795	170,776	16,353	234,624	81	90.23
90.24	09021	LIFE CARE CLINIC	1,304,582	87,794	0	264,452	84	90.24
91.00	09100	EMERGENCY	29,620,047	1,470,457	965,571	4,504,836	1,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	23,103,761	0	5,266,962	2,392,154	692	95.00
101.00	10100	HOME HEALTH AGENCY	65,077,845	243,191	173,800	5,301,869	1,363	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,296,001	85,372	127,453	590,084	121	105.00
106.00	10600	HEART ACQUISITION	1,211,773	3,850	5,749	72,824	15	106.00
107.00	10700	LIVER ACQUISITION	11,814,765	47,721	71,242	212,545	51	107.00
108.00	10800	LUNG ACQUISITION	4,987,617	15,514	23,164	135,392	29	108.00
109.00	10900	PANCREAS ACQUISITION	1,567,825	8,238	12,303	32,412	7	109.00
110.00	11000	INTESTINAL ACQUISITION	574,147	2,132	3,185	32,612	7	110.00
112.00	08600	OTHER ORGAN ACQUISITION	298,955	0	0	56,251	7	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,237,252	115,727	172,772	731,767	169	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,314,757	56,725	49,725	1,515,106	414	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,104,600,611	41,057,419	83,085,453	128,697,649	32,834	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	311,435	128,136	29,264	31,885	106	190.00
191.00	19100	RESEARCH	2,831,434	276,340	85,380	202,356	18	191.00
191.01	19101	RESEARCH-GCRC	-168,005	73,284	10,171	133,234	66	191.01
191.02	19102	OSA	3,700,292	3,519	311	368,632	37	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,419,155	528,576	1,766	52,889	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	10,095,712	1,042,798	234,763	1,153,914	407	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	33,087	0	11,522	37	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	5,776,821	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	201,348	0	33,747	37,336	15	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	19	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	210,624	46,562	3,602	24,498	4	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,123,235,712	48,933,455	83,495,979	130,702,430	33,487	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	63,699,160					5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	6,849,229				5.03
5.04	00570	ADMITTING	0	1	15,715,233			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	50,170,397		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	878,032	267	0	0	163,094,069	5.06
6.00	00600	MAINTENANCE & REPAIRS	452,953	260	0	0	33,124,112	6.00
7.00	00700	OPERATION OF PLANT	655,040	689	0	0	61,094,267	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,566	0	0	312,156	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,185,357	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,272,203	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,134,377	9.03
9.04	00904	HOUSEKEEPING - SAXONY	97,559	24	0	0	850,799	9.04
9.05	00905	HOUSEKEEPING - MORGAN	83,622	114	0	0	577,822	9.05
10.00	01000	DIETARY	1,386,734	812	0	0	16,222,176	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,375,561	11.00
13.00	01300	NURSING ADMINISTRATION	1,588,821	444	0	0	31,097,761	13.00
13.01	01851	PARAMED ED ADMINISTRATION	13,937	2	0	0	348,837	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,519,135	67,308	0	0	122,304,172	14.00
15.00	01500	PHARMACY	2,215,987	30,759	0	0	46,825,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,937	0	0	0	16,215,807	16.00
17.00	01700	SOCIAL SERVICE	571,418	6	0	0	7,349,921	17.00
18.00	01850	PATIENT TRANSPORTATION	341,457	184	0	0	3,882,517	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	45,487,368	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,969	1	0	0	51,448,692	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	69,685	60	0	0	891,831	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	55,748	58	0	0	268,076	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	97,559	0	0	0	694,477	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	34,843	179	0	0	478,116	23.06
23.07	02307	PARAMED PHARMACY	139,370	0	0	0	1,907,813	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	20,906	8	0	0	270,690	23.09
23.10	02310	PARAMED PHARMACY TECH	20,906	53	0	0	285,769	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,003,236	336,526	2,624,578	4,954,947	189,747,026	30.00
31.00	03100	INTENSIVE CARE UNIT	1,386,734	61,686	367,612	638,790	21,076,437	31.00
32.00	03200	CORONARY CARE UNIT	1,435,513	70,605	345,868	601,006	22,004,500	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,055,711	38,939	570,205	990,831	29,848,588	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	174,213	5,480	34,200	59,428	3,133,968	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	348,426	15,648	79,573	138,273	5,331,549	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	926,812	28,653	208,013	361,459	14,578,838	34.04
34.05	03404	TRANSPLANT ICU	195,118	9,880	42,346	73,584	3,238,991	34.05
34.06	03407	PEDS CANCER CARE	181,181	3,944	40,601	70,551	3,111,893	34.06
40.00	04000	SUBPROVIDER - IPF	425,079	1,129	53,205	92,453	6,018,522	40.00
41.00	04100	SUBPROVIDER - IRF	139,370	1,601	19,102	33,194	2,094,398	41.00
43.00	04300	NURSERY	146,339	3,151	30,639	53,241	2,246,604	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,853,587	604,515	2,224,718	5,889,989	89,174,746	50.00
50.01	05001	ENDOSCOPY	139,370	19,964	69,308	181,171	2,931,489	50.01
51.00	05100	RECOVERY ROOM	843,190	18,363	211,999	903,401	14,131,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	648,072	18,755	171,565	346,771	10,927,328	52.00
53.00	05300	ANESTHESIOLOGY	146,339	72,204	175,539	451,592	5,926,763	53.00
53.01	05301	PULMONARY FUNCTION TESTING	292,677	6,236	16,505	228,581	5,131,364	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,703,782	100,669	808,119	3,310,055	66,595,578	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,268	4,115	42,417	1,038,492	12,656,564	55.00
56.00	05600	RADIOISOTOPE	90,591	1,754	25,082	275,505	3,204,098	56.00
59.00	05900	CARDIAC CATHETERIZATION	76,654	17,454	41,792	245,200	2,934,627	59.00
60.00	06000	LABORATORY	3,853,587	1,076,353	885,036	2,955,512	68,182,941	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	97,559	44,751	4,158	48,059	2,097,988	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	306,614	45,062	288,659	566,175	11,347,283	63.00
65.00	06500	RESPIRATORY THERAPY	1,846,655	90,848	493,122	879,171	31,182,555	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
66.00	06600	PHYSICAL THERAPY	1,498,230	14,634	214,286	523,961	25,691,373	66.00
67.00	06700	OCCUPATIONAL THERAPY	292,677	2,366	60,721	128,746	4,797,918	67.00
68.00	06800	SPEECH PATHOLOGY	376,300	3,335	35,080	144,810	6,458,930	68.00
69.00	06900	ELECTROCARDIOLOGY	355,394	2,428	166,673	514,116	5,863,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	397,205	6,969	127,624	310,427	8,357,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,375,847	582,483	1,737,774	52,073,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,352,748	1,394,604	3,160,568	88,928,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,110,416	8,276,982	234,667,207	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	627,166	721	0	914,990	131,214,190	73.03
74.00	07400	RENAL DIALYSIS	320,552	39,032	73,173	188,667	6,138,943	74.00
76.00	03020	RH NBN ECMO IC	83,622	6,479	23,762	41,290	1,861,655	76.00
76.01	03140	CARDIOLOGY	90,591	18,670	50,787	338,127	2,353,257	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	97,559	1,862	4,436	37,628	1,407,537	76.02
76.03	03950	CARDIAC CATH	362,363	22,802	186,375	903,124	9,569,288	76.03
76.04	03951	DAY SURGERY	466,890	20,541	0	33,170	6,579,663	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	83,622	13	17,737	30,821	1,541,916	76.08
76.97	07697	CARDIAC REHABILITATION	48,780	177	31	19,469	946,501	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	167,244	1,865	364	35,457	2,624,611	90.01
90.02	09002	IUSCC HEM/ONC	1,351,891	21,088	3,553	676,065	29,102,186	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	41,811	686	28	23,428	902,778	90.03
90.04	09004	AMB SVC-PSYCH ADULT	104,528	63	9	8,456	1,477,021	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	202,087	1,537	41,197	151,821	3,518,993	90.06
90.07	09007	AMB SVC-RILEY CLINICS	613,229	6,812	1,566	91,811	1,250,955	90.07
90.08	09008	MOTILITY LAB	6,969	1,736	45	5,744	227,957	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	604	90.10
90.11	09023	SLEEP LAB	397,205	5,232	80	140,551	4,508,642	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	15,752	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	20,906	302	7	30,454	521,098	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	90,591	328	18	6,464	1,275,248	90.17
90.18	09016	DERMATOLOGY CLINIC	76,654	1,935	26	33,951	1,134,214	90.18
90.19	09017	INFUSION/HEM/ONC	55,748	963	84	72,320	1,076,303	90.19
90.20	09025	IUMG - MH	0	0	0	0	44,575	90.20
90.21	09019	OP REHAB CLINIC	20,906	176	17	4,748	242,109	90.21
90.22	09020	EATING DISORDERS CLINIC	97,559	112	1	11,674	1,645,608	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	153,307	278	43	16,315	1,884,572	90.23
90.24	09021	LIFE CARE CLINIC	160,276	561	0	0	1,817,749	90.24
91.00	09100	EMERGENCY	2,362,325	87,415	560,072	3,676,114	43,248,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,317,049	11,426	2,707	924,648	33,019,399	95.00
101.00	10100	HOME HEALTH AGENCY	2,592,286	13,430	0	1,020,092	74,423,876	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	229,961	4,634	80,922	140,616	12,555,164	105.00
106.00	10600	HEART ACQUISITION	27,874	23	5,276	9,167	1,336,551	106.00
107.00	10700	LIVER ACQUISITION	97,559	1,311	60,638	105,368	12,411,200	107.00
108.00	10800	LUNG ACQUISITION	55,748	164	24,042	41,777	5,283,447	108.00
109.00	10900	PANCREAS ACQUISITION	13,937	148	9,533	16,565	1,660,968	109.00
110.00	11000	INTESTINAL ACQUISITION	13,937	80	2,856	4,964	633,920	110.00
112.00	08600	OTHER ORGAN ACQUISITION	13,937	0	0	0	369,150	112.00
112.01	08601	POST TRANSPLANT EXPENSES	320,552	4,105	0	0	5,582,344	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	787,442	6,484	0	229,726	12,960,379	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,458,764	6,843,598	15,715,233	50,170,397	2,093,062,588	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	202,087	0	0	0	702,913	190.00
191.00	19100	RESEARCH	34,843	0	0	0	3,430,371	191.00
191.01	19101	RESEARCH-GCRC	125,433	1,803	0	0	175,986	191.01
191.02	19102	OSA	69,685	551	0	0	4,143,027	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,002,386	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	773,505	1,485	0	0	13,302,584	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	69	0	0	44,715	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,776,821	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	27,874	1,696	0	0	302,016	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	19	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	6,969	27	0	0	292,286	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	63,699,160	6,849,229	15,715,233	50,170,397	2,123,235,712	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	163,094,069					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,756,092	35,880,204				6.00
7.00	00700	OPERATION OF PLANT	5,083,348	3,126,485	69,304,100			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,973	180,005	380,876	899,010		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	265,038	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	272,264	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	427,206	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	70,791	13,091	27,700	7	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	48,078	0	0	0	0	9.05
10.00	01000	DIETARY	1,349,766	349,908	740,377	0	0	10.00
11.00	01100	CAFETERIA	197,659	62,718	132,707	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,587,489	510,852	1,080,920	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	29,025	81,902	173,297	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	10,176,319	663,808	1,404,561	7,810	0	14.00
15.00	01500	PHARMACY	3,896,083	488,850	1,034,364	6	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,349,236	35,620	75,370	0	0	16.00
17.00	01700	SOCIAL SERVICE	611,550	45,180	95,596	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	323,045	8,385	17,741	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,784,776	32,096	67,913	192	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,280,788	224,334	474,672	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	74,205	31,343	66,319	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	22,305	20,974	44,378	4	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	57,784	26,361	55,777	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	39,782	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	158,740	32,250	68,239	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	22,523	18,543	39,236	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	23,777	18,130	38,362	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,787,901	5,812,530	12,298,823	391,042	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,753,665	339,750	718,882	34,402	0	31.00
32.00	03200	CORONARY CARE UNIT	1,830,884	391,313	827,985	33,775	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,483,552	638,460	1,350,927	35,196	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	260,762	122,658	259,534	7,504	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	443,612	218,842	463,050	4,313	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	1,213,032	437,886	926,529	25,579	0	34.04
34.05	03404	TRANSPLANT ICU	269,500	109,000	230,634	3,556	0	34.05
34.06	03407	PEDS CANCER CARE	258,925	337,473	714,065	6,741	0	34.06
40.00	04000	SUBPROVIDER - IPF	500,771	322,292	681,943	5,423	0	40.00
41.00	04100	SUBPROVIDER - IRF	174,264	177,502	375,579	4,295	0	41.00
43.00	04300	NURSERY	186,929	2,122	4,491	5,018	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,419,785	2,203,420	4,662,250	68,133	0	50.00
50.01	05001	ENDOSCOPY	243,915	54,220	114,726	2,734	0	50.01
51.00	05100	RECOVERY ROOM	1,175,807	577,848	1,222,677	10,896	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	909,208	351,099	742,896	30,042	0	52.00
53.00	05300	ANESTHESIOLOGY	493,136	86,787	183,633	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	426,955	171,434	362,741	3,219	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,541,085	2,208,653	4,673,323	67,830	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,053,089	357,135	755,667	6,097	0	55.00
56.00	05600	RADIOISOTOPE	266,597	158,157	334,646	2,560	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	244,176	91,655	193,935	30	0	59.00
60.00	06000	LABORATORY	5,673,162	1,768,718	3,742,457	1,337	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	174,563	36,212	76,621	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	944,151	62,151	131,507	33	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,594,544	186,113	393,800	141	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	2,137,651	383,892	812,284	7,116	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	399,211	73,663	155,864	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	537,415	195,908	414,524	44	0	68.00
69.00	06900	ELECTROCARDIOLOGY	487,910	86,041	182,056	5,530	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	695,352	469,601	993,637	1,281	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,332,775	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,399,278	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,525,962	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	10,917,677	92,376	195,460	0	0	73.03
74.00	07400	RENAL DIALYSIS	510,791	351,707	744,182	3,736	0	74.00
76.00	03020	RH NBN ECMO IC	154,899	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	195,803	80,630	170,606	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	117,114	7,259	15,358	2,483	0	76.02
76.03	03950	CARDIAC CATH	796,213	546,116	1,155,535	13,026	0	76.03
76.04	03951	DAY SURGERY	547,461	214,734	454,360	4,901	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	128,295	3,540	7,491	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	78,754	68,243	144,397	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	218,381	159,704	337,920	1,931	0	90.01
90.02	09002	IUSCC HEM/ONC	2,421,447	1,081,676	2,288,735	1,542	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	75,116	2,576	5,451	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	122,896	107,574	227,617	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	292,798	111,956	236,890	589	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	104,086	404,493	855,874	3,435	0	90.07
90.08	09008	MOTILITY LAB	18,967	1,758	3,720	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	50	0	0	0	0	90.10
90.11	09023	SLEEP LAB	375,142	33,393	70,656	0	0	90.11
90.12	09024	OP CARE ADULTS	1,311	12,330	26,089	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	43,358	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	106,107	108,214	228,971	222	0	90.17
90.18	09016	DERMATOLOGY CLINIC	94,372	65,505	138,603	383	0	90.18
90.19	09017	INFUSION/HEM/ONC	89,554	0	0	0	0	90.19
90.20	09025	IUMG - MH	3,709	34,891	73,827	0	0	90.20
90.21	09019	OP REHAB CLINIC	20,145	16,964	35,894	948	0	90.21
90.22	09020	EATING DISORDERS CLINIC	136,923	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	156,806	133,675	282,846	397	0	90.23
90.24	09021	LIFE CARE CLINIC	151,246	68,721	145,408	0	0	90.24
91.00	09100	EMERGENCY	3,598,456	1,151,005	2,435,429	91,840	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,747,379	0	0	28	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,192,439	190,358	402,782	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,044,652	66,826	141,397	0	0	105.00
106.00	10600	HEART ACQUISITION	111,208	3,014	6,376	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,032,674	37,354	79,038	0	0	107.00
108.00	10800	LUNG ACQUISITION	439,609	12,143	25,695	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	138,201	6,448	13,644	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	52,745	1,669	3,531	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	30,715	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	464,479	90,586	191,672	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,078,368	44,402	93,951	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,583,512	29,715,210	56,259,496	897,347	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,486	100,299	212,224	0	0	190.00
191.00	19100	RESEARCH	285,424	216,306	457,685	0	0	191.00
191.01	19101	RESEARCH-GCRC	14,643	57,364	121,376	1,189	0	191.01
191.02	19102	OSA	344,721	2,754	5,828	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	166,609	413,745	875,449	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,106,842	816,253	1,727,123	474	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	3,721	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	480,660	4,521,826	9,567,801	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	25,129	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	2	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	24,320	36,447	77,118	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	163,094,069	35,880,204	69,304,100	899,010	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,450,395					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	3,544,467				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	5,561,583			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	962,388		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	625,900	9.05
10.00	01000	DIETARY	44,854	6,266	75,620	14,573	21,135	10.00
11.00	01100	CAFETERIA	0	0	0	23,039	10,131	11.00
13.00	01300	NURSING ADMINISTRATION	17,708	58,185	163,271	0	1,621	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	37,094	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	86,433	103,372	72,508	33,192	6,188	14.00
15.00	01500	PHARMACY	69,849	44,456	76,471	22,773	4,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,445	0	0	0	16,328	16.00
17.00	01700	SOCIAL SERVICE	382	10,161	10,013	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	2,987	0	638	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,200	13,414	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,828	11,466	63,853	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	14,196	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	9,499	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	11,939	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	14,607	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	8,399	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	8,211	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	685,904	779,070	929,668	132,041	80,990	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	153,878	0	0	31.00
32.00	03200	CORONARY CARE UNIT	62,628	32,085	79,267	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	31,045	227,589	31,239	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	56,167	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	93,726	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	171,003	29,191	0	0	34.04
34.05	03404	TRANSPLANT ICU	46,683	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	154,536	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,447	57,024	88,043	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	81,282	0	0	0	41.00
43.00	04300	NURSERY	0	0	1,159	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	313,586	206,530	328,758	82,144	77,996	50.00
50.01	05001	ENDOSCOPY	0	0	24,557	0	0	50.01
51.00	05100	RECOVERY ROOM	29,290	95,690	52,284	93,483	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,643	174,960	0	0	52.00
53.00	05300	ANESTHESIOLOGY	826	33,005	5,786	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	13,958	43,028	19,219	1,240	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	269,947	214,157	402,642	51,292	71,142	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	92,602	0	63,824	0	0	55.00
56.00	05600	RADIOISOTOPE	26,507	8,039	32,438	3,581	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,300	0	59.00
60.00	06000	LABORATORY	69,769	51,553	60,804	29,542	20,732	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	16,401	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,283	0	7,213	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,139	24,380	39,971	2,165	5,723	65.00
66.00	06600	PHYSICAL THERAPY	11,862	6,566	122,837	20,281	18,060	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	11,078	13,028	4,469	0	5,612	67.00
68.00	06800	SPEECH PATHOLOGY	17,306	46,174	24,759	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,841	27,980	0	8,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,562	197,298	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	33,921	0	0	73.03
74.00	07400	RENAL DIALYSIS	104,343	18,136	31,011	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	4,625	31,981	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,288	0	0	76.02
76.03	03950	CARDIAC CATH	888	12,008	234,528	0	0	76.03
76.04	03951	DAY SURGERY	88,723	0	3,427	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	1,603	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	4,370	22,520	8,299	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	68,398	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	385,888	19,757	62,286	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,103	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	48,722	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	40,833	0	7,525	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	185,225	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	805	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	2,337	14,262	0	90.11
90.12	09024	OP CARE ADULTS	0	0	5,584	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION 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	46,346	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	28,055	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	15,803	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	7,768	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	42,349	15,933	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1,398	0	29,643	0	0	90.24
91.00	09100	EMERGENCY	22,961	170,713	248,445	53,727	41,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	940	0	2,932	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,941	1,892	13,649	0	0	105.00
106.00	10600	HEART ACQUISITION	628	85	616	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,793	1,057	7,632	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,533	345	2,480	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,346	182	1,317	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	347	48	341	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	18,899	2,563	18,503	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,877	0	15,880	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,920,486	3,047,770	4,280,807	646,155	398,032	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,217	36,729	0	0	1,919	190.00
191.00	19100	RESEARCH	1,523	0	96,358	0	0	191.00
191.01	19101	RESEARCH-GCRC	13,379	0	11,833	0	0	191.01
191.02	19102	OSA	0	1,261	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,679	5,468	0	2,328	225,949	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	13,281	6,900	348,824	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	487,830	446,339	807,254	313,905	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	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	16,507	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,450,395	3,544,467	5,561,583	962,388	625,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	18,824,675					10.00
11.00	01100	CAFETERIA	0	2,801,815				11.00
13.00	01300	NURSING ADMINISTRATION	0	74,014	35,591,821			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	649	0	670,804		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	70,768	0	0	134,929,131	14.00
15.00	01500	PHARMACY	0	103,230	0	0	612,415	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	649	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	26,619	0	0	114	17.00
18.00	01850	PATIENT TRANSPORTATION	0	15,906	0	0	3,659	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	325	0	0	25	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	3,246	0	118,973	1,199	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	2,597	0	105,938	1,165	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	4,545	0	75,057	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	1,623	0	71,580	3,557	23.06
23.07	02307	PARAMED PHARMACY	0	6,492	0	228,315	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	974	0	36,944	160	23.09
23.10	02310	PARAMED PHARMACY TECH	0	974	0	33,997	1,055	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,870,341	605,748	13,662,976	0	6,700,351	30.00
31.00	03100	INTENSIVE CARE UNIT	464,379	64,600	1,701,795	0	1,228,189	31.00
32.00	03200	CORONARY CARE UNIT	388,863	66,872	1,740,693	0	1,405,775	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	222,626	95,764	2,538,105	0	775,285	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	117,269	8,116	194,491	0	109,116	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	68,153	16,231	418,155	0	311,561	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	136,276	43,175	1,166,945	0	570,495	34.04
34.05	03404	TRANSPLANT ICU	32,026	9,089	243,114	0	196,714	34.05
34.06	03407	PEDS CANCER CARE	134,989	8,440	233,389	0	78,536	34.06
40.00	04000	SUBPROVIDER - IPF	547,976	19,802	340,359	0	22,486	40.00
41.00	04100	SUBPROVIDER - IRF	274,676	6,492	155,593	0	31,872	41.00
43.00	04300	NURSERY	0	6,817	165,317	0	62,747	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	179,516	2,567,279	0	12,036,118	50.00
50.01	05001	ENDOSCOPY	0	6,492	145,868	0	397,499	50.01
51.00	05100	RECOVERY ROOM	44,747	39,279	982,179	0	365,605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,190	816,861	0	373,419	52.00
53.00	05300	ANESTHESIOLOGY	0	6,817	155,593	0	1,437,607	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	13,634	77,796	0	124,151	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	125,953	680,718	0	2,004,358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,854	145,868	0	81,927	55.00
56.00	05600	RADIOISOTOPE	0	4,220	0	0	34,932	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,571	48,623	0	347,513	59.00
60.00	06000	LABORATORY	0	179,516	68,072	0	21,430,592	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,545	0	0	891,007	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,283	0	0	897,207	63.00
65.00	06500	RESPIRATORY THERAPY	0	86,025	0	0	1,808,818	65.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	69,794	0	0	291,369	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,634	0	0	47,109	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,530	48,623	0	66,399	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,556	58,347	0	48,337	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,503	9,725	0	138,759	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	27,393,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	46,845,755	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	29,216	0	0	14,349	73.03
74.00	07400	RENAL DIALYSIS	0	14,933	282,012	0	777,145	74.00
76.00	03020	RH NBN ECMO IC	0	3,895	106,970	0	128,996	76.00
76.01	03140	CARDIOLOGY	0	4,220	58,347	0	371,720	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,545	97,245	0	37,066	76.02
76.03	03950	CARDIAC CATH	0	16,880	282,012	0	454,002	76.03
76.04	03951	DAY SURGERY	0	21,750	495,952	0	408,986	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	3,895	58,347	0	259	76.08
76.97	07697	CARDIAC REHABILITATION	0	2,272	19,449	0	3,531	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	7,791	116,694	0	37,136	90.01
90.02	09002	IUSCC HEM/ONC	0	62,977	748,790	0	419,880	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,948	9,725	0	13,666	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	4,869	9,725	0	1,257	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	9,414	87,521	0	30,601	90.06
90.07	09007	AMB SVC-RILEY CLINICS	17,061	28,567	408,431	0	135,630	90.07
90.08	09008	MOTILITY LAB	0	325	9,725	0	34,572	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	5,477	18,503	0	0	104,178	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	INFUSION CLINIC	0	974	9,725	0	6,011	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	4,220	58,347	0	6,529	90.17
90.18	09016	DERMATOLOGY CLINIC	0	3,571	77,796	0	38,525	90.18
90.19	09017	INFUSION/HEM/ONC	0	2,597	38,898	0	19,174	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	974	29,174	0	3,497	90.21
90.22	09020	EATING DISORDERS CLINIC	0	4,545	9,725	0	2,225	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	7,142	106,970	0	5,534	90.23
90.24	09021	LIFE CARE CLINIC	0	7,466	29,174	0	11,177	90.24
91.00	09100	EMERGENCY	416,818	110,047	2,129,675	0	1,740,467	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	61,354	350,083	0	227,492	95.00
101.00	10100	HOME HEALTH AGENCY	0	120,759	816,861	0	267,403	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,713	9,725	0	92,256	105.00
106.00	10600	HEART ACQUISITION	0	1,298	9,725	0	453	106.00
107.00	10700	LIVER ACQUISITION	0	4,545	0	0	26,099	107.00
108.00	10800	LUNG ACQUISITION	0	2,597	0	0	3,264	108.00
109.00	10900	PANCREAS ACQUISITION	0	649	0	0	2,937	109.00
110.00	11000	INTESTINAL ACQUISITION	0	649	0	0	1,599	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	649	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	14,933	0	0	81,726	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	36,682	525,125	0	129,095	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,741,677	2,744,033	35,358,432	670,804	134,817,020	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,414	0	0	0	190.00
191.00	19100	RESEARCH	0	1,623	9,725	0	0	191.00
191.01	19101	RESEARCH-GCRC	82,998	5,843	0	0	35,894	191.01
191.02	19102	OSA	0	3,246	38,898	0	10,972	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	36,033	184,766	0	29,564	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	1,383	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	1,298	0	0	33,762	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	325	0	0	536	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,824,675	2,801,815	35,591,821	670,804	134,929,131	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	53,178,318					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,696,455				16.00
17.00	01700	SOCIAL SERVICE	332	0	8,149,868			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,254,878		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	49,386,959	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	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	48	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	198,625	1,747,682	5,714,013	419,999	15,310,935	30.00
31.00	03100	INTENSIVE CARE UNIT	36,577	225,310	444,868	54,146	2,188,558	31.00
32.00	03200	CORONARY CARE UNIT	59,051	211,984	418,453	50,943	41,260	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	47,817	349,481	704,610	83,986	476,280	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	3,053	20,961	54,848	5,037	30,496	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	5,008	48,771	101,204	11,720	44,847	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	39,526	127,492	240,885	30,639	407,215	34.04
34.05	03404	TRANSPLANT ICU	4,239	25,954	55,070	6,237	72,653	34.05
34.06	03407	PEDS CANCER CARE	5,534	24,884	79,688	5,980	0	34.06
40.00	04000	SUBPROVIDER - IPF	84	32,609	154,698	7,837	208,989	40.00
41.00	04100	SUBPROVIDER - IRF	143	11,708	50,466	2,814	0	41.00
43.00	04300	NURSERY	0	18,779	131,065	4,513	60,993	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	90,881	2,077,485	0	499,257	4,476,677	50.00
50.01	05001	ENDOSCOPY	2,915	63,902	0	15,357	29,599	50.01
51.00	05100	RECOVERY ROOM	16,187	318,643	0	76,576	202,711	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	122,311	0	29,394	163,245	52.00
53.00	05300	ANESTHESIOLOGY	122,257	159,283	0	38,279	4,279,348	53.00
53.01	05301	PULMONARY FUNCTION TESTING	543	80,624	0	19,375	78,932	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,206	1,167,504	0	280,572	3,675,701	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,486	366,291	0	88,026	127,367	55.00
56.00	05600	RADIOISOTOPE	730	97,174	0	23,353	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,373	86,485	0	20,784	85,210	59.00
60.00	06000	LABORATORY	19,258	1,042,452	0	250,520	1,777,755	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	16,951	0	4,074	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	406	199,698	0	47,991	0	63.00
65.00	06500	RESPIRATORY THERAPY	20,781	310,096	0	74,522	0	65.00
66.00	06600	PHYSICAL THERAPY	1,411	184,809	0	44,413	15,248	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	45,411	0	10,913	0	67.00
68.00	06800	SPEECH PATHOLOGY	46	51,077	0	12,275	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,039	181,336	0	43,578	254,734	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109,492	0	26,313	1,654,873	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	612,938	0	147,300	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,114,778	0	267,901	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,766,931	2,920,042	0	703,840	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	322,730	0	77,558	0	73.03
74.00	07400	RENAL DIALYSIS	6,432	66,545	0	15,992	0	74.00
76.00	03020	RH NBN ECMO IC	4,543	14,564	0	3,500	0	76.00
76.01	03140	CARDIOLOGY	5,683	119,262	0	28,661	719,354	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	717	13,272	0	3,189	0	76.02
76.03	03950	CARDIAC CATH	5,471	318,545	0	76,552	0	76.03
76.04	03951	DAY SURGERY	14,980	11,699	0	2,812	57,405	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	10,871	0	2,613	0	76.08
76.97	07697	CARDIAC REHABILITATION	47	6,867	0	1,650	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	56	12,506	0	3,005	334,562	90.01
90.02	09002	IUSCC HEM/ONC	134,568	238,458	0	57,306	425,154	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	752	8,263	0	1,986	191,050	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,983	0	717	11,660	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	12,557	90.05
90.06	09006	OUTPATIENT SURGERY	118	53,549	0	12,869	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	11,926	32,383	0	7,782	1,631,552	90.07
90.08	09008	MOTILITY LAB	8	2,026	0	487	1,358,879	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	6,279	90.10
90.11	09023	SLEEP LAB	0	49,574	0	11,914	8,073	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	491,529	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	375,822	90.13
90.14	09012	INFUSION CLINIC	3,388	10,741	0	2,581	908,610	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	38	2,280	0	548	0	90.17
90.18	09016	DERMATOLOGY CLINIC	135	11,975	0	2,878	198,226	90.18
90.19	09017	INFUSION/HEM/ONC	8,305	25,508	0	6,130	201,814	90.19
90.20	09025	IUMG - MH	0	0	0	0	15,248	90.20
90.21	09019	OP REHAB CLINIC	0	1,675	0	402	134,542	90.21
90.22	09020	EATING DISORDERS CLINIC	0	4,118	0	990	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	5,755	0	1,383	673,609	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	67,114	1,296,619	0	311,601	3,385,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,651	326,137	0	78,376	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	359,801	0	86,467	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3	49,597	0	11,919	0	105.00
106.00	10600	HEART ACQUISITION	0	3,233	0	777	0	106.00
107.00	10700	LIVER ACQUISITION	94,931	37,165	0	8,931	0	107.00
108.00	10800	LUNG ACQUISITION	0	14,735	0	3,541	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,843	0	1,404	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,751	0	421	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	249,300	81,028	0	19,472		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,166,653	17,696,455	8,149,868	4,254,878	46,805,537	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	2,168,825	191.00
191.01	19101	RESEARCH-GCRC	780	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	383,895	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	10,607	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	10	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	28,702	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	268	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	53,178,318	17,696,455	8,149,868	4,254,878	49,386,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	56,519,983					22.00
23.00	02300	PARAMED ED PRGM		0				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				1,201,312		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					474,936	23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,522,316	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,504,654	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	47,219	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	545,070	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	34,901	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	51,325	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	466,030	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	83,146	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	239,174	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	69,802	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,123,249	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	33,874	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	231,988	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186,823	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,897,420	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	90,332	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,206,587	0	0	1,201,312	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	145,763	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	97,517	0	0	0	0	59.00
60.00	06000	LABORATORY	2,034,518	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	474,936	65.00
66.00	06600	PHYSICAL THERAPY	17,450	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	291,525	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,893,888	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	823,251	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	65,696	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	382,884	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	486,560	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	218,644	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	13,344	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	14,371	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	1,867,199	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	1,555,144	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	7,185	0	0	0	0	90.10
90.11	09023	SLEEP LAB	9,238	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	562,521	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	430,102	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	1,039,842	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	226,856	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	230,962	0	0	0	0	90.19
90.20	09025	IUMG - MH	17,450	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	153,975	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	770,900	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	3,875,028	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,565,723	0	0	1,201,312	474,936	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,482,071	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	439,341	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	32,848	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	56,519,983	0	0	1,201,312	474,936	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		925,940				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			594,658			23.06
23.07	02307	PARAMED PHARMACY				2,416,456		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	649,191	0	9,025	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50,543	0	1,662	0	31.00
32.00	03200	CORONARY CARE UNIT	0	47,542	0	2,683	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	80,054	0	2,173	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,232	0	139	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	11,498	0	228	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	27,368	0	1,796	0	34.04
34.05	03404	TRANSPLANT ICU	0	6,257	0	193	0	34.05
34.06	03407	PEDS CANCER CARE	0	9,054	0	251	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	17,576	0	4	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,734	0	6	0	41.00
43.00	04300	NURSERY	0	14,891	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	4,130	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	132	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	736	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,555	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	25	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,826	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	113	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	33	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	62	0	59.00
60.00	06000	LABORATORY	0	0	594,658	875	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	18	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	944	0	65.00

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		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
66.00	06600	PHYSICAL THERAPY	0	0	0	64	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	93	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,352,342	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	292	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	206	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	258	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	33	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	249	0	76.03
76.04	03951	DAY SURGERY	0	0	0	681	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	3	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	6,115	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	34	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	5	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	542	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	INFUSION CLINIC	0	0	0	154	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	2	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	6	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	377	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	3,050	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	166	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	4,314	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	11,328	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	925,940	594,658	2,415,927	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	35	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	482	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	12	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	925,940	594,658	2,416,456	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						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	397,469					23.09
23.10	02310	PARAMED PHARMACY TECH		410,323				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	305,056,197	-32,833,251	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	33,042,295	-4,693,212	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	29,743,775	-88,479	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	40,567,847	-1,021,350	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,425,252	-65,397	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	7,643,793	-96,172	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	20,639,900	-873,245	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	4,633,056	-155,799	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	5,164,378	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	9,267,059	-448,163	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,446,824	0	41.00
43.00	04300	NURSERY	0	0	0	2,981,247	-130,795	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	397,469	0	0	131,989,409	-9,599,926	50.00
50.01	05001	ENDOSCOPY	0	0	0	4,067,279	-63,473	50.01
51.00	05100	RECOVERY ROOM	0	0	0	19,668,074	-434,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,868,419	-350,068	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,832,095	-9,176,768	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	6,658,570	-169,264	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	93,549,386	-7,882,288	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,960,673	-273,130	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,197,065	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,201,861	-182,727	59.00
60.00	06000	LABORATORY	0	0	0	106,999,231	-3,812,273	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	3,318,362	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	13,654,224	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	37,218,653	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,836,480	-32,698	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,577,910	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,891,012	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,562,959	-546,259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,581,374	-3,548,761	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	84,560,135	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	144,555,992	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	410,323	0	312,346,647	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	142,897,477	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	9,066,200	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	2,279,228	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	4,967,658	-1,542,605	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,709,106	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	13,481,313	0	76.03
76.04	03951	DAY SURGERY	0	0	0	8,973,230	-123,101	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	1,758,830	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,306,902	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	4,305,582	-717,446	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	37,943,325	-911,714	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	1,433,092	-409,694	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	2,028,385	-25,004	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	26,928	-26,928	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4,403,661	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	6,945,141	-3,498,751	90.07
90.08	09008	MOTILITY LAB	0	0	0	3,214,373	-2,914,023	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	14,118	-13,464	90.10
90.11	09023	SLEEP LAB	0	0	0	5,211,389	-17,311	90.11
90.12	09024	OP CARE ADULTS	0	0	0	1,115,116	-1,054,050	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	805,924	-805,924	90.13
90.14	09012	INFUSION CLINIC	0	0	0	2,546,482	-1,948,452	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,837,072	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	2,021,100	-425,082	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	1,699,622	-432,776	90.19
90.20	09025	IUMG - MH	0	0	0	205,503	-32,698	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	648,067	-288,517	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	1,804,134	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	4,087,871	-1,444,509	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	2,261,982	0	90.24
91.00	09100	EMERGENCY	0	0	0	64,398,318	-7,261,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	36,814,065	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	82,864,618	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	14,011,734	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,473,964	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	13,752,733	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,790,389	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,832,939	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	697,021	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	400,514	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	6,465,705	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	15,246,887	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,469	410,323	0	2,062,455,131	-100,371,260	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,129,201	0	190.00
191.00	19100	RESEARCH	0	0	0	9,149,911	-4,650,896	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	521,320	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA	0	0	0	4,550,707	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,521,849	-823,236	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	17,583,733	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	49,829	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	22,402,436	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	61,550	-61,550	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	362,485	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	21	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	447,539	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	397,469	410,323	0	2,123,235,712	-105,906,942	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING & STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY			9.01
9.02	00902	HOUSEKEEPING - RILEY			9.02
9.03	00903	HOUSEKEEPING - METHODIST			9.03
9.04	00904	HOUSEKEEPING - SAXONY			9.04
9.05	00905	HOUSEKEEPING - MORGAN			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01851	PARAMED ED ADMINISTRATION			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM			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	272,222,946		30.00
31.00	03100	INTENSIVE CARE UNIT	28,349,083		31.00
32.00	03200	CORONARY CARE UNIT	29,655,296		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	39,546,497		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,359,855		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	7,547,621		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	19,766,655		34.04
34.05	03404	TRANSPLANT ICU	4,477,257		34.05
34.06	03407	PEDS CANCER CARE	5,164,378		34.06
40.00	04000	SUBPROVIDER - IPF	8,818,896		40.00
41.00	04100	SUBPROVIDER - IRF	3,446,824		41.00
43.00	04300	NURSERY	2,850,452		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	122,389,483		50.00
50.01	05001	ENDOSCOPY	4,003,806		50.01
51.00	05100	RECOVERY ROOM	19,233,375		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,518,351		52.00
53.00	05300	ANESTHESIOLOGY	8,655,327		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,489,306		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,667,098		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,687,543		55.00
56.00	05600	RADIOISOTOPE	4,197,065		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,019,134		59.00
60.00	06000	LABORATORY	103,186,958		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,318,362		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,654,224		63.00
65.00	06500	RESPIRATORY THERAPY	37,218,653		65.00
66.00	06600	PHYSICAL THERAPY	29,803,782		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577,910		67.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	7,891,012		68.00
69.00	06900	ELECTROCARDIOLOGY	7,016,700		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,032,613		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,560,135		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,555,992		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,346,647		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	142,897,477		73.03
74.00	07400	RENAL DIALYSIS	9,066,200		74.00
76.00	03020	RH NBN ECMO IC	2,279,228		76.00
76.01	03140	CARDIOLOGY	3,425,053		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,709,106		76.02
76.03	03950	CARDIAC CATH	13,481,313		76.03
76.04	03951	DAY SURGERY	8,850,129		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	1,758,830		76.08
76.97	07697	CARDIAC REHABILITATION	1,306,902		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	3,588,136		90.01
90.02	09002	IUSCC HEM/ONC	37,031,611		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,023,398		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,003,381		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	4,403,661		90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,446,390		90.07
90.08	09008	MOTILITY LAB	300,350		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	654		90.10
90.11	09023	SLEEP LAB	5,194,078		90.11
90.12	09024	OP CARE ADULTS	61,066		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	INFUSION CLINIC	598,030		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	1,837,072		90.17
90.18	09016	DERMATOLOGY CLINIC	1,596,018		90.18
90.19	09017	INFUSION/HEM/ONC	1,266,846		90.19
90.20	09025	IUMG - MH	172,805		90.20
90.21	09019	OP REHAB CLINIC	359,550		90.21
90.22	09020	EATING DISORDERS CLINIC	1,804,134		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,643,362		90.23
90.24	09021	LIFE CARE CLINIC	2,261,982		90.24
91.00	09100	EMERGENCY	57,137,304		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
95.00	09500	AMBULANCE SERVICES	36,814,065		95.00
101.00	10100	HOME HEALTH AGENCY	82,864,618		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	14,011,734		105.00
106.00	10600	HEART ACQUISITION	1,473,964		106.00
107.00	10700	LIVER ACQUISITION	13,752,733		107.00
108.00	10800	LUNG ACQUISITION	5,790,389		108.00
109.00	10900	PANCREAS ACQUISITION	1,832,939		109.00
110.00	11000	INTESTINAL ACQUISITION	697,021		110.00
112.00	08600	OTHER ORGAN ACQUISITION	400,514		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,465,705		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	15,246,887		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,962,083,871		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,129,201		190.00
191.00	19100	RESEARCH	4,499,015		191.00
191.01	19101	RESEARCH-GCRC	521,320		191.01
191.02	19102	OSA	4,550,707		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,698,613		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	17,583,733		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	49,829		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	22,402,436		192.03
192.04	19204	MHH RADIOLOGY	0		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	362,485		192.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Total		
			26.00		
192.08	19208	NON-ALLOWABLE ADVERTISING	21		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0		192.09
192.10	19212	CARDIO PHYSICIANS	447,539		192.10
192.11	19211	UNUSED SPACE	0		192.11
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	2,017,328,770		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	17,221	3,045	20,266	20,266	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	1,821	1,821	0	5.01
5.02	00550	DATA PROCESSING	0	21,568	22,730	44,298	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	23,400	5,890	29,290	0	5.03
5.04	00570	ADMITTING	0	14,707	7,055	21,762	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,420,078	2,726,762	5,146,840	466	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	598,021	1,466,305	2,064,326	154	6.00
7.00	00700	OPERATION OF PLANT	0	3,994,215	428,125	4,422,340	171	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	229,964	0	229,964	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	16,725	6,911	23,636	15	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	11	9.05
10.00	01000	DIETARY	0	447,023	214,303	661,326	267	10.00
11.00	01100	CAFETERIA	0	80,125	0	80,125	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	652,635	1,004,859	1,657,494	611	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	104,633	6,022	110,655	5	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	848,042	1,485,339	2,333,381	277	14.00
15.00	01500	PHARMACY	0	624,526	1,925,551	2,550,077	939	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45,506	0	45,506	3	16.00
17.00	01700	SOCIAL SERVICE	0	57,719	0	57,719	163	17.00
18.00	01850	PATIENT TRANSPORTATION	0	10,712	60,694	71,406	58	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	41,004	0	41,004	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	286,596	0	286,596	4	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	40,042	0	40,042	22	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	26,795	0	26,795	18	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	33,677	0	33,677	14	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	13	23.06
23.07	02307	PARAMED PHARMACY	0	41,201	0	41,201	42	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	23,690	0	23,690	7	23.09
23.10	02310	PARAMED PHARMACY TECH	0	23,162	0	23,162	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	0	7,425,756	4,944,365	12,370,121	3,774	30.00
31.00	03100	INTENSIVE CARE UNIT	0	434,044	309,011	743,055	444	31.00
32.00	03200	CORONARY CARE UNIT	0	499,919	483,894	983,813	457	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	815,659	1,099,403	1,915,062	598	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	156,701	235,145	391,846	59	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	279,579	106,008	385,587	106	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	559,417	681,348	1,240,765	286	34.04
34.05	03404	TRANSPLANT ICU	0	139,251	18,413	157,664	59	34.05
34.06	03407	PEDS CANCER CARE	0	431,136	206,780	637,916	53	34.06
40.00	04000	SUBPROVIDER - IPF	0	411,741	29,725	441,466	121	40.00
41.00	04100	SUBPROVIDER - IRF	0	226,766	76,369	303,135	39	41.00
43.00	04300	NURSERY	0	2,712	2,416	5,128	46	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,814,961	21,134,660	23,949,621	1,228	50.00
50.01	05001	ENDOSCOPY	0	69,269	355,204	424,473	48	50.01
51.00	05100	RECOVERY ROOM	0	738,224	708,422	1,446,646	265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	448,544	398,248	846,792	208	52.00
53.00	05300	ANESTHESIOLOGY	0	110,873	712,965	823,838	41	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	219,015	394,796	613,811	96	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,821,646	15,286,360	18,108,006	914	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	456,254	3,255,427	3,711,681	142	55.00
56.00	05600	RADIOISOTOPE	0	202,052	1,024,762	1,226,814	34	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	117,093	933,897	1,050,990	37	59.00
60.00	06000	LABORATORY	0	2,259,610	5,046,915	7,306,525	1,510	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	46,262	72,702	118,964	33	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	79,401	117,225	196,626	100	63.00
65.00	06500	RESPIRATORY THERAPY	0	237,768	1,125,425	1,363,193	626	65.00
66.00	06600	PHYSICAL THERAPY	0	490,439	279,050	769,489	531	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	94,107	684	94,791	105	67.00
68.00	06800	SPEECH PATHOLOGY	0	250,280	269,365	519,645	133	68.00
69.00	06900	ELECTROCARDIOLOGY	0	109,921	695,292	805,213	107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	599,935	758,339	1,358,274	140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	118,014	78,914	196,928	238	73.03
74.00	07400	RENAL DIALYSIS	0	449,320	409,427	858,747	111	74.00
76.00	03020	RH NBN ECMO IC	0	0	64,871	64,871	41	76.00
76.01	03140	CARDIOLOGY	0	103,008	512,644	615,652	30	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,273	32,962	42,235	30	76.02
76.03	03950	CARDIAC CATH	0	697,686	2,085,083	2,782,769	146	76.03
76.04	03951	DAY SURGERY	0	274,332	50,254	324,586	138	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	4,523	31,378	35,901	34	76.08
76.97	07697	CARDIAC REHABILITATION	0	87,184	33,224	120,408	15	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	204,029	207,708	411,737	50	90.01
90.02	09002	IUSCC HEM/ONC	0	1,381,886	1,552,554	2,934,440	519	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,291	362,926	366,217	11	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	137,430	254	137,684	30	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	143,029	268,404	411,433	65	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	516,757	73,848	590,605	183	90.07
90.08	09008	MOTILITY LAB	0	2,246	66,934	69,180	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	42,660	173,735	216,395	121	90.11
90.12	09024	OP CARE ADULTS	0	15,752	0	15,752	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	3,764	3,764	8	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	138,248	3,722	141,970	20	90.17
90.18	09016	DERMATOLOGY CLINIC	0	83,685	37,608	121,293	22	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	5,250	5,250	15	90.19
90.20	09025	IUMG - MH	0	44,575	0	44,575	0	90.20
90.21	09019	OP REHAB CLINIC	0	21,672	4,091	25,763	5	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	9,592	9,592	32	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	170,776	16,353	187,129	36	90.23
90.24	09021	LIFE CARE CLINIC	0	87,794	0	87,794	41	90.24
91.00	09100	EMERGENCY	0	1,470,457	965,571	2,436,028	695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	5,266,962	5,266,962	369	95.00
101.00	10100	HOME HEALTH AGENCY	0	243,191	173,800	416,991	818	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	85,372	127,453	212,825	91	105.00
106.00	10600	HEART ACQUISITION	0	3,850	5,749	9,599	11	106.00
107.00	10700	LIVER ACQUISITION	0	47,721	71,242	118,963	33	107.00
108.00	10800	LUNG ACQUISITION	0	15,514	23,164	38,678	21	108.00
109.00	10900	PANCREAS ACQUISITION	0	8,238	12,303	20,541	5	109.00
110.00	11000	INTESTINAL ACQUISITION	0	2,132	3,185	5,317	5	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	9	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	115,727	172,772	288,499	113	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	56,725	49,725	106,450	234	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	41,057,419	83,085,453	124,142,872	19,956	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	128,136	29,264	157,400	5	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	276,340	85,380	361,720	31	191.00
191.01	19101	RESEARCH-GCRC	0	73,284	10,171	83,455	21	191.01
191.02	19102	OSA	0	3,519	311	3,830	57	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	528,576	1,766	530,342	8	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,042,798	234,763	1,277,561	178	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	11,522	11,522	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	5,776,821	0	5,776,821	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	33,747	33,747	6	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	46,562	3,602	50,164	4	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	48,933,455	83,495,979	132,429,434	20,266	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,821					5.01
5.02	00550	DATA PROCESSING	0	44,298				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	29,290			5.03
5.04	00570	ADMITTING	0	0	0	21,762		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25	611	1	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	13	315	1	0	0	6.00
7.00	00700	OPERATION OF PLANT	19	456	3	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	11	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	3	68	0	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	2	58	0	0	0	9.05
10.00	01000	DIETARY	40	964	3	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	45	1,105	2	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	10	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	43	1,056	289	0	0	14.00
15.00	01500	PHARMACY	63	1,541	132	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16	397	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	10	237	1	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5	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	2	48	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2	39	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	3	68	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1	24	1	0	0	23.06
23.07	02307	PARAMED PHARMACY	4	97	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	15	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	1	15	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	370	9,038	1,443	1,845	0	30.00
31.00	03100	INTENSIVE CARE UNIT	40	964	264	559	0	31.00
32.00	03200	CORONARY CARE UNIT	41	998	303	526	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	59	1,430	167	868	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	5	121	23	52	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	10	242	67	121	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	26	645	123	317	0	34.04
34.05	03404	TRANSPLANT ICU	6	136	42	64	0	34.05
34.06	03407	PEDS CANCER CARE	5	126	17	62	0	34.06
40.00	04000	SUBPROVIDER - IPF	12	296	5	81	0	40.00
41.00	04100	SUBPROVIDER - IRF	4	97	7	29	0	41.00
43.00	04300	NURSERY	4	102	14	47	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	110	2,680	2,592	3,385	0	50.00
50.01	05001	ENDOSCOPY	4	97	86	105	0	50.01
51.00	05100	RECOVERY ROOM	24	586	79	323	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19	451	80	261	0	52.00
53.00	05300	ANESTHESIOLOGY	4	102	310	267	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8	204	27	25	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	77	1,880	432	1,230	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11	267	18	65	0	55.00
56.00	05600	RADIOISOTOPE	3	63	8	38	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2	53	75	64	0	59.00
60.00	06000	LABORATORY	110	2,680	4,615	1,347	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3	68	192	6	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9	213	193	439	0	63.00
65.00	06500	RESPIRATORY THERAPY	53	1,284	390	750	0	65.00

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	43	1,042	63	326	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	204	10	92	0	67.00
68.00	06800	SPEECH PATHOLOGY	11	262	14	53	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10	247	10	254	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11	276	30	194	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,899	886	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,012	2,122	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,211	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	18	436	3	0	0	73.03
74.00	07400	RENAL DIALYSIS	9	223	167	111	0	74.00
76.00	03020	RH NBN ECMO IC	2	58	28	36	0	76.00
76.01	03140	CARDIOLOGY	3	63	80	77	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	68	8	7	0	76.02
76.03	03950	CARDIAC CATH	10	252	98	284	0	76.03
76.04	03951	DAY SURGERY	13	325	88	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2	58	0	27	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	34	1	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	5	116	8	1	0	90.01
90.02	09002	IUSCC HEM/ONC	39	940	90	5	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1	29	3	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3	73	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	6	141	7	63	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	18	426	29	2	0	90.07
90.08	09008	MOTILITY LAB	0	5	7	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	11	276	22	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	INFUSION CLINIC	1	15	1	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	63	1	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	2	53	8	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	2	39	4	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	15	1	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	3	68	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4	107	1	0	0	90.23
90.24	09021	LIFE CARE CLINIC	5	111	2	0	0	90.24
91.00	09100	EMERGENCY	68	1,643	375	852	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	38	916	49	4	0	95.00
101.00	10100	HOME HEALTH AGENCY	74	1,803	58	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7	160	20	123	0	105.00
106.00	10600	HEART ACQUISITION	1	19	0	8	0	106.00
107.00	10700	LIVER ACQUISITION	3	68	6	92	0	107.00
108.00	10800	LUNG ACQUISITION	2	39	1	37	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	10	1	15	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	10	0	4	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	10	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9	223	18	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	23	548	28	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,785	43,436	29,267	21,762	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	141	0	0	0	190.00
191.00	19100	RESEARCH	1	24	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	4	87	8	0	0	191.01
191.02	19102	OSA	2	48	2	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	22	538	6	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	1	19	7	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	5	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,821	44,298	29,290	21,762	0	202.00

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		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,147,943					5.06
6.00	00600	MAINTENANCE & REPAIRS	86,984	2,151,793				6.00
7.00	00700	OPERATION OF PLANT	160,434	187,500	4,770,923			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	820	10,795	26,220	267,810		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	8,365	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	8,593	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	13,483	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2,234	785	1,907	2	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,517	0	0	0	0	9.05
10.00	01000	DIETARY	42,599	20,985	50,968	0	0	10.00
11.00	01100	CAFETERIA	6,238	3,761	9,136	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	81,663	30,637	74,411	0	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	916	4,912	11,930	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	321,171	39,810	96,691	2,326	0	14.00
15.00	01500	PHARMACY	122,963	29,317	71,206	2	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,583	2,136	5,188	0	0	16.00
17.00	01700	SOCIAL SERVICE	19,301	2,709	6,581	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	10,195	503	1,221	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	119,450	1,925	4,675	57	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	135,104	13,454	32,677	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	2,342	1,880	4,565	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	704	1,258	3,055	1	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	1,824	1,581	3,840	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1,256	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	5,010	1,934	4,698	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	711	1,112	2,701	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	750	1,087	2,641	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	498,276	348,587	846,656	116,498	0	30.00
31.00	03100	INTENSIVE CARE UNIT	55,347	20,375	49,488	10,248	0	31.00
32.00	03200	CORONARY CARE UNIT	57,784	23,468	56,999	10,061	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	78,382	38,289	92,998	10,484	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	8,230	7,356	17,866	2,235	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	14,001	13,124	31,877	1,285	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	38,284	26,261	63,783	7,620	0	34.04
34.05	03404	TRANSPLANT ICU	8,506	6,537	15,877	1,059	0	34.05
34.06	03407	PEDS CANCER CARE	8,172	20,239	49,157	2,008	0	34.06
40.00	04000	SUBPROVIDER - IPF	15,805	19,328	46,945	1,615	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,500	10,645	25,855	1,279	0	41.00
43.00	04300	NURSERY	5,900	127	309	1,495	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	234,173	132,143	320,951	20,296	0	50.00
50.01	05001	ENDOSCOPY	7,698	3,252	7,898	814	0	50.01
51.00	05100	RECOVERY ROOM	37,109	34,654	84,170	3,246	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,695	21,056	51,141	8,949	0	52.00
53.00	05300	ANESTHESIOLOGY	15,564	5,205	12,641	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	13,475	10,281	24,971	959	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,880	132,457	321,713	20,206	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	33,236	21,418	52,020	1,816	0	55.00
56.00	05600	RADIOISOTOPE	8,414	9,485	23,037	762	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,706	5,497	13,351	9	0	59.00
60.00	06000	LABORATORY	179,048	106,073	257,632	398	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	5,509	2,172	5,275	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,798	3,727	9,053	10	0	63.00
65.00	06500	RESPIRATORY THERAPY	81,885	11,162	27,109	42	0	65.00

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		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
66.00	06600	PHYSICAL THERAPY	67,466	23,023	55,918	2,120	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,599	4,418	10,730	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,961	11,749	28,536	13	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,399	5,160	12,533	1,647	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,946	28,163	68,402	382	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	136,745	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,526	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	616,844	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	344,568	5,540	13,456	0	0	73.03
74.00	07400	RENAL DIALYSIS	16,121	21,092	51,230	1,113	0	74.00
76.00	03020	RH NBN ECMO IC	4,889	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	6,180	4,835	11,745	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,696	435	1,057	740	0	76.02
76.03	03950	CARDIAC CATH	25,129	32,751	79,547	3,880	0	76.03
76.04	03951	DAY SURGERY	17,278	12,878	31,278	1,460	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	4,049	212	516	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,486	4,093	9,940	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	6,892	9,578	23,263	575	0	90.01
90.02	09002	IUSCC HEM/ONC	76,422	64,870	157,557	459	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,371	154	375	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,879	6,451	15,669	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	9,241	6,714	16,308	175	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,285	24,258	58,919	1,023	0	90.07
90.08	09008	MOTILITY LAB	599	105	256	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2	0	0	0	0	90.10
90.11	09023	SLEEP LAB	11,840	2,003	4,864	0	0	90.11
90.12	09024	OP CARE ADULTS	41	739	1,796	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	1,368	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	3,349	6,490	15,762	66	0	90.17
90.18	09016	DERMATOLOGY CLINIC	2,978	3,928	9,541	114	0	90.18
90.19	09017	INFUSION/HEM/ONC	2,826	0	0	0	0	90.19
90.20	09025	IUMG - MH	117	2,092	5,082	0	0	90.20
90.21	09019	OP REHAB CLINIC	636	1,017	2,471	282	0	90.21
90.22	09020	EATING DISORDERS CLINIC	4,321	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,949	8,017	19,471	118	0	90.23
90.24	09021	LIFE CARE CLINIC	4,773	4,121	10,010	0	0	90.24
91.00	09100	EMERGENCY	113,569	69,028	167,656	27,358	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	86,709	0	0	8	0	95.00
101.00	10100	HOME HEALTH AGENCY	195,437	11,416	27,728	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	32,970	4,008	9,734	0	0	105.00
106.00	10600	HEART ACQUISITION	3,510	181	439	0	0	106.00
107.00	10700	LIVER ACQUISITION	32,592	2,240	5,441	0	0	107.00
108.00	10800	LUNG ACQUISITION	13,874	728	1,769	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,362	387	939	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,665	100	243	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	969	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	14,659	5,433	13,195	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	34,034	2,663	6,468	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,068,708	1,782,069	3,872,927	267,315	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	6,015	14,610	0	0	190.00
191.00	19100	RESEARCH	9,008	12,972	31,507	0	0	191.00
191.01	19101	RESEARCH-GCRC	462	3,440	8,356	354	0	191.01
191.02	19102	OSA	10,880	165	401	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,258	24,813	60,266	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	34,933	48,952	118,896	141	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	117	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	15,170	271,181	658,651	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	793	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	768	2,186	5,309	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,147,943	2,151,793	4,770,923	267,810	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	8,365					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	8,593				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	13,483			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	28,650		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	1,588	9.05
10.00	01000	DIETARY	109	15	183	434	54	10.00
11.00	01100	CAFETERIA	0	0	0	686	26	11.00
13.00	01300	NURSING ADMINISTRATION	43	141	396	0	4	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	90	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	210	251	176	988	16	14.00
15.00	01500	PHARMACY	169	108	185	678	12	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	0	0	0	41	16.00
17.00	01700	SOCIAL SERVICE	1	25	24	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	7	0	2	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3	33	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	38	28	155	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	34	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	23	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	29	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	35	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	20	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	20	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,664	1,885	2,253	3,931	205	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	373	0	0	31.00
32.00	03200	CORONARY CARE UNIT	152	78	192	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	75	552	76	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	136	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	227	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	415	71	0	0	34.04
34.05	03404	TRANSPLANT ICU	113	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	375	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	4	138	213	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	197	0	0	0	41.00
43.00	04300	NURSERY	0	0	3	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	760	501	797	2,445	198	50.00
50.01	05001	ENDOSCOPY	0	0	60	0	0	50.01
51.00	05100	RECOVERY ROOM	71	232	127	2,783	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26	424	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	80	14	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	34	104	47	37	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	654	519	976	1,527	180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	224	0	155	0	0	55.00
56.00	05600	RADIOISOTOPE	64	19	79	107	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,378	0	59.00
60.00	06000	LABORATORY	169	125	147	879	53	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	40	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	0	17	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	32	59	97	64	15	65.00
66.00	06600	PHYSICAL THERAPY	29	16	298	604	46	66.00

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	27	32	11	0	14	67.00
68.00	06800	SPEECH PATHOLOGY	42	112	60	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12	68	0	21	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38	478	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	82	0	0	73.03
74.00	07400	RENAL DIALYSIS	253	44	75	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	11	78	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	8	0	0	76.02
76.03	03950	CARDIAC CATH	2	29	569	0	0	76.03
76.04	03951	DAY SURGERY	215	0	8	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	4	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	11	670	21	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	166	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	935	48	151	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	3	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	118	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	99	0	18	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	449	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	2	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	6	425	0	90.11
90.12	09024	OP CARE ADULTS	0	0	14	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION 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	112	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	68	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	38	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	19	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	103	39	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	3	0	72	0	0	90.24
91.00	09100	EMERGENCY	56	414	602	1,599	105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2	0	7	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	34	5	33	0	0	105.00
106.00	10600	HEART ACQUISITION	2	0	1	0	0	106.00
107.00	10700	LIVER ACQUISITION	19	3	19	0	0	107.00
108.00	10800	LUNG ACQUISITION	6	1	6	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3	0	3	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	1	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	46	6	45	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5	0	38	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,081	7,389	10,377	19,235	1,011	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17	89	0	0	5	190.00
191.00	19100	RESEARCH	4	0	234	0	0	191.00
191.01	19101	RESEARCH-GCRC	32	0	29	0	0	191.01
191.02	19102	OSA	0	3	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16	13	0	69	572	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	32	17	846	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,183	1,082	1,957	9,346	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

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		Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	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	40	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,365	8,593	13,483	28,650	1,588	202.00

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		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	777,947					10.00
11.00	01100	CAFETERIA	0	99,972				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,641	1,849,193			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	23	0	128,541		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,525	0	0	2,799,210	14.00
15.00	01500	PHARMACY	0	3,683	0	0	12,705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	950	0	0	2	17.00
18.00	01850	PATIENT TRANSPORTATION	0	568	0	0	76	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12	0	0	1	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	116	0	22,798	25	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	93	0	20,300	24	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	162	0	14,383	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	58	0	13,716	74	23.06
23.07	02307	PARAMED PHARMACY	0	232	0	43,750	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	35	0	7,079	3	23.09
23.10	02310	PARAMED PHARMACY TECH	0	35	0	6,515	22	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	655,857	21,614	709,872	0	139,005	30.00
31.00	03100	INTENSIVE CARE UNIT	19,191	2,305	88,418	0	25,480	31.00
32.00	03200	CORONARY CARE UNIT	16,070	2,386	90,439	0	29,164	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	9,200	3,417	131,869	0	16,084	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,846	290	10,105	0	2,264	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	2,816	579	21,725	0	6,464	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	5,632	1,541	60,629	0	11,835	34.04
34.05	03404	TRANSPLANT ICU	1,324	324	12,631	0	4,081	34.05
34.06	03407	PEDS CANCER CARE	5,579	301	12,126	0	1,629	34.06
40.00	04000	SUBPROVIDER - IPF	22,646	707	17,684	0	466	40.00
41.00	04100	SUBPROVIDER - IRF	11,351	232	8,084	0	661	41.00
43.00	04300	NURSERY	0	243	8,589	0	1,302	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,405	133,384	0	249,700	50.00
50.01	05001	ENDOSCOPY	0	232	7,579	0	8,246	50.01
51.00	05100	RECOVERY ROOM	1,849	1,402	51,030	0	7,585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,077	42,440	0	7,747	52.00
53.00	05300	ANESTHESIOLOGY	0	243	8,084	0	29,824	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	486	4,042	0	2,576	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,494	35,367	0	41,582	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	637	7,579	0	1,700	55.00
56.00	05600	RADIOISOTOPE	0	151	0	0	725	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	127	2,526	0	7,209	59.00
60.00	06000	LABORATORY	0	6,405	3,537	0	444,597	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	162	0	0	18,485	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	510	0	0	18,613	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,069	0	0	37,526	65.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
66.00	06600	PHYSICAL THERAPY	0	2,490	0	0	6,045	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	486	0	0	977	67.00
68.00	06800	SPEECH PATHOLOGY	0	625	2,526	0	1,378	68.00
69.00	06900	ELECTROCARDIOLOGY	0	591	3,031	0	1,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	660	505	0	2,879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	568,305	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	971,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,042	0	0	298	73.03
74.00	07400	RENAL DIALYSIS	0	533	14,652	0	16,123	74.00
76.00	03020	RH NBN ECMO IC	0	139	5,558	0	2,676	76.00
76.01	03140	CARDIOLOGY	0	151	3,031	0	7,712	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	162	5,052	0	769	76.02
76.03	03950	CARDIAC CATH	0	602	14,652	0	9,419	76.03
76.04	03951	DAY SURGERY	0	776	25,767	0	8,485	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	139	3,031	0	5	76.08
76.97	07697	CARDIAC REHABILITATION	0	81	1,010	0	73	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	278	6,063	0	770	90.01
90.02	09002	IUSCC HEM/ONC	0	2,247	38,904	0	8,711	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	69	505	0	284	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	174	505	0	26	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	336	4,547	0	635	90.06
90.07	09007	AMB SVC-RILEY CLINICS	705	1,019	21,220	0	2,814	90.07
90.08	09008	MOTILITY LAB	0	12	505	0	717	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	226	660	0	0	2,161	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	INFUSION CLINIC	0	35	505	0	125	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	151	3,031	0	135	90.17
90.18	09016	DERMATOLOGY CLINIC	0	127	4,042	0	799	90.18
90.19	09017	INFUSION/HEM/ONC	0	93	2,021	0	398	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	35	1,516	0	73	90.21
90.22	09020	EATING DISORDERS CLINIC	0	162	505	0	46	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	255	5,558	0	115	90.23
90.24	09021	LIFE CARE CLINIC	0	266	1,516	0	232	90.24
91.00	09100	EMERGENCY	17,225	3,927	110,648	0	36,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	2,189	18,189	0	4,720	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,309	42,440	0	5,548	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	382	505	0	1,914	105.00
106.00	10600	HEART ACQUISITION	0	46	505	0	9	106.00
107.00	10700	LIVER ACQUISITION	0	162	0	0	541	107.00
108.00	10800	LUNG ACQUISITION	0	93	0	0	68	108.00
109.00	10900	PANCREAS ACQUISITION	0	23	0	0	61	109.00
110.00	11000	INTESTINAL ACQUISITION	0	23	0	0	33	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	23	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	533	0	0	1,695	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,309	27,283	0	2,678	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	774,517	97,910	1,837,067	128,541	2,796,884	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	336	0	0	0	190.00
191.00	19100	RESEARCH	0	58	505	0	0	191.00
191.01	19101	RESEARCH-GCRC	3,430	208	0	0	745	191.01
191.02	19102	OSA	0	116	2,021	0	228	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,286	9,600	0	613	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	29	192.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	46	0	0	700	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	12	0	0	11	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	777,947	99,972	1,849,193	128,541	2,799,210	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,793,780					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	95,498				16.00
17.00	01700	SOCIAL SERVICE	17	0	87,905			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	84,284		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	167,147	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	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	3	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	10,435	9,545	61,631	8,678		30.00
31.00	03100	INTENSIVE CARE UNIT	1,922	1,231	4,798	1,119		31.00
32.00	03200	CORONARY CARE UNIT	3,102	1,158	4,513	1,053		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,512	1,909	7,600	1,735		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	160	114	592	104		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02	03401	UH SURG 6IC	263	266	1,092	242		34.02
34.03	03402	UH NS 3IC	0	0	0	0		34.03
34.04	03403	RH PED IC	2,077	696	2,598	633		34.04
34.05	03404	TRANSPLANT ICU	223	142	594	129		34.05
34.06	03407	PEDS CANCER CARE	291	136	860	124		34.06
40.00	04000	SUBPROVIDER - IPF	4	178	1,669	162		40.00
41.00	04100	SUBPROVIDER - IRF	8	64	544	58		41.00
43.00	04300	NURSERY	0	103	1,414	93		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,775	11,347	0	10,315		50.00
50.01	05001	ENDOSCOPY	153	349	0	317		50.01
51.00	05100	RECOVERY ROOM	850	1,740	0	1,582		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	668	0	607		52.00
53.00	05300	ANESTHESIOLOGY	6,423	870	0	791		53.00
53.01	05301	PULMONARY FUNCTION TESTING	29	440	0	400		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,580	6,377	0	5,797		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	131	2,001	0	1,819		55.00
56.00	05600	RADIOISOTOPE	38	531	0	482		56.00
59.00	05900	CARDIAC CATHETERIZATION	72	472	0	429		59.00
60.00	06000	LABORATORY	1,012	5,694	0	5,176		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	93	0	84		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21	1,091	0	992		63.00
65.00	06500	RESPIRATORY THERAPY	1,092	1,694	0	1,540		65.00
66.00	06600	PHYSICAL THERAPY	74	1,009	0	918		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	248	0	225		67.00
68.00	06800	SPEECH PATHOLOGY	2	279	0	254		68.00
69.00	06900	ELECTROCARDIOLOGY	107	990	0	900		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	598	0	544		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,348	0	3,043		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,089	0	5,535		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,719,631	14,794	0	10,918		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,763	0	1,602		73.03
74.00	07400	RENAL DIALYSIS	338	363	0	330		74.00
76.00	03020	RH NBN ECMO IC	239	80	0	72		76.00
76.01	03140	CARDIOLOGY	299	651	0	592		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	38	72	0	66		76.02
76.03	03950	CARDIAC CATH	287	1,740	0	1,582		76.03
76.04	03951	DAY SURGERY	787	64	0	58		76.04
76.05	03480	ONCOLOGY	0	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	59	0	54		76.08
76.97	07697	CARDIAC REHABILITATION	2	38	0	34		76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	3	68	0	62		90.01
90.02	09002	IUSCC HEM/ONC	7,070	1,302	0	1,184		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	39	45	0	41		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	16	0	15		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	6	292	0	266		90.06
90.07	09007	AMB SVC-RILEY CLINICS	627	177	0	161		90.07
90.08	09008	MOTILITY LAB	0	11	0	10		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		90.10
90.11	09023	SLEEP LAB	0	271	0	246		90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	INFUSION CLINIC	178	59	0	53		90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	2	12	0	11		90.17
90.18	09016	DERMATOLOGY CLINIC	7	65	0	59		90.18
90.19	09017	INFUSION/HEM/ONC	436	139	0	127		90.19
90.20	09025	IUMG - MH	0	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	9	0	8		90.21
90.22	09020	EATING DISORDERS CLINIC	0	22	0	20		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	31	0	29		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0		90.24
91.00	09100	EMERGENCY	3,526	7,082	0	6,438		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	192	1,781	0	1,619		95.00
101.00	10100	HOME HEALTH AGENCY	0	1,965	0	1,787		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	271	0	246		105.00
106.00	10600	HEART ACQUISITION	0	18	0	16		106.00
107.00	10700	LIVER ACQUISITION	4,987	203	0	185		107.00
108.00	10800	LUNG ACQUISITION	0	80	0	73		108.00
109.00	10900	PANCREAS ACQUISITION	0	32	0	29		109.00
110.00	11000	INTESTINAL ACQUISITION	0	10	0	9		110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0		112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,097	443	0	402		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,793,167	95,498	87,905	84,284	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	RESEARCH-GCRC	41	0	0	0		191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
191.02	19102	OSA	0	0	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	557	0	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1	0	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0		192.06
192.07	19207	RHI	14	0	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0		192.10
192.11	19211	UNUSED SPACE	0	0	0	0		192.11
200.00		Cross Foot Adjustments					167,147	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,793,780	95,498	87,905	84,284	167,147	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	468,074					22.00
23.00	02300	PARAMED ED PRGM		0				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES			0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				71,874		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					52,312	23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

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

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		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			22.00	23.00	23.01	23.02	23.03	
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	468,074	0	0	71,874	52,312	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	468,074	0	0	71,874	52,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		55,581				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			15,143			23.06
23.07	02307	PARAMED PHARMACY				97,003		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	0	55,581	15,143	97,003	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	55,581	15,143	97,003	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						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	35,374					23.09
23.10	02310	PARAMED PHARMACY TECH		34,257				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				15,823,183	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,025,621	0	31.00
32.00	03200	CORONARY CARE UNIT				1,282,757	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT				2,313,366	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				446,404	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
34.02	03401	UH SURG 6IC				480,094	0	34.02
34.03	03402	UH NS 3IC				0	0	34.03
34.04	03403	RH PED IC				1,464,237	0	34.04
34.05	03404	TRANSPLANT ICU				209,511	0	34.05
34.06	03407	PEDS CANCER CARE				739,176	0	34.06
40.00	04000	SUBPROVIDER - IPF				569,545	0	40.00
41.00	04100	SUBPROVIDER - IRF				367,789	0	41.00
43.00	04300	NURSERY				24,919	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				25,087,806	0	50.00
50.01	05001	ENDOSCOPY				461,411	0	50.01
51.00	05100	RECOVERY ROOM				1,676,353	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,010,641	0	52.00
53.00	05300	ANESTHESIOLOGY				904,303	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING				672,052	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				18,864,848	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				3,834,920	0	55.00
56.00	05600	RADIOISOTOPE				1,270,854	0	56.00
59.00	05900	CARDIAC CATHETERIZATION				1,089,997	0	59.00
60.00	06000	LABORATORY				8,327,732	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY				151,086	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB				0	0	60.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				261,418	0	63.00
65.00	06500	RESPIRATORY THERAPY				1,531,682	0	65.00
66.00	06600	PHYSICAL THERAPY				931,550	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				124,977	0	67.00
68.00	06800	SPEECH PATHOLOGY				582,655	0	68.00
69.00	06900	ELECTROCARDIOLOGY				847,303	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				1,483,520	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				718,226	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,229,123	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				3,365,398	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				565,974	0	73.03
74.00	07400	RENAL DIALYSIS				981,635	0	74.00
76.00	03020	RH NBN ECMO IC				78,689	0	76.00
76.01	03140	CARDIOLOGY				651,190	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				54,446	0	76.02
76.03	03950	CARDIAC CATH				2,953,748	0	76.03
76.04	03951	DAY SURGERY				424,204	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				44,091	0	76.08
76.97	07697	CARDIAC REHABILITATION				138,918	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				459,635	0	90.01
90.02	09002	IUSCC HEM/ONC				3,295,893	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY				370,147	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				164,643	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				450,352	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				705,920	0	90.07
90.08	09008	MOTILITY LAB				71,414	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				2	0	90.10
90.11	09023	SLEEP LAB				239,527	0	90.11
90.12	09024	OP CARE ADULTS				18,342	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	INFUSION CLINIC				6,112	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				171,178	0	90.17
90.18	09016	DERMATOLOGY CLINIC				143,106	0	90.18
90.19	09017	INFUSION/HEM/ONC				11,350	0	90.19
90.20	09025	IUMG - MH				51,904	0	90.20
90.21	09019	OP REHAB CLINIC				31,851	0	90.21
90.22	09020	EATING DISORDERS CLINIC				14,771	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				225,962	0	90.23
90.24	09021	LIFE CARE CLINIC				108,946	0	90.24
91.00	09100	EMERGENCY				3,005,002	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				5,383,745	0	95.00
101.00	10100	HOME HEALTH AGENCY				710,383	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				263,328	0	105.00
106.00	10600	HEART ACQUISITION				14,365	0	106.00
107.00	10700	LIVER ACQUISITION				165,557	0	107.00
108.00	10800	LUNG ACQUISITION				55,476	0	108.00
109.00	10900	PANCREAS ACQUISITION				26,411	0	109.00
110.00	11000	INTESTINAL ACQUISITION				7,421	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION				1,011	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				324,474	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				195,703	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	121,761,283	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				180,470	0	190.00
191.00	19100	RESEARCH				416,064	0	191.00
191.01	19101	RESEARCH-GCRC				100,672	0	191.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.02	19102	OSA				17,753	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES				621,357	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				1,494,178	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC				11,669	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES				6,735,391	0	192.03
192.04	19204	MHH RADIOLOGY				0	0	192.04
192.06	19206	BELTWAY SURGERY				0	0	192.06
192.07	19207	RHI				35,333	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING				0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR				0	0	192.09
192.10	19212	CARDIO PHYSICIANS				58,499	0	192.10
192.11	19211	UNUSED SPACE				0	0	192.11
200.00		Cross Foot Adjustments	35,374	34,257	0	996,765	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,374	34,257	0	132,429,434	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING & STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY			9.01
9.02	00902	HOUSEKEEPING - RILEY			9.02
9.03	00903	HOUSEKEEPING - METHODIST			9.03
9.04	00904	HOUSEKEEPING - SAXONY			9.04
9.05	00905	HOUSEKEEPING - MORGAN			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01851	PARAMED ED ADMINISTRATION			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM			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	15,823,183		30.00
31.00	03100	INTENSIVE CARE UNIT	1,025,621		31.00
32.00	03200	CORONARY CARE UNIT	1,282,757		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,313,366		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	446,404		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
34.02	03401	UH SURG 6IC	480,094		34.02
34.03	03402	UH NS 3IC	0		34.03
34.04	03403	RH PED IC	1,464,237		34.04
34.05	03404	TRANSPLANT ICU	209,511		34.05
34.06	03407	PEDS CANCER CARE	739,176		34.06
40.00	04000	SUBPROVIDER - IPF	569,545		40.00
41.00	04100	SUBPROVIDER - IRF	367,789		41.00
43.00	04300	NURSERY	24,919		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	25,087,806		50.00
50.01	05001	ENDOSCOPY	461,411		50.01
51.00	05100	RECOVERY ROOM	1,676,353		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,641		52.00
53.00	05300	ANESTHESIOLOGY	904,303		53.00
53.01	05301	PULMONARY FUNCTION TESTING	672,052		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,864,848		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,834,920		55.00
56.00	05600	RADIOISOTOPE	1,270,854		56.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,997		59.00
60.00	06000	LABORATORY	8,327,732		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	151,086		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	261,418		63.00
65.00	06500	RESPIRATORY THERAPY	1,531,682		65.00
66.00	06600	PHYSICAL THERAPY	931,550		66.00
67.00	06700	OCCUPATIONAL THERAPY	124,977		67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Total		
			26.00		
68.00	06800	SPEECH PATHOLOGY	582,655		68.00
69.00	06900	ELECTROCARDIOLOGY	847,303		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,483,520		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	718,226		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,123		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,365,398		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	565,974		73.03
74.00	07400	RENAL DIALYSIS	981,635		74.00
76.00	03020	RH NBN ECMO IC	78,689		76.00
76.01	03140	CARDIOLOGY	651,190		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,446		76.02
76.03	03950	CARDIAC CATH	2,953,748		76.03
76.04	03951	DAY SURGERY	424,204		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	44,091		76.08
76.97	07697	CARDIAC REHABILITATION	138,918		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	459,635		90.01
90.02	09002	IUSCC HEM/ONC	3,295,893		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	370,147		90.03
90.04	09004	AMB SVC-PSYCH ADULT	164,643		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	450,352		90.06
90.07	09007	AMB SVC-RILEY CLINICS	705,920		90.07
90.08	09008	MOTILITY LAB	71,414		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	2		90.10
90.11	09023	SLEEP LAB	239,527		90.11
90.12	09024	OP CARE ADULTS	18,342		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	INFUSION CLINIC	6,112		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDICS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	171,178		90.17
90.18	09016	DERMATOLOGY CLINIC	143,106		90.18
90.19	09017	INFUSION/HEM/ONC	11,350		90.19
90.20	09025	IUMG - MH	51,904		90.20
90.21	09019	OP REHAB CLINIC	31,851		90.21
90.22	09020	EATING DISORDERS CLINIC	14,771		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	225,962		90.23
90.24	09021	LIFE CARE CLINIC	108,946		90.24
91.00	09100	EMERGENCY	3,005,002		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
95.00	09500	AMBULANCE SERVICES	5,383,745		95.00
101.00	10100	HOME HEALTH AGENCY	710,383		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	263,328		105.00
106.00	10600	HEART ACQUISITION	14,365		106.00
107.00	10700	LIVER ACQUISITION	165,557		107.00
108.00	10800	LUNG ACQUISITION	55,476		108.00
109.00	10900	PANCREAS ACQUISITION	26,411		109.00
110.00	11000	INTESTINAL ACQUISITION	7,421		110.00
112.00	08600	OTHER ORGAN ACQUISITION	1,011		112.00
112.01	08601	POST TRANSPLANT EXPENSES	324,474		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	195,703		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,761,283		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180,470		190.00
191.00	19100	RESEARCH	416,064		191.00
191.01	19101	RESEARCH-GCRC	100,672		191.01
191.02	19102	OSA	17,753		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	621,357		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,494,178		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	11,669		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	6,735,391		192.03
192.04	19204	MHH RADIOLOGY	0		192.04
192.06	19206	BELTWAY SURGERY	0		192.06
192.07	19207	RHI	35,333		192.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	Total		
			26.00		
192.08	19208	NON-ALLOWABLE ADVERTISING	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0		192.09
192.10	19212	CARDIO PHYSICIANS	58,499		192.10
192.11	19211	UNUSED SPACE	0		192.11
200.00		Cross Foot Adjustments	996,765		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	132,429,434		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,728,133					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		57,495,403				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,664	2,097	630,274,771			4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,254	0	9,141		5.01
5.02	00550	DATA PROCESSING	2,084	15,652	0	0	9,141	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	2,261	4,056	0	0	0	5.03
5.04	00570	ADMITTING	1,421	4,858	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	233,837	1,877,651	14,562,249	126	126	5.06
6.00	00600	MAINTENANCE & REPAIRS	57,783	1,009,699	4,825,632	65	65	6.00
7.00	00700	OPERATION OF PLANT	385,936	294,807	5,355,188	94	94	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,220	0	11,675	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,616	4,759	463,871	14	14	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	354,950	12	12	9.05
10.00	01000	DIETARY	43,193	147,569	8,330,212	199	199	10.00
11.00	01100	CAFETERIA	7,742	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,060	691,947	19,101,319	228	228	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	4,147	160,827	2	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	81,941	1,022,806	8,643,650	218	218	14.00
15.00	01500	PHARMACY	60,344	1,325,936	29,340,252	318	318	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,397	0	94,660	2	2	16.00
17.00	01700	SOCIAL SERVICE	5,577	0	5,087,179	82	82	17.00
18.00	01850	PATIENT TRANSPORTATION	1,035	41,794	1,804,763	49	49	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,962	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27,692	0	119,099	1	1	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	3,869	0	672,128	10	10	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2,589	0	576,596	8	8	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	3,254	0	439,027	14	14	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	420,862	5	5	23.06
23.07	02307	PARAMED PHARMACY	3,981	0	1,307,123	20	20	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	0	216,801	3	3	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	0	197,975	3	3	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	717,504	3,404,694	114,973,036	1,866	1,866	30.00
31.00	03100	INTENSIVE CARE UNIT	41,939	212,785	13,867,299	199	199	31.00
32.00	03200	CORONARY CARE UNIT	48,304	333,210	14,266,032	206	206	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	78,812	757,050	18,677,735	295	295	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,141	161,921	1,853,027	25	25	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	27,014	72,997	3,323,403	50	50	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	54,053	469,177	8,934,121	133	133	34.04
34.05	03404	TRANSPLANT ICU	13,455	12,679	1,832,765	28	28	34.05
34.06	03407	PEDS CANCER CARE	41,658	142,389	1,646,173	26	26	34.06
40.00	04000	SUBPROVIDER - IPF	39,784	20,469	3,787,458	61	61	40.00
41.00	04100	SUBPROVIDER - IRF	21,911	52,588	1,222,459	20	20	41.00
43.00	04300	NURSERY	262	1,664	1,433,333	21	21	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	271,992	14,553,341	38,384,276	553	553	50.00
50.01	05001	ENDOSCOPY	6,693	244,594	1,501,079	20	20	50.01
51.00	05100	RECOVERY ROOM	71,330	487,820	8,270,263	121	121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,340	274,234	6,506,267	93	93	52.00
53.00	05300	ANESTHESIOLOGY	10,713	490,948	1,287,867	21	21	53.00
53.01	05301	PULMONARY FUNCTION TESTING	21,162	271,857	3,015,574	42	42	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	272,638	10,526,201	28,569,451	388	388	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,085	2,241,690	4,427,675	55	55	55.00
56.00	05600	RADIOISOTOPE	19,523	705,652	1,059,763	13	13	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,314	643,082	1,148,205	11	11	59.00
60.00	06000	LABORATORY	218,332	3,475,310	47,177,253	553	553	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	50,063	1,016,717	14	14	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,672	80,721	3,123,835	44	44	63.00
65.00	06500	RESPIRATORY THERAPY	22,974	774,969	19,573,443	265	265	65.00
66.00	06600	PHYSICAL THERAPY	47,388	192,154	16,607,541	215	215	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,093	471	3,293,896	42	42	67.00
68.00	06800	SPEECH PATHOLOGY	24,183	185,485	4,146,667	54	54	68.00
69.00	06900	ELECTROCARDIOLOGY	10,621	478,779	3,333,203	51	51	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,968	522,193	4,380,416	57	57	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	11,403	54,340	7,428,493	90	90	73.03
74.00	07400	RENAL DIALYSIS	43,415	281,932	3,457,396	46	46	74.00
76.00	03020	RH NBN ECMO IC	0	44,670	1,276,167	12	12	76.00
76.01	03140	CARDIOLOGY	9,953	353,007	939,390	13	13	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	896	22,698	940,686	14	14	76.02
76.03	03950	CARDIAC CATH	67,413	1,435,790	4,576,624	52	52	76.03
76.04	03951	DAY SURGERY	26,507	34,605	4,306,852	67	67	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	21,607	1,064,859	12	12	76.08
76.97	07697	CARDIAC REHABILITATION	8,424	22,878	456,709	7	7	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	19,714	143,028	1,571,286	24	24	90.01
90.02	09002	IUSCC HEM/ONC	133,523	1,069,090	16,205,142	194	194	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	318	249,911	345,415	6	6	90.03
90.04	09004	AMB SVC-PSYCH ADULT	13,279	175	935,955	15	15	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,820	184,823	2,043,112	29	29	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,931	50,852	5,721,492	88	88	90.07
90.08	09008	MOTILITY LAB	217	46,091	148,774	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	21	0	0	90.10
90.11	09023	SLEEP LAB	4,122	119,634	3,769,578	57	57	90.11
90.12	09024	OP CARE ADULTS	1,522	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	2,592	241,247	3	3	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,358	2,563	617,599	13	13	90.17
90.18	09016	DERMATOLOGY CLINIC	8,086	25,897	692,443	11	11	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,615	478,479	8	8	90.19
90.20	09025	IUMG - MH	4,307	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	2,817	145,125	3	3	90.21
90.22	09020	EATING DISORDERS CLINIC	0	6,605	991,937	14	14	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,501	11,261	1,131,403	22	22	90.23
90.24	09021	LIFE CARE CLINIC	8,483	0	1,275,241	23	23	90.24
91.00	09100	EMERGENCY	142,081	664,893	21,723,245	339	339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	3,626,835	11,535,457	189	189	95.00
101.00	10100	HOME HEALTH AGENCY	23,498	119,679	25,566,702	372	372	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,249	87,764	2,845,505	33	33	105.00
106.00	10600	HEART ACQUISITION	372	3,959	351,171	4	4	106.00
107.00	10700	LIVER ACQUISITION	4,611	49,057	1,024,935	14	14	107.00
108.00	10800	LUNG ACQUISITION	1,499	15,951	652,889	8	8	108.00
109.00	10900	PANCREAS ACQUISITION	796	8,472	156,299	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	206	2,193	157,264	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	271,256	2	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	11,182	118,971	3,528,733	46	46	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,481	34,241	7,306,152	113	113	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,967,121	57,212,715	620,607,303	8,963	8,963	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			1.00	2.00	4.00	5.01	5.02	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,381	20,151	153,756	29	29	190.00
191.00	19100	RESEARCH	26,701	58,793	975,802	5	5	191.00
191.01	19101	RESEARCH-GCRC	7,081	7,004	642,484	18	18	191.01
191.02	19102	OSA	340	214	1,777,617	10	10	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,073	1,216	255,040	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	100,759	161,658	5,564,411	111	111	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	7,934	180	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	558,178	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	23,238	180,042	4	4	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	4,499	2,480	118,136	1	1	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	48,933,455	83,495,979	130,702,430	33,487	63,699,160	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.349424	1.452220	0.207374	3.663385	6,968.511104	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			20,266	1,821	44,298	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000032	0.199212	4.846078	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	238,768,551					5.03
5.04	00570	ADMITTING	36	4,783,189,285				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	8,786,588,237			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,298	0	0	-163,094,069	1,960,141,643	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,052	0	0	0	33,124,112	6.00
7.00	00700	OPERATION OF PLANT	24,008	0	0	0	61,094,267	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	89,449	0	0	0	312,156	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,185,357	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,272,203	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	5,134,377	9.03
9.04	00904	HOUSEKEEPING - SAXONY	825	0	0	0	850,799	9.04
9.05	00905	HOUSEKEEPING - MORGAN	3,960	0	0	0	577,822	9.05
10.00	01000	DIETARY	28,305	0	0	0	16,222,176	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,375,561	11.00
13.00	01300	NURSING ADMINISTRATION	15,470	0	0	0	31,097,761	13.00
13.01	01851	PARAMED ED ADMINISTRATION	69	0	0	0	348,837	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,346,365	0	0	0	122,304,172	14.00
15.00	01500	PHARMACY	1,072,250	0	0	0	46,825,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16,215,807	16.00
17.00	01700	SOCIAL SERVICE	199	0	0	0	7,349,921	17.00
18.00	01850	PATIENT TRANSPORTATION	6,406	0	0	0	3,882,517	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	45,487,368	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	43	0	0	0	51,448,692	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	2,099	0	0	0	891,831	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2,039	0	0	0	268,076	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	694,477	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	6,228	0	0	0	478,116	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	1,907,813	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	281	0	0	0	270,690	23.09
23.10	02310	PARAMED PHARMACY TECH	1,847	0	0	0	285,769	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,731,353	799,423,279	867,766,538	0	189,747,026	30.00
31.00	03100	INTENSIVE CARE UNIT	2,150,383	111,872,082	111,872,082	0	21,076,437	31.00
32.00	03200	CORONARY CARE UNIT	2,461,311	105,254,988	105,254,988	0	22,004,500	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,357,412	173,525,618	173,525,618	0	29,848,588	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	191,047	10,407,704	10,407,704	0	3,133,968	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	545,499	24,215,877	24,215,877	0	5,331,549	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	998,855	63,302,828	63,302,828	0	14,578,838	34.04
34.05	03404	TRANSPLANT ICU	344,418	12,886,836	12,886,836	0	3,238,991	34.05
34.06	03407	PEDS CANCER CARE	137,505	12,355,649	12,355,649	0	3,111,893	34.06
40.00	04000	SUBPROVIDER - IPF	39,370	16,191,402	16,191,402	0	6,018,522	40.00
41.00	04100	SUBPROVIDER - IRF	55,803	5,813,294	5,813,294	0	2,094,398	41.00
43.00	04300	NURSERY	109,861	9,324,215	9,324,215	0	2,246,604	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,073,516	677,029,237	1,031,521,790	0	89,174,746	50.00
50.01	05001	ENDOSCOPY	695,963	21,091,898	31,728,730	0	2,931,489	50.01
51.00	05100	RECOVERY ROOM	640,122	64,515,851	158,213,851	0	14,131,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	653,803	52,210,937	60,730,464	0	10,927,328	52.00
53.00	05300	ANESTHESIOLOGY	2,517,044	53,420,157	79,087,846	0	5,926,763	53.00
53.01	05301	PULMONARY FUNCTION TESTING	217,371	5,022,742	40,031,673	0	5,131,364	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,509,343	245,928,012	579,694,378	0	66,595,578	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	143,443	12,908,351	181,872,524	0	12,656,564	55.00
56.00	05600	RADIOISOTOPE	61,161	7,632,844	48,249,499	0	3,204,098	56.00
59.00	05900	CARDIAC CATHETERIZATION	608,446	12,718,302	42,942,128	0	2,934,627	59.00
60.00	06000	LABORATORY	37,521,893	269,335,219	517,602,732	0	68,182,941	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,560,025	1,265,484	8,416,606	0	2,097,988	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,570,881	87,845,196	99,154,981	0	11,347,283	63.00
65.00	06500	RESPIRATORY THERAPY	3,166,981	150,067,644	153,970,325	0	31,182,555	65.00
66.00	06600	PHYSICAL THERAPY	510,145	65,211,848	91,762,027	0	25,691,373	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,481	18,478,609	22,547,441	0	4,797,918	67.00
68.00	06800	SPEECH PATHOLOGY	116,256	10,675,666	25,360,799	0	6,458,930	68.00
69.00	06900	ELECTROCARDIOLOGY	84,631	50,722,007	90,037,776	0	5,863,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	242,947	38,838,624	54,365,509	0	8,357,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,962,311	177,261,907	304,338,744	0	52,073,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,020,360	424,407,869	553,514,514	0	88,928,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	642,244,780	1,449,738,610	0	234,667,207	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	25,123	0	160,243,412	0	131,214,190	73.03
74.00	07400	RENAL DIALYSIS	1,360,669	22,268,178	33,041,433	0	6,138,943	74.00
76.00	03020	RH NBN ECMO IC	225,854	7,231,255	7,231,255	0	1,861,655	76.00
76.01	03140	CARDIOLOGY	650,829	15,455,495	59,216,663	0	2,353,257	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	64,897	1,349,922	6,589,855	0	1,407,537	76.02
76.03	03950	CARDIAC CATH	794,892	56,718,046	158,165,252	0	9,569,288	76.03
76.04	03951	DAY SURGERY	716,075	0	5,809,043	0	6,579,663	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	453	5,397,786	5,397,786	0	1,541,916	76.08
76.97	07697	CARDIAC REHABILITATION	6,183	9,533	3,409,612	0	946,501	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	65,019	110,753	6,209,695	0	2,624,611	90.01
90.02	09002	IUSCC HEM/ONC	735,149	1,081,278	118,400,177	0	29,102,186	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	23,928	8,500	4,102,901	0	902,778	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,200	2,884	1,480,885	0	1,477,021	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	53,578	12,537,020	26,588,622	0	3,518,993	90.06
90.07	09007	AMB SVC-RILEY CLINICS	237,468	476,560	16,079,032	0	1,250,955	90.07
90.08	09008	MOTILITY LAB	60,530	13,683	1,005,886	0	227,957	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	604	90.10
90.11	09023	SLEEP LAB	182,401	24,210	24,614,889	0	4,508,642	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	15,752	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	10,524	2,252	5,333,416	0	521,098	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	11,431	5,436	1,131,965	0	1,275,248	90.17
90.18	09016	DERMATOLOGY CLINIC	67,451	8,056	5,945,938	0	1,134,214	90.18
90.19	09017	INFUSION/HEM/ONC	33,571	25,671	12,665,507	0	1,076,303	90.19
90.20	09025	IUMG - MH	0	0	0	0	44,575	90.20
90.21	09019	OP REHAB CLINIC	6,122	5,030	831,492	0	242,109	90.21
90.22	09020	EATING DISORDERS CLINIC	3,896	364	2,044,507	0	1,645,608	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	9,690	13,183	2,857,343	0	1,884,572	90.23
90.24	09021	LIFE CARE CLINIC	19,569	0	0	0	1,817,749	90.24
91.00	09100	EMERGENCY	3,047,308	170,441,736	643,802,831	0	43,248,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	398,306	823,721	161,934,892	0	33,019,399	95.00
101.00	10100	HOME HEALTH AGENCY	468,185	0	178,650,004	0	74,423,876	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	161,527	24,626,311	24,626,311	0	12,555,164	105.00
106.00	10600	HEART ACQUISITION	793	1,605,450	1,605,450	0	1,336,551	106.00
107.00	10700	LIVER ACQUISITION	45,696	18,453,309	18,453,309	0	12,411,200	107.00
108.00	10800	LUNG ACQUISITION	5,714	7,316,435	7,316,435	0	5,283,447	108.00
109.00	10900	PANCREAS ACQUISITION	5,143	2,901,000	2,901,000	0	1,660,968	109.00
110.00	11000	INTESTINAL ACQUISITION	2,799	869,272	869,272	0	633,920	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	369,150	112.00
112.01	08601	POST TRANSPLANT EXPENSES	143,091	0	0	0	5,582,344	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	226,026	0	40,232,189	0	12,960,379	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	238,572,259	4,783,189,285	8,786,588,237	-163,094,069	1,929,968,519	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	702,913	190.00
191.00	19100	RESEARCH	0	0	0	0	3,430,371	191.00
191.01	19101	RESEARCH-GCRC	62,846	0	0	0	175,986	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
191.02	19102	OSA	19,211	0	0	0	4,143,027	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,002,386	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	51,762	0	0	0	13,302,584	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	2,422	0	0	0	44,715	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,776,821	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	59,113	0	0	0	302,016	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	19	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	938	0	0	0	292,286	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,849,229	15,715,233	50,170,397		163,094,069	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.028686	0.003286	0.005710		0.083205	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	29,290	21,762	0		5,147,943	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000123	0.000005	0.000000		0.002626	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,429,083					6.00
7.00	00700	OPERATION OF PLANT	385,936	4,043,147				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,220	22,220	6,182,255			8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,020,927		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	994,485	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,616	1,616	51	1,616	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	0	9.05
10.00	01000	DIETARY	43,193	43,193	0	43,193	12,928	10.00
11.00	01100	CAFETERIA	7,742	7,742	0	7,742	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,060	63,060	0	63,060	5,104	13.00
13.01	01851	PARAMED ED ADMINISTRATION	10,110	10,110	0	10,110	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	81,941	81,941	53,704	81,941	24,912	14.00
15.00	01500	PHARMACY	60,344	60,344	42	60,344	20,132	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,397	4,397	0	4,397	993	16.00
17.00	01700	SOCIAL SERVICE	5,577	5,577	0	5,577	110	17.00
18.00	01850	PATIENT TRANSPORTATION	1,035	1,035	0	1,035	861	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,962	3,962	1,317	3,962	346	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27,692	27,692	0	27,692	4,562	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	3,869	3,869	0	3,869	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2,589	2,589	29	2,589	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	3,254	3,254	0	3,254	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	3,981	3,981	0	3,981	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	2,289	0	2,289	0	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	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	717,504	717,504	2,689,119	717,504	197,694	30.00
31.00	03100	INTENSIVE CARE UNIT	41,939	41,939	236,576	41,939	0	31.00
32.00	03200	CORONARY CARE UNIT	48,304	48,304	232,264	48,304	18,051	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	78,812	78,812	242,030	78,812	8,948	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,141	15,141	51,601	15,141	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	27,014	27,014	29,660	27,014	27,014	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	54,053	54,053	175,900	54,053	0	34.04
34.05	03404	TRANSPLANT ICU	13,455	13,455	24,456	13,455	13,455	34.05
34.06	03407	PEDS CANCER CARE	41,658	41,658	46,357	41,658	0	34.06
40.00	04000	SUBPROVIDER - IPF	39,784	39,784	37,290	39,784	417	40.00
41.00	04100	SUBPROVIDER - IRF	21,911	21,911	29,533	21,911	0	41.00
43.00	04300	NURSERY	262	262	34,505	262	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	271,992	271,992	468,535	271,992	90,383	50.00
50.01	05001	ENDOSCOPY	6,693	6,693	18,798	6,693	0	50.01
51.00	05100	RECOVERY ROOM	71,330	71,330	74,930	71,330	8,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,340	43,340	206,588	43,340	0	52.00
53.00	05300	ANESTHESIOLOGY	10,713	10,713	0	10,713	238	53.00
53.01	05301	PULMONARY FUNCTION TESTING	21,162	21,162	22,134	21,162	4,023	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	272,638	272,638	466,446	272,638	77,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,085	44,085	41,924	44,085	26,690	55.00
56.00	05600	RADIOISOTOPE	19,523	19,523	17,601	19,523	7,640	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,314	11,314	204	11,314	0	59.00
60.00	06000	LABORATORY	218,332	218,332	9,197	218,332	20,109	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	4,470	0	4,470	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,672	7,672	225	7,672	658	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
65.00	06500	RESPIRATORY THERAPY	22,974	22,974	968	22,974	3,787	65.00
66.00	06600	PHYSICAL THERAPY	47,388	47,388	48,933	47,388	3,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,093	9,093	0	9,093	3,193	67.00
68.00	06800	SPEECH PATHOLOGY	24,183	24,183	301	24,183	4,988	68.00
69.00	06900	ELECTROCARDIOLOGY	10,621	10,621	38,025	10,621	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,968	57,968	8,809	57,968	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	11,403	11,403	0	11,403	0	73.03
74.00	07400	RENAL DIALYSIS	43,415	43,415	25,690	43,415	30,074	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	9,953	9,953	0	9,953	1,333	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	896	896	17,074	896	0	76.02
76.03	03950	CARDIAC CATH	67,413	67,413	89,574	67,413	256	76.03
76.04	03951	DAY SURGERY	26,507	26,507	33,706	26,507	25,572	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	437	437	0	437	0	76.08
76.97	07697	CARDIAC REHABILITATION	8,424	8,424	0	8,424	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	19,714	19,714	13,282	19,714	19,714	90.01
90.02	09002	IUSCC HEM/ONC	133,523	133,523	10,605	133,523	111,222	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	318	318	0	318	318	90.03
90.04	09004	AMB SVC-PSYCH ADULT	13,279	13,279	0	13,279	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	13,820	13,820	4,049	13,820	11,769	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,931	49,931	23,624	49,931	0	90.07
90.08	09008	MOTILITY LAB	217	217	0	217	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	4,122	4,122	0	4,122	0	90.11
90.12	09024	OP CARE ADULTS	1,522	1,522	0	1,522	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,358	13,358	1,527	13,358	13,358	90.17
90.18	09016	DERMATOLOGY CLINIC	8,086	8,086	2,633	8,086	8,086	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	4,307	4,307	0	4,307	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	2,094	6,521	2,094	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	16,501	16,501	2,732	16,501	12,206	90.23
90.24	09021	LIFE CARE CLINIC	8,483	8,483	0	8,483	403	90.24
91.00	09100	EMERGENCY	142,081	142,081	631,557	142,081	6,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	191	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	23,498	23,498	0	23,498	271	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,249	8,249	0	8,249	4,018	105.00
106.00	10600	HEART ACQUISITION	372	372	0	372	181	106.00
107.00	10700	LIVER ACQUISITION	4,611	4,611	0	4,611	2,246	107.00
108.00	10800	LUNG ACQUISITION	1,499	1,499	0	1,499	730	108.00
109.00	10900	PANCREAS ACQUISITION	796	796	0	796	388	109.00
110.00	11000	INTESTINAL ACQUISITION	206	206	0	206	100	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	11,182	11,182	0	11,182	5,447	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,481	5,481	0	5,481	541	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,668,071	3,282,135	6,170,817	3,259,915	841,753	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,381	12,381	0	12,381	2,080	190.00
191.00	19100	RESEARCH	26,701	26,701	0	26,701	439	191.00
191.01	19101	RESEARCH-GCRC	7,081	7,081	8,179	7,081	3,856	191.01
191.02	19102	OSA	340	340	0	340	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,073	51,073	0	51,073	1,925	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	100,759	100,759	3,259	100,759	3,828	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	558,178	558,178	0	558,178	140,604	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	4,499	4,499	0	4,499	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	35,880,204	69,304,100	899,010	0	3,450,395	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.101046	17.141128	0.145418	0.000000	3.469529	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,151,793	4,770,923	267,810	0	8,365	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.485833	1.180002	0.043319	0.000000	0.008411	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY	955,478					9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	1,515,795				9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	235,173			9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	130,482		9.05
10.00	01000	DIETARY	1,689	20,610	3,561	4,406	628,937	10.00
11.00	01100	CAFETERIA	0	0	5,630	2,112	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,685	44,499	0	338	0	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	10,110	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	27,866	19,762	8,111	1,290	0	14.00
15.00	01500	PHARMACY	11,984	20,842	5,565	982	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,404	0	16.00
17.00	01700	SOCIAL SERVICE	2,739	2,729	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	174	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,616	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,091	17,403	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	3,869	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	2,589	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	3,254	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	3,981	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	2,289	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	2,238	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	210,013	253,378	32,266	16,884	530,232	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,939	0	0	15,515	31.00
32.00	03200	CORONARY CARE UNIT	8,649	21,604	0	0	12,992	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	61,351	8,514	0	0	7,438	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,141	0	0	0	3,918	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	0	2,277	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	46,097	7,956	0	0	4,553	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	1,070	34.05
34.06	03407	PEDS CANCER CARE	41,658	0	0	0	4,510	34.06
40.00	04000	SUBPROVIDER - IPF	15,372	23,996	0	0	18,308	40.00
41.00	04100	SUBPROVIDER - IRF	21,911	0	0	0	9,177	41.00
43.00	04300	NURSERY	0	316	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	55,674	89,602	20,073	16,260	0	50.00
50.01	05001	ENDOSCOPY	0	6,693	0	0	0	50.01
51.00	05100	RECOVERY ROOM	25,795	14,250	22,844	0	1,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,869	47,685	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,897	1,577	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	11,599	5,238	303	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,730	109,739	12,534	14,831	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,395	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,167	8,841	875	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,314	0	0	59.00
60.00	06000	LABORATORY	13,897	16,572	7,219	4,322	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,470	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,966	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
65.00	06500	RESPIRATORY THERAPY	6,572	10,894	529	1,193	0	65.00
66.00	06600	PHYSICAL THERAPY	1,770	33,479	4,956	3,765	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,512	1,218	0	1,170	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,447	6,748	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	7,626	0	1,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,195	53,773	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	9,245	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	4,889	8,452	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	8,621	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	896	0	0	0	76.02
76.03	03950	CARDIAC CATH	3,237	63,920	0	0	0	76.03
76.04	03951	DAY SURGERY	0	934	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	437	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,191	5,503	1,730	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	5,326	16,976	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	13,279	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	2,051	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	49,931	0	0	0	570	90.07
90.08	09008	MOTILITY LAB	217	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	637	3,485	0	183	90.11
90.12	09024	OP CARE ADULTS	0	1,522	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	4,307	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,295	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	8,079	0	0	0	90.24
91.00	09100	EMERGENCY	46,019	67,713	13,129	8,601	13,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	799	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	510	3,720	0	0	0	105.00
106.00	10600	HEART ACQUISITION	23	168	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	285	2,080	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	93	676	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	49	359	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	13	93	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	691	5,043	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,328	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	821,584	1,166,723	157,897	82,978	626,164	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,901	0	0	400	0	190.00
191.00	19100	RESEARCH	0	26,262	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	3,225	0	0	2,773	191.01
191.02	19102	OSA	340	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,474	0	569	47,104	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,860	95,071	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	120,319	220,015	76,707	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	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	4,499	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,544,467	5,561,583	962,388	625,900	18,824,675	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.709627	3.669087	4.092255	4.796830	29.930939	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,593	13,483	28,650	1,588	777,947	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008993	0.008895	0.121825	0.012170	1.236924	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,631					11.00
13.00	01300	NURSING ADMINISTRATION	228	3,660				13.00
13.01	01851	PARAMED ED ADMINISTRATION	2	0	4,278,124			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	218	0	0	236,241,714		14.00
15.00	01500	PHARMACY	318	0	0	1,072,250	221,486,289	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	82	0	0	199	1,382	17.00
18.00	01850	PATIENT TRANSPORTATION	49	0	0	6,406	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1	0	0	43	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	10	0	758,759	2,099	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	8	0	675,629	2,039	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	14	0	478,686	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	5	0	456,509	6,228	0	23.06
23.07	02307	PARAMED PHARMACY	20	0	1,456,106	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	3	0	235,616	281	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	0	216,819	1,847	199	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,866	1,405	0	11,731,353	827,266	30.00
31.00	03100	INTENSIVE CARE UNIT	199	175	0	2,150,383	152,340	31.00
32.00	03200	CORONARY CARE UNIT	206	179	0	2,461,311	245,944	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	295	261	0	1,357,412	199,156	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	25	20	0	191,047	12,716	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	50	43	0	545,499	20,858	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	133	120	0	998,855	164,626	34.04
34.05	03404	TRANSPLANT ICU	28	25	0	344,418	17,655	34.05
34.06	03407	PEDS CANCER CARE	26	24	0	137,505	23,051	34.06
40.00	04000	SUBPROVIDER - IPF	61	35	0	39,370	350	40.00
41.00	04100	SUBPROVIDER - IRF	20	16	0	55,803	595	41.00
43.00	04300	NURSERY	21	17	0	109,861	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	553	264	0	21,073,516	378,516	50.00
50.01	05001	ENDOSCOPY	20	15	0	695,963	12,141	50.01
51.00	05100	RECOVERY ROOM	121	101	0	640,122	67,418	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	93	84	0	653,803	0	52.00
53.00	05300	ANESTHESIOLOGY	21	16	0	2,517,044	509,196	53.00
53.01	05301	PULMONARY FUNCTION TESTING	42	8	0	217,371	2,262	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	388	70	0	3,509,343	442,346	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55	15	0	143,443	10,355	55.00
56.00	05600	RADIOISOTOPE	13	0	0	61,161	3,041	56.00
59.00	05900	CARDIAC CATHETERIZATION	11	5	0	608,446	5,717	59.00
60.00	06000	LABORATORY	553	7	0	37,521,893	80,210	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	14	0	0	1,560,025	2	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44	0	0	1,570,881	1,689	63.00
65.00	06500	RESPIRATORY THERAPY	265	0	0	3,166,981	86,552	65.00
66.00	06600	PHYSICAL THERAPY	215	0	0	510,145	5,877	66.00
67.00	06700	OCCUPATIONAL THERAPY	42	0	0	82,481	0	67.00
68.00	06800	SPEECH PATHOLOGY	54	5	0	116,256	190	68.00
69.00	06900	ELECTROCARDIOLOGY	51	6	0	84,631	8,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57	1	0	242,947	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,962,311	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	82,020,360	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	215,607,902	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	90	0	0	25,123	0	73.03
74.00	07400	RENAL DIALYSIS	46	29	0	1,360,669	26,790	74.00
76.00	03020	RH NBN ECMO IC	12	11	0	225,854	18,922	76.00
76.01	03140	CARDIOLOGY	13	6	0	650,829	23,671	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14	10	0	64,897	2,985	76.02
76.03	03950	CARDIAC CATH	52	29	0	794,892	22,788	76.03
76.04	03951	DAY SURGERY	67	51	0	716,075	62,393	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	12	6	0	453	0	76.08
76.97	07697	CARDIAC REHABILITATION	7	2	0	6,183	195	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	24	12	0	65,019	235	90.01
90.02	09002	IUSCC HEM/ONC	194	77	0	735,149	560,472	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	6	1	0	23,928	3,131	90.03
90.04	09004	AMB SVC-PSYCH ADULT	15	1	0	2,200	2	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	29	9	0	53,578	491	90.06
90.07	09007	AMB SVC-RILEY CLINICS	88	42	0	237,468	49,670	90.07
90.08	09008	MOTILITY LAB	1	1	0	60,530	35	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	57	0	0	182,401	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	INFUSION CLINIC	3	1	0	10,524	14,112	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13	6	0	11,431	160	90.17
90.18	09016	DERMATOLOGY CLINIC	11	8	0	67,451	564	90.18
90.19	09017	INFUSION/HEM/ONC	8	4	0	33,571	34,589	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	3	3	0	6,122	0	90.21
90.22	09020	EATING DISORDERS CLINIC	14	1	0	3,896	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	22	11	0	9,690	0	90.23
90.24	09021	LIFE CARE CLINIC	23	3	0	19,569	0	90.24
91.00	09100	EMERGENCY	339	219	0	3,047,308	279,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	189	36	0	398,306	15,207	95.00
101.00	10100	HOME HEALTH AGENCY	372	84	0	468,185	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	33	1	0	161,527	12	105.00
106.00	10600	HEART ACQUISITION	4	1	0	793	0	106.00
107.00	10700	LIVER ACQUISITION	14	0	0	45,696	395,383	107.00
108.00	10800	LUNG ACQUISITION	8	0	0	5,714	1	108.00
109.00	10900	PANCREAS ACQUISITION	2	0	0	5,143	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	0	2,799	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	2	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	46	0	0	143,091	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	113	54	0	226,026	1,038,325	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,453	3,636	4,278,124	236,045,422	221,437,704	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29	0	0	0	0	190.00
191.00	19100	RESEARCH	5	1	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	18	0	0	62,846	3,248	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
191.02	19102	OSA	10	4	0	19,211	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	111	19	0	51,762	44,178	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	2,422	43	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	4	0	0	59,113	1,116	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1	0	0	938	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,801,815	35,591,821	670,804	134,929,131	53,178,318	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	324.622292	9,724.541257	0.156799	0.571149	0.240098	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	99,972	1,849,193	128,541	2,799,210	2,793,780	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.582899	505.243989	0.030046	0.011849	0.012614	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,786,588,237					16.00
17.00	01700	SOCIAL SERVICE	0	331,056				17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	8,786,588,237			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	55,061		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		55,061	22.00
23.00	02300	PARAMED ED PRGM	0	0	0			23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0			23.03
23.04	02304	PARAMED EMERGENCY	0	0	0			23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0			23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0			23.06
23.07	02307	PARAMED PHARMACY	0	0	0			23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0			23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0			23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	867,766,538	232,109	867,766,538	17,070	17,070	30.00
31.00	03100	INTENSIVE CARE UNIT	111,872,082	18,071	111,872,082	2,440	2,440	31.00
32.00	03200	CORONARY CARE UNIT	105,254,988	16,998	105,254,988	46	46	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	173,525,618	28,622	173,525,618	531	531	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,407,704	2,228	10,407,704	34	34	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	24,215,877	4,111	24,215,877	50	50	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	63,302,828	9,785	63,302,828	454	454	34.04
34.05	03404	TRANSPLANT ICU	12,886,836	2,237	12,886,836	81	81	34.05
34.06	03407	PEDS CANCER CARE	12,355,649	3,237	12,355,649	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	16,191,402	6,284	16,191,402	233	233	40.00
41.00	04100	SUBPROVIDER - IRF	5,813,294	2,050	5,813,294	0	0	41.00
43.00	04300	NURSERY	9,324,215	5,324	9,324,215	68	68	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,031,521,790	0	1,031,521,790	4,991	4,991	50.00
50.01	05001	ENDOSCOPY	31,728,730	0	31,728,730	33	33	50.01
51.00	05100	RECOVERY ROOM	158,213,851	0	158,213,851	226	226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,730,464	0	60,730,464	182	182	52.00
53.00	05300	ANESTHESIOLOGY	79,087,846	0	79,087,846	4,771	4,771	53.00
53.01	05301	PULMONARY FUNCTION TESTING	40,031,673	0	40,031,673	88	88	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	579,694,378	0	579,694,378	4,098	4,098	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	181,872,524	0	181,872,524	142	142	55.00
56.00	05600	RADIOISOTOPE	48,249,499	0	48,249,499	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	42,942,128	0	42,942,128	95	95	59.00
60.00	06000	LABORATORY	517,602,732	0	517,602,732	1,982	1,982	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	8,416,606	0	8,416,606	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	99,154,981	0	99,154,981	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	153,970,325	0	153,970,325	0	0	65.00
66.00	06600	PHYSICAL THERAPY	91,762,027	0	91,762,027	17	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,547,441	0	22,547,441	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	25,360,799	0	25,360,799	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	90,037,776	0	90,037,776	284	284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,365,509	0	54,365,509	1,845	1,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	304,338,744	0	304,338,744	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	553,514,514	0	553,514,514	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,449,738,610	0	1,449,738,610	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	160,243,412	0	160,243,412	0	0	73.03
74.00	07400	RENAL DIALYSIS	33,041,433	0	33,041,433	0	0	74.00
76.00	03020	RH NBN ECMO IC	7,231,255	0	7,231,255	0	0	76.00
76.01	03140	CARDIOLOGY	59,216,663	0	59,216,663	802	802	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,589,855	0	6,589,855	0	0	76.02
76.03	03950	CARDIAC CATH	158,165,252	0	158,165,252	0	0	76.03
76.04	03951	DAY SURGERY	5,809,043	0	5,809,043	64	64	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	5,397,786	0	5,397,786	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,409,612	0	3,409,612	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	6,209,695	0	6,209,695	373	373	90.01
90.02	09002	IUSCC HEM/ONC	118,400,177	0	118,400,177	474	474	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	4,102,901	0	4,102,901	213	213	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,480,885	0	1,480,885	13	13	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	14	14	90.05
90.06	09006	OUTPATIENT SURGERY	26,588,622	0	26,588,622	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	16,079,032	0	16,079,032	1,819	1,819	90.07
90.08	09008	MOTILITY LAB	1,005,886	0	1,005,886	1,515	1,515	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	7	7	90.10
90.11	09023	SLEEP LAB	24,614,889	0	24,614,889	9	9	90.11
90.12	09024	OP CARE ADULTS	0	0	0	548	548	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	419	419	90.13
90.14	09012	INFUSION CLINIC	5,333,416	0	5,333,416	1,013	1,013	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	1,131,965	0	1,131,965	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	5,945,938	0	5,945,938	221	221	90.18
90.19	09017	INFUSION/HEM/ONC	12,665,507	0	12,665,507	225	225	90.19
90.20	09025	IUMG - MH	0	0	0	17	17	90.20
90.21	09019	OP REHAB CLINIC	831,492	0	831,492	150	150	90.21
90.22	09020	EATING DISORDERS CLINIC	2,044,507	0	2,044,507	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,857,343	0	2,857,343	751	751	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	643,802,831	0	643,802,831	3,775	3,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	161,934,892	0	161,934,892	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	178,650,004	0	178,650,004	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	24,626,311	0	24,626,311	0	0	105.00
106.00	10600	HEART ACQUISITION	1,605,450	0	1,605,450	0	0	106.00
107.00	10700	LIVER ACQUISITION	18,453,309	0	18,453,309	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,316,435	0	7,316,435	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,901,000	0	2,901,000	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	869,272	0	869,272	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	40,232,189	0	40,232,189			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,786,588,237	331,056	8,786,588,237	52,183	52,183	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	2,418	2,418	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	428	428	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	32	32	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,696,455	8,149,868	4,254,878	49,386,959	56,519,983	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002014	24.617793	0.000484	896.949910	1,026.497575	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	95,498	87,905	84,284	167,147	468,074	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000011	0.265529	0.000010	3.035670	8.501008	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	1,201,312	474,936	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	12,013.120000	4,749.360000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	71,874	52,312	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	718.740000	523.120000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION	331,056					23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100				23.06
23.07	02307	PARAMED PHARMACY			221,484,708			23.07
23.08	02308	PARAMED MEDICAL ASSIST				0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					100	23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	232,109	0	827,266	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,071	0	152,340	0	0	31.00
32.00	03200	CORONARY CARE UNIT	16,998	0	245,944	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,622	0	199,156	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,228	0	12,716	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	4,111	0	20,858	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	9,785	0	164,626	0	0	34.04
34.05	03404	TRANSPLANT ICU	2,237	0	17,655	0	0	34.05
34.06	03407	PEDS CANCER CARE	3,237	0	23,051	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	6,284	0	350	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,050	0	595	0	0	41.00
43.00	04300	NURSERY	5,324	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	378,516	0	100	50.00
50.01	05001	ENDOSCOPY	0	0	12,141	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	67,418	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	509,196	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	2,262	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	442,346	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,355	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	3,041	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,717	0	0	59.00
60.00	06000	LABORATORY	0	100	80,210	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	2	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,689	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	86,552	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,877	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	190	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,492	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	215,607,902	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	26,790	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	18,922	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	23,671	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,985	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	22,788	0	0	76.03
76.04	03951	DAY SURGERY	0	0	62,393	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	195	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	235	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	560,472	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	3,131	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	2	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	491	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	49,670	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	35	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	INFUSION CLINIC	0	0	14,112	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	160	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	564	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	34,589	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	279,527	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	15,207	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	12	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	395,383	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	1	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,038,325	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	331,056	100	221,436,123	0	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	3,248	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	44,178	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	43	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	1,116	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	925,940	594,658	2,416,456	0	397,469	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.796929	5,946.580000	0.010910	0.000000	3,974.690000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,581	15,143	97,003	0	35,374	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.167890	151.430000	0.000438	0.000000	353.740000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 9:14 am

		Cost Center Description	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
			23.10	23.11		
191.02	19102	OSA	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0		192.04
192.06	19206	BELTWAY SURGERY	0	0		192.06
192.07	19207	RHI	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	0	0		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	410,323	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,103.230000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,257	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	342.570000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		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	272,222,946		272,222,946	0	272,222,946	30.00
31.00	03100	INTENSIVE CARE UNIT	28,349,083		28,349,083	0	28,349,083	31.00
32.00	03200	CORONARY CARE UNIT	29,655,296		29,655,296	0	29,655,296	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	39,546,497		39,546,497	0	39,546,497	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,359,855		4,359,855	0	4,359,855	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	7,547,621		7,547,621	0	7,547,621	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	19,766,655		19,766,655	0	19,766,655	34.04
34.05	03404	TRANSPLANT ICU	4,477,257		4,477,257	0	4,477,257	34.05
34.06	03407	PEDS CANCER CARE	5,164,378		5,164,378	0	5,164,378	34.06
40.00	04000	SUBPROVIDER - IPF	8,818,896		8,818,896	0	8,818,896	40.00
41.00	04100	SUBPROVIDER - IRF	3,446,824		3,446,824	0	3,446,824	41.00
43.00	04300	NURSERY	2,850,452		2,850,452	0	2,850,452	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	122,389,483		122,389,483	0	122,389,483	50.00
50.01	05001	ENDOSCOPY	4,003,806		4,003,806	0	4,003,806	50.01
51.00	05100	RECOVERY ROOM	19,233,375		19,233,375	0	19,233,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,518,351		14,518,351	0	14,518,351	52.00
53.00	05300	ANESTHESIOLOGY	8,655,327		8,655,327	0	8,655,327	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,489,306		6,489,306	0	6,489,306	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,667,098		85,667,098	0	85,667,098	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,687,543		15,687,543	0	15,687,543	55.00
56.00	05600	RADIOISOTOPE	4,197,065		4,197,065	0	4,197,065	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,019,134		4,019,134	0	4,019,134	59.00
60.00	06000	LABORATORY	103,186,958		103,186,958	0	103,186,958	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,318,362		3,318,362	0	3,318,362	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,654,224		13,654,224	0	13,654,224	63.00
65.00	06500	RESPIRATORY THERAPY	37,218,653	0	37,218,653	0	37,218,653	65.00
66.00	06600	PHYSICAL THERAPY	29,803,782	0	29,803,782	0	29,803,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577,910	0	5,577,910	0	5,577,910	67.00
68.00	06800	SPEECH PATHOLOGY	7,891,012	0	7,891,012	0	7,891,012	68.00
69.00	06900	ELECTROCARDIOLOGY	7,016,700		7,016,700	0	7,016,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,032,613		11,032,613	0	11,032,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,560,135		84,560,135	0	84,560,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,555,992		144,555,992	0	144,555,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,346,647		312,346,647	0	312,346,647	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	142,897,477		142,897,477	0	142,897,477	73.03
74.00	07400	RENAL DIALYSIS	9,066,200		9,066,200	0	9,066,200	74.00
76.00	03020	RH NBN ECMO IC	2,279,228		2,279,228	0	2,279,228	76.00
76.01	03140	CARDIOLOGY	3,425,053		3,425,053	0	3,425,053	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,709,106		1,709,106	0	1,709,106	76.02
76.03	03950	CARDIAC CATH	13,481,313		13,481,313	0	13,481,313	76.03
76.04	03951	DAY SURGERY	8,850,129		8,850,129	0	8,850,129	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	1,758,830		1,758,830	0	1,758,830	76.08
76.97	07697	CARDIAC REHABILITATION	1,306,902		1,306,902	0	1,306,902	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,588,136		3,588,136	0	3,588,136	90.01
90.02	09002	IUSCC HEM/ONC	37,031,611		37,031,611	0	37,031,611	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,023,398		1,023,398	0	1,023,398	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,003,381		2,003,381	0	2,003,381	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,403,661		4,403,661	0	4,403,661	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,446,390		3,446,390	0	3,446,390	90.07
90.08	09008	MOTILITY LAB	300,350		300,350	0	300,350	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	654		654	0	654	90.10
90.11	09023	SLEEP LAB	5,194,078		5,194,078	0	5,194,078	90.11
90.12	09024	OP CARE ADULTS	61,066		61,066	0	61,066	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	INFUSION CLINIC	598,030		598,030	0	598,030	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		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	
90.17	09015	PHYSICAL MEDICINE	1,837,072		1,837,072	0	1,837,072	90.17
90.18	09016	DERMATOLOGY CLINIC	1,596,018		1,596,018	0	1,596,018	90.18
90.19	09017	INFUSION/HEM/ONC	1,266,846		1,266,846	0	1,266,846	90.19
90.20	09025	IUMG - MH	172,805		172,805	0	172,805	90.20
90.21	09019	OP REHAB CLINIC	359,550		359,550	0	359,550	90.21
90.22	09020	EATING DISORDERS CLINIC	1,804,134		1,804,134	0	1,804,134	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,643,362		2,643,362	0	2,643,362	90.23
90.24	09021	LIFE CARE CLINIC	2,261,982		2,261,982	0	2,261,982	90.24
91.00	09100	EMERGENCY	57,137,304		57,137,304	1,668,325	58,805,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,887,611		15,887,611		15,887,611	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	36,814,065		36,814,065	0	36,814,065	95.00
101.00	10100	HOME HEALTH AGENCY	82,864,618		82,864,618		82,864,618	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,011,734		14,011,734		14,011,734	105.00
106.00	10600	HEART ACQUISITION	1,473,964		1,473,964		1,473,964	106.00
107.00	10700	LIVER ACQUISITION	13,752,733		13,752,733		13,752,733	107.00
108.00	10800	LUNG ACQUISITION	5,790,389		5,790,389		5,790,389	108.00
109.00	10900	PANCREAS ACQUISITION	1,832,939		1,832,939		1,832,939	109.00
110.00	11000	INTESTINAL ACQUISITION	697,021		697,021		697,021	110.00
112.00	08600	OTHER ORGAN ACQUISITION	400,514		400,514		400,514	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,465,705		6,465,705		6,465,705	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	15,246,887		15,246,887		15,246,887	116.00
200.00		Subtotal (see instructions)	1,977,971,482	0	1,977,971,482	1,668,325	1,979,639,807	200.00
201.00		Less Observation Beds	15,887,611		15,887,611		15,887,611	201.00
202.00		Total (see instructions)	1,962,083,871	0	1,962,083,871	1,668,325	1,963,752,196	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	797,279,567		797,279,567			30.00
31.00	03100	INTENSIVE CARE UNIT	111,872,082		111,872,082			31.00
32.00	03200	CORONARY CARE UNIT	105,254,988		105,254,988			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	173,525,618		173,525,618			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,407,704		10,407,704			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	24,215,877		24,215,877			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	63,302,828		63,302,828			34.04
34.05	03404	TRANSPLANT ICU	12,886,836		12,886,836			34.05
34.06	03407	PEDS CANCER CARE	12,355,649		12,355,649			34.06
40.00	04000	SUBPROVIDER - IPF	16,191,402		16,191,402			40.00
41.00	04100	SUBPROVIDER - IRF	5,813,294		5,813,294			41.00
43.00	04300	NURSERY	9,324,215		9,324,215			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	677,029,237	354,492,553	1,031,521,790	0.118649	0.000000	50.00
50.01	05001	ENDOSCOPY	21,091,898	10,636,832	31,728,730	0.126189	0.000000	50.01
51.00	05100	RECOVERY ROOM	64,515,851	93,698,000	158,213,851	0.121566	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,210,937	8,519,527	60,730,464	0.239062	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	53,420,157	25,667,689	79,087,846	0.109439	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,022,742	35,008,931	40,031,673	0.162104	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,928,012	333,766,366	579,694,378	0.147780	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,908,351	168,964,173	181,872,524	0.086256	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,632,844	40,616,655	48,249,499	0.086987	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	12,718,302	30,223,826	42,942,128	0.093594	0.000000	59.00
60.00	06000	LABORATORY	269,335,219	248,267,513	517,602,732	0.199356	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,265,484	7,151,122	8,416,606	0.394264	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	87,845,196	11,309,785	99,154,981	0.137706	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	150,067,644	3,902,681	153,970,325	0.241726	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	65,211,848	26,550,179	91,762,027	0.324794	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,478,609	4,068,832	22,547,441	0.247386	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	10,675,666	14,685,133	25,360,799	0.311150	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	50,722,007	39,315,769	90,037,776	0.077931	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,838,624	15,526,885	54,365,509	0.202934	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,261,907	127,076,837	304,338,744	0.277849	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	424,407,869	129,106,645	553,514,514	0.261160	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	642,244,780	807,493,830	1,449,738,610	0.215450	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	160,243,412	160,243,412	0.891753	0.000000	73.03
74.00	07400	RENAL DIALYSIS	22,268,178	10,773,255	33,041,433	0.274389	0.000000	74.00
76.00	03020	RH NBN ECMO IC	7,231,255	0	7,231,255	0.315191	0.000000	76.00
76.01	03140	CARDIOLOGY	15,455,495	43,761,168	59,216,663	0.057839	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,349,922	5,239,933	6,589,855	0.259354	0.000000	76.02
76.03	03950	CARDIAC CATH	56,718,046	101,447,206	158,165,252	0.085236	0.000000	76.03
76.04	03951	DAY SURGERY	0	5,809,043	5,809,043	1.523509	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	5,397,786	0	5,397,786	0.325843	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	9,533	3,400,079	3,409,612	0.383299	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	110,753	6,098,942	6,209,695	0.577828	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	1,081,278	117,318,899	118,400,177	0.312767	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8,500	4,094,401	4,102,901	0.249433	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,884	1,478,001	1,480,885	1.352827	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	12,537,020	14,051,602	26,588,622	0.165622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	476,560	15,602,472	16,079,032	0.214341	0.000000	90.07
90.08	09008	MOTILITY LAB	13,683	992,203	1,005,886	0.298592	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	24,210	24,590,679	24,614,889	0.211014	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	INFUSION CLINIC	2,252	5,331,164	5,333,416	0.112129	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	5,436	1,126,529	1,131,965	1.622905	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		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	
90.18	09016	DERMATOLOGY CLINIC	8,056	5,937,882	5,945,938	0.268422	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	25,671	12,639,836	12,665,507	0.100023	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	5,030	826,462	831,492	0.432415	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	364	2,044,143	2,044,507	0.882430	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	13,183	2,844,160	2,857,343	0.925112	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	170,441,736	473,361,095	643,802,831	0.088750	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,143,712	68,343,259	70,486,971	0.225398	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	823,721	161,111,171	161,934,892	0.227339	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	178,650,004	178,650,004			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	24,626,311	0	24,626,311			105.00
106.00	10600	HEART ACQUISITION	1,605,450	0	1,605,450			106.00
107.00	10700	LIVER ACQUISITION	18,453,309	0	18,453,309			107.00
108.00	10800	LUNG ACQUISITION	7,316,435	0	7,316,435			108.00
109.00	10900	PANCREAS ACQUISITION	2,901,000	0	2,901,000			109.00
110.00	11000	INTESTINAL ACQUISITION	869,272	0	869,272			110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	40,232,189	40,232,189			116.00
200.00		Subtotal (see instructions)	4,783,189,285	4,003,398,952	8,786,588,237			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,783,189,285	4,003,398,952	8,786,588,237			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.118649		50.00
50.01	05001	ENDOSCOPY	0.126189		50.01
51.00	05100	RECOVERY ROOM	0.121566		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062		52.00
53.00	05300	ANESTHESIOLOGY	0.109439		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256		55.00
56.00	05600	RADIOISOTOPE	0.086987		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594		59.00
60.00	06000	LABORATORY	0.199356		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706		63.00
65.00	06500	RESPIRATORY THERAPY	0.241726		65.00
66.00	06600	PHYSICAL THERAPY	0.324794		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386		67.00
68.00	06800	SPEECH PATHOLOGY	0.311150		68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753		73.03
74.00	07400	RENAL DIALYSIS	0.274389		74.00
76.00	03020	RH NBN ECMO IC	0.315191		76.00
76.01	03140	CARDIOLOGY	0.057839		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354		76.02
76.03	03950	CARDIAC CATH	0.085236		76.03
76.04	03951	DAY SURGERY	1.523509		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.325843		76.08
76.97	07697	CARDIAC REHABILITATION	0.383299		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.577828		90.01
90.02	09002	IUSCC HEM/ONC	0.312767		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.165622		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341		90.07
90.08	09008	MOTILITY LAB	0.298592		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.211014		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.112129		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	1.622905		90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422		90.18
90.19	09017	INFUSION/HEM/ONC	0.100023		90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.432415		90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.091341		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.227339		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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	272,222,946		272,222,946	0	272,222,946	30.00
31.00	03100	INTENSIVE CARE UNIT	28,349,083		28,349,083	0	28,349,083	31.00
32.00	03200	CORONARY CARE UNIT	29,655,296		29,655,296	0	29,655,296	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	39,546,497		39,546,497	0	39,546,497	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,359,855		4,359,855	0	4,359,855	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	7,547,621		7,547,621	0	7,547,621	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	19,766,655		19,766,655	0	19,766,655	34.04
34.05	03404	TRANSPLANT ICU	4,477,257		4,477,257	0	4,477,257	34.05
34.06	03407	PEDS CANCER CARE	5,164,378		5,164,378	0	5,164,378	34.06
40.00	04000	SUBPROVIDER - IPF	8,818,896		8,818,896	0	8,818,896	40.00
41.00	04100	SUBPROVIDER - IRF	3,446,824		3,446,824	0	3,446,824	41.00
43.00	04300	NURSERY	2,850,452		2,850,452	0	2,850,452	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	122,389,483		122,389,483	0	122,389,483	50.00
50.01	05001	ENDOSCOPY	4,003,806		4,003,806	0	4,003,806	50.01
51.00	05100	RECOVERY ROOM	19,233,375		19,233,375	0	19,233,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,518,351		14,518,351	0	14,518,351	52.00
53.00	05300	ANESTHESIOLOGY	8,655,327		8,655,327	0	8,655,327	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,489,306		6,489,306	0	6,489,306	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,667,098		85,667,098	0	85,667,098	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,687,543		15,687,543	0	15,687,543	55.00
56.00	05600	RADIOISOTOPE	4,197,065		4,197,065	0	4,197,065	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,019,134		4,019,134	0	4,019,134	59.00
60.00	06000	LABORATORY	103,186,958		103,186,958	0	103,186,958	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,318,362		3,318,362	0	3,318,362	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,654,224		13,654,224	0	13,654,224	63.00
65.00	06500	RESPIRATORY THERAPY	37,218,653	0	37,218,653	0	37,218,653	65.00
66.00	06600	PHYSICAL THERAPY	29,803,782	0	29,803,782	0	29,803,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577,910	0	5,577,910	0	5,577,910	67.00
68.00	06800	SPEECH PATHOLOGY	7,891,012	0	7,891,012	0	7,891,012	68.00
69.00	06900	ELECTROCARDIOLOGY	7,016,700		7,016,700	0	7,016,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,032,613		11,032,613	0	11,032,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,560,135		84,560,135	0	84,560,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,555,992		144,555,992	0	144,555,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,346,647		312,346,647	0	312,346,647	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	142,897,477		142,897,477	0	142,897,477	73.03
74.00	07400	RENAL DIALYSIS	9,066,200		9,066,200	0	9,066,200	74.00
76.00	03020	RH NBN ECMO IC	2,279,228		2,279,228	0	2,279,228	76.00
76.01	03140	CARDIOLOGY	3,425,053		3,425,053	0	3,425,053	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,709,106		1,709,106	0	1,709,106	76.02
76.03	03950	CARDIAC CATH	13,481,313		13,481,313	0	13,481,313	76.03
76.04	03951	DAY SURGERY	8,850,129		8,850,129	0	8,850,129	76.04
76.05	03480	ONCOLOGY	0		0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954	ECMO-ADULT	1,758,830		1,758,830	0	1,758,830	76.08
76.97	07697	CARDIAC REHABILITATION	1,306,902		1,306,902	0	1,306,902	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,588,136		3,588,136	0	3,588,136	90.01
90.02	09002	IUSCC HEM/ONC	37,031,611		37,031,611	0	37,031,611	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,023,398		1,023,398	0	1,023,398	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,003,381		2,003,381	0	2,003,381	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,403,661		4,403,661	0	4,403,661	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,446,390		3,446,390	0	3,446,390	90.07
90.08	09008	MOTILITY LAB	300,350		300,350	0	300,350	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	654		654	0	654	90.10
90.11	09023	SLEEP LAB	5,194,078		5,194,078	0	5,194,078	90.11
90.12	09024	OP CARE ADULTS	61,066		61,066	0	61,066	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	INFUSION CLINIC	598,030		598,030	0	598,030	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		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	
90.17	09015	PHYSICAL MEDICINE	1,837,072		1,837,072	0	1,837,072	90.17
90.18	09016	DERMATOLOGY CLINIC	1,596,018		1,596,018	0	1,596,018	90.18
90.19	09017	INFUSION/HEM/ONC	1,266,846		1,266,846	0	1,266,846	90.19
90.20	09025	IUMG - MH	172,805		172,805	0	172,805	90.20
90.21	09019	OP REHAB CLINIC	359,550		359,550	0	359,550	90.21
90.22	09020	EATING DISORDERS CLINIC	1,804,134		1,804,134	0	1,804,134	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,643,362		2,643,362	0	2,643,362	90.23
90.24	09021	LIFE CARE CLINIC	2,261,982		2,261,982	0	2,261,982	90.24
91.00	09100	EMERGENCY	57,137,304		57,137,304	1,668,325	58,805,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,887,611		15,887,611		15,887,611	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	36,814,065		36,814,065	0	36,814,065	95.00
101.00	10100	HOME HEALTH AGENCY	82,864,618		82,864,618		82,864,618	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,011,734		14,011,734		14,011,734	105.00
106.00	10600	HEART ACQUISITION	1,473,964		1,473,964		1,473,964	106.00
107.00	10700	LIVER ACQUISITION	13,752,733		13,752,733		13,752,733	107.00
108.00	10800	LUNG ACQUISITION	5,790,389		5,790,389		5,790,389	108.00
109.00	10900	PANCREAS ACQUISITION	1,832,939		1,832,939		1,832,939	109.00
110.00	11000	INTESTINAL ACQUISITION	697,021		697,021		697,021	110.00
112.00	08600	OTHER ORGAN ACQUISITION	400,514		400,514		400,514	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,465,705		6,465,705		6,465,705	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	15,246,887		15,246,887		15,246,887	116.00
200.00		Subtotal (see instructions)	1,977,971,482	0	1,977,971,482	1,668,325	1,979,639,807	200.00
201.00		Less Observation Beds	15,887,611		15,887,611		15,887,611	201.00
202.00		Total (see instructions)	1,962,083,871	0	1,962,083,871	1,668,325	1,963,752,196	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	797,279,567		797,279,567			30.00
31.00	03100	INTENSIVE CARE UNIT	111,872,082		111,872,082			31.00
32.00	03200	CORONARY CARE UNIT	105,254,988		105,254,988			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	173,525,618		173,525,618			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,407,704		10,407,704			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 6IC	24,215,877		24,215,877			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	63,302,828		63,302,828			34.04
34.05	03404	TRANSPLANT ICU	12,886,836		12,886,836			34.05
34.06	03407	PEDS CANCER CARE	12,355,649		12,355,649			34.06
40.00	04000	SUBPROVIDER - IPF	16,191,402		16,191,402			40.00
41.00	04100	SUBPROVIDER - IRF	5,813,294		5,813,294			41.00
43.00	04300	NURSERY	9,324,215		9,324,215			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	677,029,237	354,492,553	1,031,521,790	0.118649	0.000000	50.00
50.01	05001	ENDOSCOPY	21,091,898	10,636,832	31,728,730	0.126189	0.000000	50.01
51.00	05100	RECOVERY ROOM	64,515,851	93,698,000	158,213,851	0.121566	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,210,937	8,519,527	60,730,464	0.239062	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	53,420,157	25,667,689	79,087,846	0.109439	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,022,742	35,008,931	40,031,673	0.162104	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,928,012	333,766,366	579,694,378	0.147780	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,908,351	168,964,173	181,872,524	0.086256	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,632,844	40,616,655	48,249,499	0.086987	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	12,718,302	30,223,826	42,942,128	0.093594	0.000000	59.00
60.00	06000	LABORATORY	269,335,219	248,267,513	517,602,732	0.199356	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,265,484	7,151,122	8,416,606	0.394264	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	87,845,196	11,309,785	99,154,981	0.137706	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	150,067,644	3,902,681	153,970,325	0.241726	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	65,211,848	26,550,179	91,762,027	0.324794	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,478,609	4,068,832	22,547,441	0.247386	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	10,675,666	14,685,133	25,360,799	0.311150	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	50,722,007	39,315,769	90,037,776	0.077931	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,838,624	15,526,885	54,365,509	0.202934	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,261,907	127,076,837	304,338,744	0.277849	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	424,407,869	129,106,645	553,514,514	0.261160	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	642,244,780	807,493,830	1,449,738,610	0.215450	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	160,243,412	160,243,412	0.891753	0.000000	73.03
74.00	07400	RENAL DIALYSIS	22,268,178	10,773,255	33,041,433	0.274389	0.000000	74.00
76.00	03020	RH NBN ECMO IC	7,231,255	0	7,231,255	0.315191	0.000000	76.00
76.01	03140	CARDIOLOGY	15,455,495	43,761,168	59,216,663	0.057839	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,349,922	5,239,933	6,589,855	0.259354	0.000000	76.02
76.03	03950	CARDIAC CATH	56,718,046	101,447,206	158,165,252	0.085236	0.000000	76.03
76.04	03951	DAY SURGERY	0	5,809,043	5,809,043	1.523509	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	5,397,786	0	5,397,786	0.325843	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	9,533	3,400,079	3,409,612	0.383299	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	110,753	6,098,942	6,209,695	0.577828	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	1,081,278	117,318,899	118,400,177	0.312767	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8,500	4,094,401	4,102,901	0.249433	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,884	1,478,001	1,480,885	1.352827	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	12,537,020	14,051,602	26,588,622	0.165622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	476,560	15,602,472	16,079,032	0.214341	0.000000	90.07
90.08	09008	MOTILITY LAB	13,683	992,203	1,005,886	0.298592	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	24,210	24,590,679	24,614,889	0.211014	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	INFUSION CLINIC	2,252	5,331,164	5,333,416	0.112129	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	5,436	1,126,529	1,131,965	1.622905	0.000000	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		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	
90.18	09016	DERMATOLOGY CLINIC	8,056	5,937,882	5,945,938	0.268422	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	25,671	12,639,836	12,665,507	0.100023	0.000000	90.19
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20
90.21	09019	OP REHAB CLINIC	5,030	826,462	831,492	0.432415	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	364	2,044,143	2,044,507	0.882430	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	13,183	2,844,160	2,857,343	0.925112	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24
91.00	09100	EMERGENCY	170,441,736	473,361,095	643,802,831	0.088750	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,143,712	68,343,259	70,486,971	0.225398	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	823,721	161,111,171	161,934,892	0.227339	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	178,650,004	178,650,004			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	24,626,311	0	24,626,311			105.00
106.00	10600	HEART ACQUISITION	1,605,450	0	1,605,450			106.00
107.00	10700	LIVER ACQUISITION	18,453,309	0	18,453,309			107.00
108.00	10800	LUNG ACQUISITION	7,316,435	0	7,316,435			108.00
109.00	10900	PANCREAS ACQUISITION	2,901,000	0	2,901,000			109.00
110.00	11000	INTESTINAL ACQUISITION	869,272	0	869,272			110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	40,232,189	40,232,189			116.00
200.00		Subtotal (see instructions)	4,783,189,285	4,003,398,952	8,786,588,237			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,783,189,285	4,003,398,952	8,786,588,237			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.118649		50.00
50.01	05001	ENDOSCOPY	0.126189		50.01
51.00	05100	RECOVERY ROOM	0.121566		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062		52.00
53.00	05300	ANESTHESIOLOGY	0.109439		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256		55.00
56.00	05600	RADIOISOTOPE	0.086987		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594		59.00
60.00	06000	LABORATORY	0.199356		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706		63.00
65.00	06500	RESPIRATORY THERAPY	0.241726		65.00
66.00	06600	PHYSICAL THERAPY	0.324794		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386		67.00
68.00	06800	SPEECH PATHOLOGY	0.311150		68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753		73.03
74.00	07400	RENAL DIALYSIS	0.274389		74.00
76.00	03020	RH NBN ECMO IC	0.315191		76.00
76.01	03140	CARDIOLOGY	0.057839		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354		76.02
76.03	03950	CARDIAC CATH	0.085236		76.03
76.04	03951	DAY SURGERY	1.523509		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.325843		76.08
76.97	07697	CARDIAC REHABILITATION	0.383299		76.97
		OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.577828		90.01
90.02	09002	IUSCC HEM/ONC	0.312767		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.165622		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341		90.07
90.08	09008	MOTILITY LAB	0.298592		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.211014		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.112129		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	1.622905		90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422		90.18
90.19	09017	INFUSION/HEM/ONC	0.100023		90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.432415		90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112		90.23
90.24	09021	LIFE CARE CLINIC	0.000000		90.24
91.00	09100	EMERGENCY	0.091341		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.227339		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II Date/Time Prepared: 5/30/2019 9:14 am

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		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	122,389,483	25,087,806	97,301,677	0	0	50.00
50.01	05001	ENDOSCOPY	4,003,806	461,411	3,542,395	0	0	50.01
51.00	05100	RECOVERY ROOM	19,233,375	1,676,353	17,557,022	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,518,351	1,010,641	13,507,710	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,655,327	904,303	7,751,024	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,489,306	672,052	5,817,254	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,667,098	18,864,848	66,802,250	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,687,543	3,834,920	11,852,623	0	0	55.00
56.00	05600	RADIOISOTOPE	4,197,065	1,270,854	2,926,211	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,019,134	1,089,997	2,929,137	0	0	59.00
60.00	06000	LABORATORY	103,186,958	8,327,732	94,859,226	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,318,362	151,086	3,167,276	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,654,224	261,418	13,392,806	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	37,218,653	1,531,682	35,686,971	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,803,782	931,550	28,872,232	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577,910	124,977	5,452,933	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,891,012	582,655	7,308,357	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,016,700	847,303	6,169,397	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,032,613	1,483,520	9,549,093	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,560,135	718,226	83,841,909	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,555,992	1,229,123	143,326,869	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,346,647	3,365,398	308,981,249	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	142,897,477	565,974	142,331,503	0	0	73.03
74.00	07400	RENAL DIALYSIS	9,066,200	981,635	8,084,565	0	0	74.00
76.00	03020	RH NBN ECMO IC	2,279,228	78,689	2,200,539	0	0	76.00
76.01	03140	CARDIOLOGY	3,425,053	651,190	2,773,863	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,709,106	54,446	1,654,660	0	0	76.02
76.03	03950	CARDIAC CATH	13,481,313	2,953,748	10,527,565	0	0	76.03
76.04	03951	DAY SURGERY	8,850,129	424,204	8,425,925	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	1,758,830	44,091	1,714,739	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,306,902	138,918	1,167,984	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,588,136	459,635	3,128,501	0	0	90.01
90.02	09002	IUSCC HEM/ONC	37,031,611	3,295,893	33,735,718	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,023,398	370,147	653,251	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,003,381	164,643	1,838,738	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,403,661	450,352	3,953,309	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,446,390	705,920	2,740,470	0	0	90.07
90.08	09008	MOTILITY LAB	300,350	71,414	228,936	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	654	2	652	0	0	90.10
90.11	09023	SLEEP LAB	5,194,078	239,527	4,954,551	0	0	90.11
90.12	09024	OP CARE ADULTS	61,066	18,342	42,724	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	598,030	6,112	591,918	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	1,837,072	171,178	1,665,894	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,596,018	143,106	1,452,912	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,266,846	11,350	1,255,496	0	0	90.19
90.20	09025	IUMG - MH	172,805	51,904	120,901	0	0	90.20
90.21	09019	OP REHAB CLINIC	359,550	31,851	327,699	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1,804,134	14,771	1,789,363	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,643,362	225,962	2,417,400	0	0	90.23
90.24	09021	LIFE CARE CLINIC	2,261,982	108,946	2,153,036	0	0	90.24
91.00	09100	EMERGENCY	57,137,304	3,005,002	54,132,302	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,887,611	923,483	14,964,128	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	36,814,065	5,383,745	31,430,320	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	82,864,618	710,383	82,154,235	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,011,734	263,328	13,748,406	0	0	105.00

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

Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	1,473,964	14,365	1,459,599	0	0	106.00
107.00	10700	LIVER ACQUISITION	13,752,733	165,557	13,587,176	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,790,389	55,476	5,734,913	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,832,939	26,411	1,806,528	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	697,021	7,421	689,600	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	400,514	1,011	399,503	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,465,705	324,474	6,141,231	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	15,246,887	195,703	15,051,184	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,551,765,722	97,938,164	1,453,827,558	0	0	200.00
201.00		Less Observation Beds	15,887,611	923,483	14,964,128	0	0	201.00
202.00		Total (line 200 minus line 201)	1,535,878,111	97,014,681	1,438,863,430	0	0	202.00

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

Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II Date/Time Prepared: 5/30/2019 9:14 am

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	122,389,483	1,031,521,790	0.118649		50.00
50.01	05001	ENDOSCOPY	4,003,806	31,728,730	0.126189		50.01
51.00	05100	RECOVERY ROOM	19,233,375	158,213,851	0.121566		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,518,351	60,730,464	0.239062		52.00
53.00	05300	ANESTHESIOLOGY	8,655,327	79,087,846	0.109439		53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,489,306	40,031,673	0.162104		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,667,098	579,694,378	0.147780		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,687,543	181,872,524	0.086256		55.00
56.00	05600	RADIOISOTOPE	4,197,065	48,249,499	0.086987		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,019,134	42,942,128	0.093594		59.00
60.00	06000	LABORATORY	103,186,958	517,602,732	0.199356		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,318,362	8,416,606	0.394264		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,654,224	99,154,981	0.137706		63.00
65.00	06500	RESPIRATORY THERAPY	37,218,653	153,970,325	0.241726		65.00
66.00	06600	PHYSICAL THERAPY	29,803,782	91,762,027	0.324794		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577,910	22,547,441	0.247386		67.00
68.00	06800	SPEECH PATHOLOGY	7,891,012	25,360,799	0.311150		68.00
69.00	06900	ELECTROCARDIOLOGY	7,016,700	90,037,776	0.077931		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,032,613	54,365,509	0.202934		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,560,135	304,338,744	0.277849		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,555,992	553,514,514	0.261160		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	312,346,647	1,449,738,610	0.215450		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	142,897,477	160,243,412	0.891753		73.03
74.00	07400	RENAL DIALYSIS	9,066,200	33,041,433	0.274389		74.00
76.00	03020	RH NBN ECMO IC	2,279,228	7,231,255	0.315191		76.00
76.01	03140	CARDIOLOGY	3,425,053	59,216,663	0.057839		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,709,106	6,589,855	0.259354		76.02
76.03	03950	CARDIAC CATH	13,481,313	158,165,252	0.085236		76.03
76.04	03951	DAY SURGERY	8,850,129	5,809,043	1.523509		76.04
76.05	03480	ONCOLOGY	0	0	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03954	ECMO-ADULT	1,758,830	5,397,786	0.325843		76.08
76.97	07697	CARDIAC REHABILITATION	1,306,902	3,409,612	0.383299		76.97
		OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	3,588,136	6,209,695	0.577828		90.01
90.02	09002	IUSCC HEM/ONC	37,031,611	118,400,177	0.312767		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,023,398	4,102,901	0.249433		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,003,381	1,480,885	1.352827		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	4,403,661	26,588,622	0.165622		90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,446,390	16,079,032	0.214341		90.07
90.08	09008	MOTILITY LAB	300,350	1,005,886	0.298592		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	654	0	0.000000		90.10
90.11	09023	SLEEP LAB	5,194,078	24,614,889	0.211014		90.11
90.12	09024	OP CARE ADULTS	61,066	0	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	INFUSION CLINIC	598,030	5,333,416	0.112129		90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1,837,072	1,131,965	1.622905		90.17
90.18	09016	DERMATOLOGY CLINIC	1,596,018	5,945,938	0.268422		90.18
90.19	09017	INFUSION/HEM/ONC	1,266,846	12,665,507	0.100023		90.19
90.20	09025	IUMG - MH	172,805	0	0.000000		90.20
90.21	09019	OP REHAB CLINIC	359,550	831,492	0.432415		90.21
90.22	09020	EATING DISORDERS CLINIC	1,804,134	2,044,507	0.882430		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,643,362	2,857,343	0.925112		90.23
90.24	09021	LIFE CARE CLINIC	2,261,982	0	0.000000		90.24
91.00	09100	EMERGENCY	57,137,304	643,802,831	0.088750		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,887,611	70,486,971	0.225398		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	36,814,065	161,934,892	0.227339		95.00
101.00	10100	HOME HEALTH AGENCY	82,864,618	178,650,004	0.463838		101.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	14,011,734	24,626,311	0.568974		105.00

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

Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
106.00	10600	HEART ACQUISITION	1,473,964	1,605,450	0.918100		106.00
107.00	10700	LIVER ACQUISITION	13,752,733	18,453,309	0.745272		107.00
108.00	10800	LUNG ACQUISITION	5,790,389	7,316,435	0.791422		108.00
109.00	10900	PANCREAS ACQUISITION	1,832,939	2,901,000	0.631830		109.00
110.00	11000	INTESTINAL ACQUISITION	697,021	869,272	0.801845		110.00
112.00	08600	OTHER ORGAN ACQUISITION	400,514	0	0.000000		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,465,705	0	0.000000		112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	15,246,887	40,232,189	0.378972		116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,551,765,722	7,444,158,177			200.00
201.00		Less Observation Beds	15,887,611	0			201.00
202.00		Total (line 200 minus line 201)	1,535,878,111	7,444,158,177			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part I Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,823,183	0	15,823,183	246,495	64.19	30.00
31.00	INTENSIVE CARE UNIT	1,025,621		1,025,621	18,071	56.76	31.00
32.00	CORONARY CARE UNIT	1,282,757		1,282,757	16,998	75.47	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,313,366		2,313,366	28,622	80.82	32.01
33.00	BURN INTENSIVE CARE UNIT	446,404		446,404	2,228	200.36	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	480,094		480,094	4,111	116.78	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,464,237		1,464,237	9,785	149.64	34.04
34.05	TRANSPLANT ICU	209,511		209,511	2,237	93.66	34.05
34.06	PEDS CANCER CARE	739,176		739,176	3,237	228.35	34.06
40.00	SUBPROVIDER - IPF	569,545	0	569,545	6,284	90.63	40.00
41.00	SUBPROVIDER - IRF	367,789	0	367,789	2,050	179.41	41.00
43.00	NURSERY	24,919		24,919	5,324	4.68	43.00
200.00	Total (lines 30 through 199)	24,746,602		24,746,602	345,442		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	66,498	4,268,507	30.00
31.00	INTENSIVE CARE UNIT	5,868	333,068	31.00
32.00	CORONARY CARE UNIT	4,529	341,804	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 6IC	1,704	198,993	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	85	12,719	34.04
34.05	TRANSPLANT ICU	947	88,696	34.05
34.06	PEDS CANCER CARE	116	26,489	34.06
40.00	SUBPROVIDER - IPF	1,341	121,535	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	81,088	5,391,811	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,087,806	1,031,521,790	0.024321	175,960,527	4,279,536	50.00
50.01	05001	ENDOSCOPY	461,411	31,728,730	0.014542	7,504,540	109,131	50.01
51.00	05100	RECOVERY ROOM	1,676,353	158,213,851	0.010595	17,898,786	189,638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,641	60,730,464	0.016641	695,304	11,571	52.00
53.00	05300	ANESTHESIOLOGY	904,303	79,087,846	0.011434	12,783,824	146,170	53.00
53.01	05301	PULMONARY FUNCTION TESTING	672,052	40,031,673	0.016788	423,444	7,109	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,864,848	579,694,378	0.032543	71,881,819	2,339,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,834,920	181,872,524	0.021086	3,306,714	69,725	55.00
56.00	05600	RADIOISOTOPE	1,270,854	48,249,499	0.026339	3,162,048	83,285	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,997	42,942,128	0.025383	5,596,768	142,063	59.00
60.00	06000	LABORATORY	8,327,732	517,602,732	0.016089	73,125,758	1,176,520	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	151,086	8,416,606	0.017951	469,675	8,431	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	261,418	99,154,981	0.002636	18,790,627	49,532	63.00
65.00	06500	RESPIRATORY THERAPY	1,531,682	153,970,325	0.009948	28,010,574	278,649	65.00
66.00	06600	PHYSICAL THERAPY	931,550	91,762,027	0.010152	20,489,328	208,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,977	22,547,441	0.005543	4,089,943	22,671	67.00
68.00	06800	SPEECH PATHOLOGY	582,655	25,360,799	0.022975	2,482,813	57,043	68.00
69.00	06900	ELECTROCARDIOLOGY	847,303	90,037,776	0.009411	12,874,787	121,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,483,520	54,365,509	0.027288	7,928,029	216,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	718,226	304,338,744	0.002360	52,802,916	124,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,123	553,514,514	0.002221	131,663,078	292,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,365,398	1,449,738,610	0.002321	162,314,691	376,732	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	565,974	160,243,412	0.003532	0	0	73.03
74.00	07400	RENAL DIALYSIS	981,635	33,041,433	0.029709	9,220,123	273,921	74.00
76.00	03020	RH NBN ECMO IC	78,689	7,231,255	0.010882	0	0	76.00
76.01	03140	CARDIOLOGY	651,190	59,216,663	0.010997	6,111,882	67,212	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,446	6,589,855	0.008262	95,172	786	76.02
76.03	03950	CARDIAC CATH	2,953,748	158,165,252	0.018675	17,971,233	335,613	76.03
76.04	03951	DAY SURGERY	424,204	5,809,043	0.073025	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	44,091	5,397,786	0.008168	1,428,186	11,665	76.08
76.97	07697	CARDIAC REHABILITATION	138,918	3,409,612	0.040743	4,259	174	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	459,635	6,209,695	0.074019	7,412	549	90.01
90.02	09002	IUSCC HEM/ONC	3,295,893	118,400,177	0.027837	485,930	13,527	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	370,147	4,102,901	0.090216	2,917	263	90.03
90.04	09004	AMB SVC-PSYCH ADULT	164,643	1,480,885	0.111179	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	450,352	26,588,622	0.016938	4,554,651	77,147	90.06
90.07	09007	AMB SVC-RILEY CLINICS	705,920	16,079,032	0.043903	0	0	90.07
90.08	09008	MOTILITY LAB	71,414	1,005,886	0.070996	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	239,527	24,614,889	0.009731	24,210	236	90.11
90.12	09024	OP CARE ADULTS	18,342	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	6,112	5,333,416	0.001146	2,045	2	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	171,178	1,131,965	0.151222	3,181	481	90.17
90.18	09016	DERMATOLOGY CLINIC	143,106	5,945,938	0.024068	6,330	152	90.18
90.19	09017	INFUSION/HEM/ONC	11,350	12,665,507	0.000896	22,728	20	90.19
90.20	09025	IUMG - MH	51,904	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	31,851	831,492	0.038306	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	14,771	2,044,507	0.007225	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	225,962	2,857,343	0.079081	10,573	836	90.23
90.24	09021	LIFE CARE CLINIC	108,946	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,005,002	643,802,831	0.004668	48,337,429	225,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	923,483	70,486,971	0.013101	735,787	9,640	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	90,790,290	7,007,569,315		903,280,041	11,327,471	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part III Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	658,216	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	52,205	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	50,225	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	82,227	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,371	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	11,726	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	29,164	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	6,450	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	9,305	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	17,580	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	5,740	0	41.00
43.00	04300	NURSERY	0	0	0	14,891	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	944,100	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	658,216	246,495	2.67	66,498	30.00
31.00	03100	INTENSIVE CARE UNIT		52,205	18,071	2.89	5,868	31.00
32.00	03200	CORONARY CARE UNIT		50,225	16,998	2.95	4,529	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		82,227	28,622	2.87	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		6,371	2,228	2.86	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 6IC		11,726	4,111	2.85	1,704	34.02
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03
34.04	03403	RH PED IC		29,164	9,785	2.98	85	34.04
34.05	03404	TRANSPLANT ICU		6,450	2,237	2.88	947	34.05
34.06	03407	PEDS CANCER CARE		9,305	3,237	2.87	116	34.06
40.00	04000	SUBPROVIDER - IPF	0	17,580	6,284	2.80	1,341	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,740	2,050	2.80	0	41.00
43.00	04300	NURSERY		14,891	5,324	2.80	0	43.00
200.00		Total (lines 30 through 199)		944,100	345,442		81,088	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	177,550	30.00
31.00	03100	INTENSIVE CARE UNIT	16,959	31.00
32.00	03200	CORONARY CARE UNIT	13,361	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	4,856	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PED IC	253	34.04
34.05	03404	TRANSPLANT ICU	2,727	34.05
34.06	03407	PEDS CANCER CARE	333	34.06
40.00	04000	SUBPROVIDER - IPF	3,755	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	219,794	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	401,599	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	132	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,555	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	25	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,206,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	113	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	62	59.00
60.00	06000	LABORATORY	0	0	0	0	595,533	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	18	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	475,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	93	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,762,665	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	292	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	206	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	33	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	249	76.03
76.04	03951	DAY SURGERY	0	0	0	0	681	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	3	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	34	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	542	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	INFUSION CLINIC	0	0	0	0	154	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	2	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	6	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	377	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		38,416	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,499,073	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	401,599	401,599	1,031,521,790	0.000389	50.00
50.01	05001	ENDOSCOPY	0	132	132	31,728,730	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	736	736	158,213,851	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60,730,464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,555	5,555	79,087,846	0.000070	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	25	25	40,031,673	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,206,138	1,206,138	579,694,378	0.002081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	113	181,872,524	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	33	33	48,249,499	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	62	42,942,128	0.000001	59.00
60.00	06000	LABORATORY	0	595,533	595,533	517,602,732	0.001151	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	8,416,606	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18	18	99,154,981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	475,880	475,880	153,970,325	0.003091	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	91,762,027	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,547,441	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	2	25,360,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	93	93	90,037,776	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	54,365,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	304,338,744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	553,514,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,762,665	2,762,665	1,449,738,610	0.001906	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	160,243,412	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	292	292	33,041,433	0.000009	74.00
76.00	03020	RH NBN ECMO IC	0	206	206	7,231,255	0.000028	76.00
76.01	03140	CARDIOLOGY	0	258	258	59,216,663	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	33	33	6,589,855	0.000005	76.02
76.03	03950	CARDIAC CATH	0	249	249	158,165,252	0.000002	76.03
76.04	03951	DAY SURGERY	0	681	681	5,809,043	0.000117	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	5,397,786	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,409,612	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	3	3	6,209,695	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,115	6,115	118,400,177	0.000052	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	34	34	4,102,901	0.000008	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,480,885	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	5	5	26,588,622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	542	542	16,079,032	0.000034	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,005,886	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	24,614,889	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	154	154	5,333,416	0.000029	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,131,965	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	5,945,938	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	377	377	12,665,507	0.000030	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	831,492	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,044,507	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,857,343	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,050	3,050	643,802,831	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	38,416	38,416	70,486,971	0.000545	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,499,073	5,499,073	7,007,569,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000389	175,960,527	68,449	59,255,573	23,050	50.00
50.01	05001	ENDOSCOPY	0.000004	7,504,540	30	3,362,972	13	50.01
51.00	05100	RECOVERY ROOM	0.000005	17,898,786	89	16,048,292	80	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	695,304	0	138,564	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000070	12,783,824	895	3,703,015	259	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	423,444	0	4,333,690	4	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002081	71,881,819	149,586	67,363,819	140,184	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	3,306,714	3	46,657,795	47	55.00
56.00	05600	RADIOISOTOPE	0.000001	3,162,048	3	7,976,261	8	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	5,596,768	6	9,973,685	10	59.00
60.00	06000	LABORATORY	0.001151	73,125,758	84,168	30,617,203	35,240	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	469,675	0	747,865	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	18,790,627	0	2,353,888	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.003091	28,010,574	86,581	420,208	1,299	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	20,489,328	20	547,577	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,089,943	0	32,853	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,482,813	0	1,199,214	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	12,874,787	13	6,947,449	7	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	7,928,029	0	644,443	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	52,802,916	0	34,334,330	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	131,663,078	0	36,760,775	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001906	162,314,691	309,372	236,083,646	449,975	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000009	9,220,123	83	258,889	2	74.00
76.00	03020	RH NBN ECMO IC	0.000028	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	6,111,882	24	19,310,058	77	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	95,172	0	2,358,559	12	76.02
76.03	03950	CARDIAC CATH	0.000002	17,971,233	36	19,584,491	39	76.03
76.04	03951	DAY SURGERY	0.000117	0	0	1,573,730	184	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	1,428,186	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	4,259	0	959,481	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	7,412	0	221,284	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000052	485,930	25	37,952,105	1,974	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000008	2,917	0	1,061,540	8	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	63,061	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	4,554,651	0	5,123,648	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000034	0	0	56,814	2	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	24,210	0	4,573,127	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000029	2,045	0	2,334,360	68	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	3,181	0	436,404	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	6,330	0	1,718,951	2	90.18
90.19	09017	INFUSION/HEM/ONC	0.000030	22,728	1	3,693,260	111	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	3,532	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	109,866	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	10,573	0	834,978	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	48,337,429	242	47,813,316	239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000545	735,787	401	9,646,116	5,257	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		903,280,041	700,027	729,190,687	658,154	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.118649	59,255,573	0	0	7,030,614	50.00
50.01	05001	ENDOSCOPY	0.126189	3,362,972	0	0	424,370	50.01
51.00	05100	RECOVERY ROOM	0.121566	16,048,292	0	0	1,950,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	138,564	0	0	33,125	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	3,703,015	0	0	405,254	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	4,333,690	0	0	702,508	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	67,363,819	0	0	9,955,025	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	46,657,795	0	0	4,024,515	55.00
56.00	05600	RADIOISOTOPE	0.086987	7,976,261	0	0	693,831	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	9,973,685	0	0	933,477	59.00
60.00	06000	LABORATORY	0.199356	30,617,203	4,009	0	6,103,723	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	747,865	0	0	294,856	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	2,353,888	965	0	324,145	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	420,208	0	0	101,575	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	547,577	0	0	177,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	32,853	0	0	8,127	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	1,199,214	0	0	373,135	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	6,947,449	0	0	541,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	644,443	0	0	130,779	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	34,334,330	0	0	9,539,759	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	36,760,775	1,973	0	9,600,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	236,083,646	6,337	661,875	50,864,222	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	258,889	0	0	71,036	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	19,310,058	0	0	1,116,874	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	2,358,559	0	0	611,702	76.02
76.03	03950	CARDIAC CATH	0.085236	19,584,491	0	0	1,669,304	76.03
76.04	03951	DAY SURGERY	1.523509	1,573,730	0	0	2,397,592	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	959,481	0	0	367,768	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	221,284	0	0	127,864	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	37,952,105	0	0	11,870,166	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	1,061,540	0	0	264,783	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	63,061	0	0	85,311	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	5,123,648	0	0	848,589	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	56,814	0	0	12,178	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	4,573,127	0	0	964,994	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	2,334,360	0	0	261,749	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	1.622905	436,404	0	0	708,242	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	1,718,951	0	0	461,404	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	3,693,260	0	0	369,411	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	3,532	0	0	1,527	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	109,866	0	0	96,949	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	834,978	0	0	772,448	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.088750	47,813,316	0	0	4,243,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	9,646,116	0	0	2,174,215	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.227339		0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)		729,190,687	13,284	661,875	133,711,221	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		729,190,687	13,284	661,875	133,711,221	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	799	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	133	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	515	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,365	142,601		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	INFUSION CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			6.00	7.00			
200.00		Subtotal (see instructions)	2,812	142,601			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	2,812	142,601			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,087,806	1,031,521,790	0.024321	19,880	484	50.00
50.01	05001	ENDOSCOPY	461,411	31,728,730	0.014542	0	0	50.01
51.00	05100	RECOVERY ROOM	1,676,353	158,213,851	0.010595	3,086	33	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,641	60,730,464	0.016641	0	0	52.00
53.00	05300	ANESTHESIOLOGY	904,303	79,087,846	0.011434	780	9	53.00
53.01	05301	PULMONARY FUNCTION TESTING	672,052	40,031,673	0.016788	1,356	23	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,864,848	579,694,378	0.032543	67,037	2,182	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,834,920	181,872,524	0.021086	0	0	55.00
56.00	05600	RADIOISOTOPE	1,270,854	48,249,499	0.026339	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,997	42,942,128	0.025383	0	0	59.00
60.00	06000	LABORATORY	8,327,732	517,602,732	0.016089	182,988	2,944	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	151,086	8,416,606	0.017951	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	261,418	99,154,981	0.002636	1,535	4	63.00
65.00	06500	RESPIRATORY THERAPY	1,531,682	153,970,325	0.009948	20,257	202	65.00
66.00	06600	PHYSICAL THERAPY	931,550	91,762,027	0.010152	65,671	667	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,977	22,547,441	0.005543	16,227	90	67.00
68.00	06800	SPEECH PATHOLOGY	582,655	25,360,799	0.022975	4,523	104	68.00
69.00	06900	ELECTROCARDIOLOGY	847,303	90,037,776	0.009411	25,178	237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,483,520	54,365,509	0.027288	7,185	196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	718,226	304,338,744	0.002360	13,700	32	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,123	553,514,514	0.002221	540	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,365,398	1,449,738,610	0.002321	689,608	1,601	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	565,974	160,243,412	0.003532	0	0	73.03
74.00	07400	RENAL DIALYSIS	981,635	33,041,433	0.029709	92,456	2,747	74.00
76.00	03020	RH NBN ECMO IC	78,689	7,231,255	0.010882	0	0	76.00
76.01	03140	CARDIOLOGY	651,190	59,216,663	0.010997	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,446	6,589,855	0.008262	389,464	3,218	76.02
76.03	03950	CARDIAC CATH	2,953,748	158,165,252	0.018675	640	12	76.03
76.04	03951	DAY SURGERY	424,204	5,809,043	0.073025	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	44,091	5,397,786	0.008168	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	138,918	3,409,612	0.040743	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	459,635	6,209,695	0.074019	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,295,893	118,400,177	0.027837	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	370,147	4,102,901	0.090216	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	164,643	1,480,885	0.111179	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	450,352	26,588,622	0.016938	4,358	74	90.06
90.07	09007	AMB SVC-RILEY CLINICS	705,920	16,079,032	0.043903	0	0	90.07
90.08	09008	MOTILITY LAB	71,414	1,005,886	0.070996	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	239,527	24,614,889	0.009731	0	0	90.11
90.12	09024	OP CARE ADULTS	18,342	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	6,112	5,333,416	0.001146	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	171,178	1,131,965	0.151222	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	143,106	5,945,938	0.024068	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	11,350	12,665,507	0.000896	0	0	90.19
90.20	09025	IUMG - MH	51,904	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	31,851	831,492	0.038306	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	14,771	2,044,507	0.007225	364	3	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	225,962	2,857,343	0.079081	0	0	90.23
90.24	09021	LIFE CARE CLINIC	108,946	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,005,002	643,802,831	0.004668	321,300	1,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	70,486,971	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	89,866,807	7,007,569,315		1,928,133	16,363	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	401,599	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	132	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,555	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	25	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,206,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	113	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	62	59.00
60.00	06000	LABORATORY	0	0	0	0	595,533	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	18	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	475,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	93	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,762,665	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	292	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	206	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	33	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	249	76.03
76.04	03951	DAY SURGERY	0	0	0	0	681	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	3	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	34	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	542	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	INFUSION CLINIC	0	0	0	0	154	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	2	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	6	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	377	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,460,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	401,599	401,599	1,031,521,790	0.000389	50.00
50.01	05001	ENDOSCOPY	0	132	132	31,728,730	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	736	736	158,213,851	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60,730,464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,555	5,555	79,087,846	0.000070	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	25	25	40,031,673	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,206,138	1,206,138	579,694,378	0.002081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	113	181,872,524	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	33	33	48,249,499	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	62	42,942,128	0.000001	59.00
60.00	06000	LABORATORY	0	595,533	595,533	517,602,732	0.001151	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	8,416,606	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18	18	99,154,981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	475,880	475,880	153,970,325	0.003091	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	91,762,027	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,547,441	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	2	25,360,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	93	93	90,037,776	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	54,365,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	304,338,744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	553,514,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,762,665	2,762,665	1,449,738,610	0.001906	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	160,243,412	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	292	292	33,041,433	0.000009	74.00
76.00	03020	RH NBN ECMO IC	0	206	206	7,231,255	0.000028	76.00
76.01	03140	CARDIOLOGY	0	258	258	59,216,663	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	33	33	6,589,855	0.000005	76.02
76.03	03950	CARDIAC CATH	0	249	249	158,165,252	0.000002	76.03
76.04	03951	DAY SURGERY	0	681	681	5,809,043	0.000117	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	5,397,786	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,409,612	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	3	3	6,209,695	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,115	6,115	118,400,177	0.000052	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	34	34	4,102,901	0.000008	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,480,885	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	5	5	26,588,622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	542	542	16,079,032	0.000034	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,005,886	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	24,614,889	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	154	154	5,333,416	0.000029	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,131,965	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	5,945,938	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	377	377	12,665,507	0.000030	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	831,492	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,044,507	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,857,343	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,050	3,050	643,802,831	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	70,486,971	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,460,657	5,460,657	7,007,569,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000389	19,880	8	0	0	50.00
50.01	05001	ENDOSCOPY	0.000004	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	3,086	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000070	780	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	1,356	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002081	67,037	140	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001151	182,988	211	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,535	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.003091	20,257	63	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	65,671	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	16,227	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	4,523	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	25,178	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	7,185	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	13,700	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	540	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001906	689,608	1,314	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000009	92,456	1	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000028	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	389,464	2	0	0	76.02
76.03	03950	CARDIAC CATH	0.000002	640	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000117	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000052	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000008	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	4,358	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000034	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000029	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000030	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	364	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	321,300	2	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		1,928,133	1,741	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,087,806	1,031,521,790	0.024321	0	0	50.00
50.01	05001	ENDOSCOPY	461,411	31,728,730	0.014542	0	0	50.01
51.00	05100	RECOVERY ROOM	1,676,353	158,213,851	0.010595	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,641	60,730,464	0.016641	0	0	52.00
53.00	05300	ANESTHESIOLOGY	904,303	79,087,846	0.011434	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	672,052	40,031,673	0.016788	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,864,848	579,694,378	0.032543	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,834,920	181,872,524	0.021086	0	0	55.00
56.00	05600	RADIOISOTOPE	1,270,854	48,249,499	0.026339	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,997	42,942,128	0.025383	0	0	59.00
60.00	06000	LABORATORY	8,327,732	517,602,732	0.016089	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	151,086	8,416,606	0.017951	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	261,418	99,154,981	0.002636	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,531,682	153,970,325	0.009948	0	0	65.00
66.00	06600	PHYSICAL THERAPY	931,550	91,762,027	0.010152	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,977	22,547,441	0.005543	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	582,655	25,360,799	0.022975	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	847,303	90,037,776	0.009411	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,483,520	54,365,509	0.027288	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	718,226	304,338,744	0.002360	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,123	553,514,514	0.002221	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,365,398	1,449,738,610	0.002321	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	565,974	160,243,412	0.003532	0	0	73.03
74.00	07400	RENAL DIALYSIS	981,635	33,041,433	0.029709	0	0	74.00
76.00	03020	RH NBN ECMO IC	78,689	7,231,255	0.010882	0	0	76.00
76.01	03140	CARDIOLOGY	651,190	59,216,663	0.010997	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,446	6,589,855	0.008262	0	0	76.02
76.03	03950	CARDIAC CATH	2,953,748	158,165,252	0.018675	0	0	76.03
76.04	03951	DAY SURGERY	424,204	5,809,043	0.073025	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	44,091	5,397,786	0.008168	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	138,918	3,409,612	0.040743	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	459,635	6,209,695	0.074019	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,295,893	118,400,177	0.027837	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	370,147	4,102,901	0.090216	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	164,643	1,480,885	0.111179	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	450,352	26,588,622	0.016938	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	705,920	16,079,032	0.043903	0	0	90.07
90.08	09008	MOTILITY LAB	71,414	1,005,886	0.070996	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	239,527	24,614,889	0.009731	0	0	90.11
90.12	09024	OP CARE ADULTS	18,342	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	6,112	5,333,416	0.001146	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	171,178	1,131,965	0.151222	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	143,106	5,945,938	0.024068	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	11,350	12,665,507	0.000896	0	0	90.19
90.20	09025	IUMG - MH	51,904	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	31,851	831,492	0.038306	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	14,771	2,044,507	0.007225	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	225,962	2,857,343	0.079081	0	0	90.23
90.24	09021	LIFE CARE CLINIC	108,946	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,005,002	643,802,831	0.004668	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	70,486,971	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	89,866,807	7,007,569,315		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	401,599	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	132	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,555	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	25	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,206,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	113	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	62	59.00
60.00	06000	LABORATORY	0	0	0	0	595,533	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	18	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	475,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	93	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,762,665	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	292	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	206	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	33	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	249	76.03
76.04	03951	DAY SURGERY	0	0	0	0	681	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	3	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	34	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	542	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	INFUSION CLINIC	0	0	0	0	154	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	2	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	6	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	377	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,460,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	401,599	401,599	1,031,521,790	0.000389	50.00
50.01	05001	ENDOSCOPY	0	132	132	31,728,730	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	736	736	158,213,851	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60,730,464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,555	5,555	79,087,846	0.000070	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	25	25	40,031,673	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,206,138	1,206,138	579,694,378	0.002081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	113	181,872,524	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	33	33	48,249,499	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	62	42,942,128	0.000001	59.00
60.00	06000	LABORATORY	0	595,533	595,533	517,602,732	0.001151	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	8,416,606	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18	18	99,154,981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	475,880	475,880	153,970,325	0.003091	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	91,762,027	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,547,441	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	2	25,360,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	93	93	90,037,776	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	54,365,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	304,338,744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	553,514,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,762,665	2,762,665	1,449,738,610	0.001906	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	160,243,412	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	292	292	33,041,433	0.000009	74.00
76.00	03020	RH NBN ECMO IC	0	206	206	7,231,255	0.000028	76.00
76.01	03140	CARDIOLOGY	0	258	258	59,216,663	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	33	33	6,589,855	0.000005	76.02
76.03	03950	CARDIAC CATH	0	249	249	158,165,252	0.000002	76.03
76.04	03951	DAY SURGERY	0	681	681	5,809,043	0.000117	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	5,397,786	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,409,612	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	3	3	6,209,695	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,115	6,115	118,400,177	0.000052	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	34	34	4,102,901	0.000008	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,480,885	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	5	5	26,588,622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	542	542	16,079,032	0.000034	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,005,886	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	24,614,889	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	154	154	5,333,416	0.000029	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,131,965	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	5,945,938	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	377	377	12,665,507	0.000030	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	831,492	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,044,507	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,857,343	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,050	3,050	643,802,831	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	70,486,971	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,460,657	5,460,657	7,007,569,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000389	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000004	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000070	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002081	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001151	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.003091	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001906	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000009	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000028	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000002	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000117	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000052	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000008	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000034	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000029	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000030	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | 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	0.118649	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	0	0	59.00
60.00	06000	LABORATORY	0.199356	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	0	0	13	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.085236	0	0	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	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	0.165622	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	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	1.622905	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.088750	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056
Component CCN: 15-T056

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part V
Date/Time Prepared:
5/30/2019 9:14 am

Title XVIII

Subprovider - IRF

PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.227339		0			95.00
200.00		Subtotal (see instructions)		0	0	13	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	13	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	INFUSION CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056
Component CCN: 15-T056

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part V
Date/Time Prepared:
5/30/2019 9:14 am

Title XVIII

Subprovider - IRF

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		
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	3		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	3		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part I Date/Time Prepared: 5/30/2019 9:14 am

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	15,823,183	0	15,823,183	246,495	64.19	30.00
31.00	INTENSIVE CARE UNIT	1,025,621		1,025,621	18,071	56.76	31.00
32.00	CORONARY CARE UNIT	1,282,757		1,282,757	16,998	75.47	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,313,366		2,313,366	28,622	80.82	32.01
33.00	BURN INTENSIVE CARE UNIT	446,404		446,404	2,228	200.36	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	480,094		480,094	4,111	116.78	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,464,237		1,464,237	9,785	149.64	34.04
34.05	TRANSPLANT ICU	209,511		209,511	2,237	93.66	34.05
34.06	PEDS CANCER CARE	739,176		739,176	3,237	228.35	34.06
40.00	SUBPROVIDER - IPF	569,545	0	569,545	6,284	90.63	40.00
41.00	SUBPROVIDER - IRF	367,789	0	367,789	2,050	179.41	41.00
43.00	NURSERY	24,919		24,919	5,324	4.68	43.00
200.00	Total (lines 30 through 199)	24,746,602		24,746,602	345,442		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	6,095	391,238		30.00
31.00	INTENSIVE CARE UNIT	6,311	358,212		31.00
32.00	CORONARY CARE UNIT	644	48,603		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	1,097	88,660		32.01
33.00	BURN INTENSIVE CARE UNIT	44	8,816		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.02	UH SURG 6IC	0	0		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	2,193	328,161		34.04
34.05	TRANSPLANT ICU	0	0		34.05
34.06	PEDS CANCER CARE	0	0		34.06
40.00	SUBPROVIDER - IPF	418	37,883		40.00
41.00	SUBPROVIDER - IRF	175	31,397		41.00
43.00	NURSERY	4,427	20,718		43.00
200.00	Total (lines 30 through 199)	21,404	1,313,688		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/30/2019 9:14 am

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	25,087,806	1,031,521,790	0.024321	21,922,107	533,168	50.00
50.01	05001	ENDOSCOPY	461,411	31,728,730	0.014542	978,973	14,236	50.01
51.00	05100	RECOVERY ROOM	1,676,353	158,213,851	0.010595	2,086,349	22,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,641	60,730,464	0.016641	1,696,080	28,224	52.00
53.00	05300	ANESTHESIOLOGY	904,303	79,087,846	0.011434	1,820,979	20,821	53.00
53.01	05301	PULMONARY FUNCTION TESTING	672,052	40,031,673	0.016788	396,162	6,651	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,864,848	579,694,378	0.032543	10,243,076	333,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,834,920	181,872,524	0.021086	310,632	6,550	55.00
56.00	05600	RADIOISOTOPE	1,270,854	48,249,499	0.026339	268,898	7,083	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,997	42,942,128	0.025383	95,439	2,423	59.00
60.00	06000	LABORATORY	8,327,732	517,602,732	0.016089	11,735,053	188,805	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	151,086	8,416,606	0.017951	28,381	509	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	261,418	99,154,981	0.002636	4,784,510	12,612	63.00
65.00	06500	RESPIRATORY THERAPY	1,531,682	153,970,325	0.009948	12,421,492	123,569	65.00
66.00	06600	PHYSICAL THERAPY	931,550	91,762,027	0.010152	2,812,261	28,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,977	22,547,441	0.005543	834,162	4,624	67.00
68.00	06800	SPEECH PATHOLOGY	582,655	25,360,799	0.022975	509,115	11,697	68.00
69.00	06900	ELECTROCARDIOLOGY	847,303	90,037,776	0.009411	2,148,266	20,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,483,520	54,365,509	0.027288	1,919,924	52,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	718,226	304,338,744	0.002360	5,751,544	13,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,229,123	553,514,514	0.002221	12,886,458	28,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,365,398	1,449,738,610	0.002321	29,449,747	68,353	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	565,974	160,243,412	0.003532	0	0	73.03
74.00	07400	RENAL DIALYSIS	981,635	33,041,433	0.029709	1,173,742	34,871	74.00
76.00	03020	RH NBN ECMO IC	78,689	7,231,255	0.010882	622,235	6,771	76.00
76.01	03140	CARDIOLOGY	651,190	59,216,663	0.010997	500,189	5,501	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,446	6,589,855	0.008262	28,840	238	76.02
76.03	03950	CARDIAC CATH	2,953,748	158,165,252	0.018675	1,223,506	22,849	76.03
76.04	03951	DAY SURGERY	424,204	5,809,043	0.073025	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	44,091	5,397,786	0.008168	540,078	4,411	76.08
76.97	07697	CARDIAC REHABILITATION	138,918	3,409,612	0.040743	293	12	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	459,635	6,209,695	0.074019	1,998	148	90.01
90.02	09002	IUSCC HEM/ONC	3,295,893	118,400,177	0.027837	24,148	672	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	370,147	4,102,901	0.090216	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	164,643	1,480,885	0.111179	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	450,352	26,588,622	0.016938	444,563	7,530	90.06
90.07	09007	AMB SVC-RILEY CLINICS	705,920	16,079,032	0.043903	29,304	1,287	90.07
90.08	09008	MOTILITY LAB	71,414	1,005,886	0.070996	6,682	474	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	239,527	24,614,889	0.009731	0	0	90.11
90.12	09024	OP CARE ADULTS	18,342	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	6,112	5,333,416	0.001146	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	171,178	1,131,965	0.151222	183	28	90.17
90.18	09016	DERMATOLOGY CLINIC	143,106	5,945,938	0.024068	81	2	90.18
90.19	09017	INFUSION/HEM/ONC	11,350	12,665,507	0.000896	0	0	90.19
90.20	09025	IUMG - MH	51,904	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	31,851	831,492	0.038306	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	14,771	2,044,507	0.007225	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	225,962	2,857,343	0.079081	104	8	90.23
90.24	09021	LIFE CARE CLINIC	108,946	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	3,005,002	643,802,831	0.004668	8,097,087	37,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	923,483	70,486,971	0.013101	99,691	1,306	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	90,790,290	7,007,569,315		137,892,332	1,652,028	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part III Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	658,216	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	52,205	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	50,225	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	82,227	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	6,371	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	0	11,726	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	29,164	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	6,450	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	9,305	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	17,580	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	5,740	0	41.00
43.00	04300	NURSERY	0	0	0	14,891	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	944,100	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	658,216	246,495	2.67	6,095	30.00
31.00	03100	INTENSIVE CARE UNIT		52,205	18,071	2.89	6,311	31.00
32.00	03200	CORONARY CARE UNIT		50,225	16,998	2.95	644	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		82,227	28,622	2.87	1,097	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		6,371	2,228	2.86	44	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.02	03401	UH SURG 6IC		11,726	4,111	2.85	0	34.02
34.03	03402	UH NS 3IC		0	0	0.00	0	34.03
34.04	03403	RH PED IC		29,164	9,785	2.98	2,193	34.04
34.05	03404	TRANSPLANT ICU		6,450	2,237	2.88	0	34.05
34.06	03407	PEDS CANCER CARE		9,305	3,237	2.87	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	17,580	6,284	2.80	418	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,740	2,050	2.80	175	41.00
43.00	04300	NURSERY		14,891	5,324	2.80	4,427	43.00
200.00		Total (lines 30 through 199)		944,100	345,442		21,404	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	16,274	30.00
31.00	03100	INTENSIVE CARE UNIT	18,239	31.00
32.00	03200	CORONARY CARE UNIT	1,900	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	3,148	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	126	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	0	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PED IC	6,535	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
40.00	04000	SUBPROVIDER - IPF	1,170	40.00
41.00	04100	SUBPROVIDER - IRF	490	41.00
43.00	04300	NURSERY	12,396	43.00
200.00		Total (lines 30 through 199)	60,278	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	401,599	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	132	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,555	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	25	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,206,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	113	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	62	59.00
60.00	06000	LABORATORY	0	0	0	0	595,533	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	18	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	475,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	93	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,762,665	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	292	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	206	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	33	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	249	76.03
76.04	03951	DAY SURGERY	0	0	0	0	681	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	3	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	34	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	542	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	INFUSION CLINIC	0	0	0	0	154	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	2	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	6	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	377	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,460,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	401,599	401,599	1,031,521,790	0.000389	50.00
50.01	05001	ENDOSCOPY	0	132	132	31,728,730	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	736	736	158,213,851	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60,730,464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,555	5,555	79,087,846	0.000070	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	25	25	40,031,673	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,206,138	1,206,138	579,694,378	0.002081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	113	181,872,524	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	33	33	48,249,499	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	62	42,942,128	0.000001	59.00
60.00	06000	LABORATORY	0	595,533	595,533	517,602,732	0.001151	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	8,416,606	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18	18	99,154,981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	475,880	475,880	153,970,325	0.003091	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	91,762,027	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,547,441	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	2	25,360,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	93	93	90,037,776	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	54,365,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	304,338,744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	553,514,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,762,665	2,762,665	1,449,738,610	0.001906	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	160,243,412	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	292	292	33,041,433	0.000009	74.00
76.00	03020	RH NBN ECMO IC	0	206	206	7,231,255	0.000028	76.00
76.01	03140	CARDIOLOGY	0	258	258	59,216,663	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	33	33	6,589,855	0.000005	76.02
76.03	03950	CARDIAC CATH	0	249	249	158,165,252	0.000002	76.03
76.04	03951	DAY SURGERY	0	681	681	5,809,043	0.000117	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	5,397,786	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,409,612	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	3	3	6,209,695	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,115	6,115	118,400,177	0.000052	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	34	34	4,102,901	0.000008	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,480,885	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	5	5	26,588,622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	542	542	16,079,032	0.000034	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,005,886	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	24,614,889	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	154	154	5,333,416	0.000029	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,131,965	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	5,945,938	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	377	377	12,665,507	0.000030	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	831,492	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,044,507	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,857,343	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,050	3,050	643,802,831	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	70,486,971	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,460,657	5,460,657	7,007,569,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000389	21,922,107	8,528	0	0	50.00
50.01	05001	ENDOSCOPY	0.000004	978,973	4	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	2,086,349	10	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,696,080	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000070	1,820,979	127	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	396,162	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002081	10,243,076	21,316	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	310,632	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	268,898	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	95,439	0	0	0	59.00
60.00	06000	LABORATORY	0.001151	11,735,053	13,507	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	28,381	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	4,784,510	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.003091	12,421,492	38,395	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	2,812,261	3	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	834,162	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	509,115	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	2,148,266	2	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,919,924	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,751,544	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,886,458	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001906	29,449,747	56,131	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000009	1,173,742	11	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000028	622,235	17	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	500,189	2	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	28,840	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000002	1,223,506	2	0	0	76.03
76.04	03951	DAY SURGERY	0.000117	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	540,078	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	293	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	1,998	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000052	24,148	1	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000008	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	444,563	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000034	29,304	1	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	6,682	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000029	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	183	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	81	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000030	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	104	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	8,097,087	40	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	99,691	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		137,892,332	138,097	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

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	0.118649	0	12,113,794	0	0	50.00
50.01	05001	ENDOSCOPY	0.126189	0	173,229	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	0	3,749,702	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	395,003	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	0	1,083,008	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	0	1,598,426	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	0	7,091,251	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	3,003,233	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	500,790	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	47,984	0	0	59.00
60.00	06000	LABORATORY	0.199356	0	5,584,577	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	50,767	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	0	458,593	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	0	358,316	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	0	1,171,002	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	0	521,500	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	0	779,735	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	0	1,250,155	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	1,077,588	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	0	2,253,293	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	3,905,130	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	0	28,271,652	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	66,086	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	32,492	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	0	57,680	0	0	76.02
76.03	03950	CARDIAC CATH	0.085236	0	1,907,810	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	87,531	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	6,829	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	149,694	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	1,774,785	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	72,968	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	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	0.165622	0	158,969	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	936,236	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	96,614	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	31,229	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	0	59,855	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	1.622905	0	22,421	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	44,262	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	61,861	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	237,135	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	250	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	42,646	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.088750	0	18,666,713	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	3,421,921	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.227339	0	7,757,781			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)		0	111,132,496	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	111,132,496	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,437,290	0		50.00
50.01	05001	ENDOSCOPY	21,860	0		50.01
51.00	05100	RECOVERY ROOM	455,836	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,430	0		52.00
53.00	05300	ANESTHESIOLOGY	118,523	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	259,111	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,047,945	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	259,047	0		55.00
56.00	05600	RADIOISOTOPE	43,562	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	4,491	0		59.00
60.00	06000	LABORATORY	1,113,319	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	20,016	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,151	0		63.00
65.00	06500	RESPIRATORY THERAPY	86,614	0		65.00
66.00	06600	PHYSICAL THERAPY	380,334	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	129,012	0		67.00
68.00	06800	SPEECH PATHOLOGY	242,615	0		68.00
69.00	06900	ELECTROCARDIOLOGY	97,426	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	218,679	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	626,075	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,019,864	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,091,127	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	18,133	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	1,879	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,960	0		76.02
76.03	03950	CARDIAC CATH	162,614	0		76.03
76.04	03951	DAY SURGERY	133,354	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	2,618	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	86,497	0		90.01
90.02	09002	IUSCC HEM/ONC	555,094	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	18,201	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	26,329	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	200,674	0		90.07
90.08	09008	MOTILITY LAB	28,848	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	6,590	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	INFUSION CLINIC	6,711	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	36,387	0		90.17
90.18	09016	DERMATOLOGY CLINIC	11,881	0		90.18
90.19	09017	INFUSION/HEM/ONC	6,188	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	102,541	0		90.21
90.22	09020	EATING DISORDERS CLINIC	221	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	39,452	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	1,656,671	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	771,294	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	1,763,646			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
200.00		Subtotal (see instructions)	19,481,110	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	19,481,110	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IPF

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	401,599	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	132	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,555	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	25	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,206,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	113	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	62	59.00
60.00	06000	LABORATORY	0	0	0	0	595,533	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	18	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	475,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	93	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,762,665	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	292	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	206	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	33	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	249	76.03
76.04	03951	DAY SURGERY	0	0	0	0	681	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	3	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	34	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	542	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	INFUSION CLINIC	0	0	0	0	154	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	2	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	6	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	377	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,460,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IPF

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	401,599	401,599	1,031,521,790	0.000389	50.00
50.01	05001	ENDOSCOPY	0	132	132	31,728,730	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	736	736	158,213,851	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60,730,464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,555	5,555	79,087,846	0.000070	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	25	25	40,031,673	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,206,138	1,206,138	579,694,378	0.002081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	113	181,872,524	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	33	33	48,249,499	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	62	42,942,128	0.000001	59.00
60.00	06000	LABORATORY	0	595,533	595,533	517,602,732	0.001151	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	8,416,606	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18	18	99,154,981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	475,880	475,880	153,970,325	0.003091	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	91,762,027	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,547,441	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	2	25,360,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	93	93	90,037,776	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	54,365,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	304,338,744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	553,514,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,762,665	2,762,665	1,449,738,610	0.001906	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	160,243,412	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	292	292	33,041,433	0.000009	74.00
76.00	03020	RH NBN ECMO IC	0	206	206	7,231,255	0.000028	76.00
76.01	03140	CARDIOLOGY	0	258	258	59,216,663	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	33	33	6,589,855	0.000005	76.02
76.03	03950	CARDIAC CATH	0	249	249	158,165,252	0.000002	76.03
76.04	03951	DAY SURGERY	0	681	681	5,809,043	0.000117	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	5,397,786	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,409,612	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	3	3	6,209,695	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,115	6,115	118,400,177	0.000052	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	34	34	4,102,901	0.000008	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,480,885	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	5	5	26,588,622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	542	542	16,079,032	0.000034	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,005,886	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	24,614,889	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	154	154	5,333,416	0.000029	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,131,965	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	5,945,938	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	377	377	12,665,507	0.000030	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	831,492	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,044,507	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,857,343	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,050	3,050	643,802,831	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	70,486,971	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,460,657	5,460,657	7,007,569,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IPF

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000389	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000004	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000070	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002081	12,372	26	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001151	54,413	63	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	958	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.003091	3,154	10	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	21,622	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	5,701	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,845	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	3,834	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	738	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001906	132,915	253	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000009	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000028	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	43,260	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000002	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000117	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000052	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000008	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	2,740	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000034	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000029	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000030	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	128,171	1	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,185	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		415,908	353	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

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	0.118649	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	0	0	59.00
60.00	06000	LABORATORY	0.199356	0	7,310	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	0	1,031	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	0	11,329	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	0	11,536	0	0	76.02
76.03	03950	CARDIAC CATH	0.085236	0	0	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	104	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	8,568	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	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	1.622905	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	2,769	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.088750	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	66,578	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056
Component CCN: 15-S056
Period: From 01/01/2018 To 12/31/2018
Worksheet D Part V
Date/Time Prepared: 5/30/2019 9:14 am
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	
95.00	09500	AMBULANCE SERVICES	0.227339		0			95.00
200.00		Subtotal (see instructions)		0	109,225	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	109,225	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/30/2019 9:14 am

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
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,457	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	255	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,441	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,992	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	33	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	11,591	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	INFUSION CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	2,443	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,007	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

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

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part V
Date/Time Prepared:
5/30/2019 9:14 am

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	
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	36,219	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	36,219	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	401,599	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	132	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,555	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	25	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,206,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	113	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	33	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	62	59.00
60.00	06000	LABORATORY	0	0	0	0	595,533	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	18	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	475,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	93	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,762,665	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	292	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	206	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	33	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	249	76.03
76.04	03951	DAY SURGERY	0	0	0	0	681	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	3	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	6,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	34	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	5	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	542	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	INFUSION CLINIC	0	0	0	0	154	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	2	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	6	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	377	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	3,050	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	5,460,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	401,599	401,599	1,031,521,790	0.000389	50.00
50.01	05001	ENDOSCOPY	0	132	132	31,728,730	0.000004	50.01
51.00	05100	RECOVERY ROOM	0	736	736	158,213,851	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60,730,464	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,555	5,555	79,087,846	0.000070	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	25	25	40,031,673	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,206,138	1,206,138	579,694,378	0.002081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	113	181,872,524	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	33	33	48,249,499	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	62	62	42,942,128	0.000001	59.00
60.00	06000	LABORATORY	0	595,533	595,533	517,602,732	0.001151	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	8,416,606	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18	18	99,154,981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	475,880	475,880	153,970,325	0.003091	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	91,762,027	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	22,547,441	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2	2	25,360,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	93	93	90,037,776	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	54,365,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	304,338,744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	553,514,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,762,665	2,762,665	1,449,738,610	0.001906	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	160,243,412	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	292	292	33,041,433	0.000009	74.00
76.00	03020	RH NBN ECMO IC	0	206	206	7,231,255	0.000028	76.00
76.01	03140	CARDIOLOGY	0	258	258	59,216,663	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	33	33	6,589,855	0.000005	76.02
76.03	03950	CARDIAC CATH	0	249	249	158,165,252	0.000002	76.03
76.04	03951	DAY SURGERY	0	681	681	5,809,043	0.000117	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	5,397,786	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,409,612	0.000001	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	3	3	6,209,695	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	0	6,115	6,115	118,400,177	0.000052	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	34	34	4,102,901	0.000008	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	1,480,885	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	5	5	26,588,622	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	542	542	16,079,032	0.000034	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,005,886	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	24,614,889	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	154	154	5,333,416	0.000029	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,131,965	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	6	6	5,945,938	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	377	377	12,665,507	0.000030	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	831,492	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	2,044,507	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,857,343	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	0	3,050	3,050	643,802,831	0.000005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	70,486,971	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	5,460,657	5,460,657	7,007,569,315		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000389	20,179	8	0	0	50.00
50.01	05001	ENDOSCOPY	0.000004	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	7,049	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000070	1,560	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	3,479	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.002081	5,116	11	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001151	6,663	8	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.003091	66,275	205	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	194,804	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	205,121	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	148,796	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	4,817	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,736	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001906	31,433	60	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000009	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000028	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000005	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000002	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.000117	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.000000	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000052	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.000008	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000034	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.000000	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000029	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000030	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000005	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		697,028	292	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		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	0.118649	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	0	9,662	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	0	0	59.00
60.00	06000	LABORATORY	0.199356	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	0	4,332	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	0	1,052	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	0	106,406	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	0	113	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.085236	0	0	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	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	0.165622	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	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	1.622905	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.088750	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056
Component CCN: 15-T056
Period: From 01/01/2018 To 12/31/2018
Worksheet D Part V
Date/Time Prepared: 5/30/2019 9:14 am
Title XIX
Subprovider - IRF

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0.227339		0			95.00
200.00		Subtotal (see instructions)		0	121,565	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	121,565	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		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	1,566	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	1,407	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	260	0		67.00
68.00	06800	SPEECH PATHOLOGY	33,108	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	INFUSION CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:14 am
	Title XIX	Subprovider - IRF	

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	36,365	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	36,365	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	246,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	246,495	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	232,109	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)	66,498	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)	272,222,946	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)	272,222,946	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)	272,222,946	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)	1,104.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	73,439,061	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)	73,439,061	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

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	28,349,083	18,071	1,568.76	5,868	9,205,484	43.00
44.00	CORONARY CARE UNIT	29,655,296	16,998	1,744.63	4,529	7,901,429	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	39,546,497	28,622	1,381.68	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	4,359,855	2,228	1,956.85	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	7,547,621	4,111	1,835.96	1,704	3,128,476	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	19,766,655	9,785	2,020.10	85	171,709	46.04
46.05	TRANSPLANT ICU	4,477,257	2,237	2,001.46	947	1,895,383	46.05
46.06	PEDS CANCER CARE	5,164,378	3,237	1,595.42	116	185,069	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	166,964,750	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	262,891,361	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,486,315	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,027,498	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	17,513,813	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	245,377,548	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	14,386	87.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,104.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	15,887,611	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	15,823,183	272,222,946	0.058126	15,887,611	923,483	90.00
91.00	Nursing School cost	0	272,222,946	0.000000	15,887,611	0	91.00
92.00	Allied health cost	658,216	272,222,946	0.002418	15,887,611	38,416	92.00
93.00	All other Medical Education	0	272,222,946	0.000000	15,887,611	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,284	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,284	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)	6,284	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)	1,341	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	8,818,896	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	8,818,896	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,818,896	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)	1,403.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,881,946	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)	1,881,946	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	394,053	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,275,999	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)	125,290	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	18,104	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	143,394	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,132,605	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	569,545	8,818,896	0.064582	0	0	90.00
91.00	Nursing School cost	0	8,818,896	0.000000	0	0	91.00
92.00	Allied health cost	17,580	8,818,896	0.001993	0	0	92.00
93.00	All other Medical Education	0	8,818,896	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,050	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,050	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	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)	3,446,824	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)	3,446,824	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)	3,446,824	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)	1,681.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

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

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IRF	PPS

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

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	367,789	3,446,824	0.106704	0	0	90.00
91.00	Nursing School cost	0	3,446,824	0.000000	0	0	91.00
92.00	Allied health cost	5,740	3,446,824	0.001665	0	0	92.00
93.00	All other Medical Education	0	3,446,824	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

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)	246,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	246,495	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	232,109	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)	6,095	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,324	15.00
16.00	Nursery days (title V or XIX only)	4,427	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)	272,222,946	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)	272,222,946	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)	272,222,946	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)	1,104.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,731,196	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,731,196	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

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)	2,850,452	5,324	535.40	4,427	2,370,216	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	28,349,083	18,071	1,568.76	6,311	9,900,444	43.00
44.00	CORONARY CARE UNIT	29,655,296	16,998	1,744.63	644	1,123,542	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	39,546,497	28,622	1,381.68	1,097	1,515,703	44.01
45.00	BURN INTENSIVE CARE UNIT	4,359,855	2,228	1,956.85	44	86,101	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 6IC	7,547,621	4,111	1,835.96	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	19,766,655	9,785	2,020.10	2,193	4,430,079	46.04
46.05	TRANSPLANT ICU	4,477,257	2,237	2,001.46	0	0	46.05
46.06	PEDS CANCER CARE	5,164,378	3,237	1,595.42	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	26,063,827	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	52,221,108	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,303,026	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,790,125	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,093,151	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	49,127,957	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	14,386	87.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,104.38	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	15,887,611	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	15,823,183	272,222,946	0.058126	15,887,611	923,483	90.00
91.00	Nursing School cost	0	272,222,946	0.000000	15,887,611	0	91.00
92.00	Allied health cost	658,216	272,222,946	0.002418	15,887,611	38,416	92.00
93.00	All other Medical Education	0	272,222,946	0.000000	15,887,611	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XIX	Subprovider - IPF	

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,284	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,284	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)	6,284	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)	418	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,324	15.00
16.00	Nursery days (title V or XIX only)	4,427	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	8,818,896	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	8,818,896	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,818,896	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)	1,403.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	586,617	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)	586,617	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IPF

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	76,042	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	662,659	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)	39,053	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	353	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	39,406	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	623,253	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XIX	Subprovider - IPF	

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

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XIX	Subprovider - IRF	

	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)	2,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,050	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,050	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	175	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,324	15.00
16.00	Nursery days (title V or XIX only)	4,427	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)	3,446,824	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)	3,446,824	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)	3,446,824	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)	1,681.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	294,242	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)	294,242	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	190,032	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	484,274	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)	31,887	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	292	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	32,179	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	452,095	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:14 am
	Title XIX	Subprovider - IRF	

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

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		220,973,224		30.00
31.00	03100	INTENSIVE CARE UNIT		36,343,737		31.00
32.00	03200	CORONARY CARE UNIT		27,289,445		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		10,035,570		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		513,950		34.04
34.05	03404	TRANSPLANT ICU		5,150,176		34.05
34.06	03407	PEDS CANCER CARE		388,608		34.06
40.00	04000	SUBPROVIDER - IPF		10,556		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.118649	175,960,527	20,877,541	50.00
50.01	05001	ENDOSCOPY	0.126189	7,504,540	946,990	50.01
51.00	05100	RECOVERY ROOM	0.121566	17,898,786	2,175,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	695,304	166,221	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	12,783,824	1,399,049	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	423,444	68,642	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	71,881,819	10,622,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	3,306,714	285,224	55.00
56.00	05600	RADIOISOTOPE	0.086987	3,162,048	275,057	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	5,596,768	523,824	59.00
60.00	06000	LABORATORY	0.199356	73,125,758	14,578,059	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	469,675	185,176	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	18,790,627	2,587,582	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	28,010,574	6,770,884	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	20,489,328	6,654,811	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	4,089,943	1,011,795	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	2,482,813	772,527	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	12,874,787	1,003,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	7,928,029	1,608,867	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	52,802,916	14,671,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	131,663,078	34,385,129	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	162,314,691	34,970,700	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	9,220,123	2,529,900	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	6,111,882	353,505	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	95,172	24,683	76.02
76.03	03950	CARDIAC CATH	0.085236	17,971,233	1,531,796	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	1,428,186	465,364	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	4,259	1,632	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	7,412	4,283	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	485,930	151,983	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	2,917	728	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	4,554,651	754,350	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	24,210	5,109	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	2,045	229	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	1.622905	3,181	5,162	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.268422	6,330	1,699	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	22,728	2,273	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	10,573	9,781	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.091341	48,337,429	4,415,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	735,787	165,845	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		903,280,041	166,964,750	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)		903,280,041		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		3,475,390		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.118649	19,880	2,359	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	3,086	375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	780	85	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	1,356	220	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	67,037	9,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	59.00
60.00	06000	LABORATORY	0.199356	182,988	36,480	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	1,535	211	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	20,257	4,897	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	65,671	21,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	16,227	4,014	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	4,523	1,407	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	25,178	1,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	7,185	1,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	13,700	3,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	540	141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	689,608	148,576	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	92,456	25,369	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	389,464	101,009	76.02
76.03	03950	CARDIAC CATH	0.085236	640	55	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	4,358	722	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.622905	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	364	321	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.091341	321,300	29,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,928,133	394,053	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)		1,928,133		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.118649	0	0	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	59.00
60.00	06000	LABORATORY	0.199356	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	0	0	76.02
76.03	03950	CARDIAC CATH	0.085236	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.622905	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.091341	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

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		37,886,176		30.00
31.00	03100	INTENSIVE CARE UNIT		7,588,331		31.00
32.00	03200	CORONARY CARE UNIT		4,699,747		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		8,817,606		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		615,054		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		759,077		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		8,415,598		34.04
34.05	03404	TRANSPLANT ICU		703,024		34.05
34.06	03407	PEDS CANCER CARE		455,192		34.06
40.00	04000	SUBPROVIDER - IPF		42,600		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		721,628		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.118649	21,922,107	2,601,036	50.00
50.01	05001	ENDOSCOPY	0.126189	978,973	123,536	50.01
51.00	05100	RECOVERY ROOM	0.121566	2,086,349	253,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	1,696,080	405,468	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	1,820,979	199,286	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	396,162	64,219	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	10,243,076	1,513,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	310,632	26,794	55.00
56.00	05600	RADIOISOTOPE	0.086987	268,898	23,391	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	95,439	8,933	59.00
60.00	06000	LABORATORY	0.199356	11,735,053	2,339,453	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	28,381	11,190	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	4,784,510	658,856	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	12,421,492	3,002,598	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	2,812,261	913,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	834,162	206,360	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	509,115	158,411	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	2,148,266	167,417	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	1,919,924	389,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	5,751,544	1,598,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	12,886,458	3,365,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	29,449,747	6,344,948	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	1,173,742	322,062	74.00
76.00	03020	RH NBN ECMO IC	0.315191	622,235	196,123	76.00
76.01	03140	CARDIOLOGY	0.057839	500,189	28,930	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	28,840	7,480	76.02
76.03	03950	CARDIAC CATH	0.085236	1,223,506	104,287	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	540,078	175,981	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	293	112	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	1,998	1,155	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	24,148	7,553	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	444,563	73,629	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	29,304	6,281	90.07
90.08	09008	MOTILITY LAB	0.298592	6,682	1,995	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	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	1.622905	183	297	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.18	09016	DERMATOLOGY CLINIC	0.268422	81	22	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	104	96	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.091341	8,097,087	739,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	99,691	22,470	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		137,892,332	26,063,827	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)		137,892,332		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		1,078,200		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.118649	0	0	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	12,372	1,828	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	59.00
60.00	06000	LABORATORY	0.199356	54,413	10,848	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	958	132	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	3,154	762	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	21,622	7,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	5,701	1,410	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	1,845	574	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	3,834	299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	738	205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	132,915	28,637	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	43,260	11,220	76.02
76.03	03950	CARDIAC CATH	0.085236	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	2,740	454	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.622905	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.091341	128,171	11,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	4,185	943	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		415,908	76,042	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)		415,908		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		605,325		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.118649	20,179	2,394	50.00
50.01	05001	ENDOSCOPY	0.126189	0	0	50.01
51.00	05100	RECOVERY ROOM	0.121566	7,049	857	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239062	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.109439	1,560	171	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.162104	3,479	564	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147780	5,116	756	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.086256	0	0	55.00
56.00	05600	RADIOISOTOPE	0.086987	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.093594	0	0	59.00
60.00	06000	LABORATORY	0.199356	6,663	1,328	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.394264	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.137706	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.241726	66,275	16,020	65.00
66.00	06600	PHYSICAL THERAPY	0.324794	194,804	63,271	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247386	205,121	50,744	67.00
68.00	06800	SPEECH PATHOLOGY	0.311150	148,796	46,298	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077931	4,817	375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202934	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277849	1,736	482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.261160	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215450	31,433	6,772	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.891753	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.274389	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.315191	0	0	76.00
76.01	03140	CARDIOLOGY	0.057839	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.259354	0	0	76.02
76.03	03950	CARDIAC CATH	0.085236	0	0	76.03
76.04	03951	DAY SURGERY	1.523509	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	0.325843	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.383299	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.577828	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.312767	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.249433	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1.352827	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.165622	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.214341	0	0	90.07
90.08	09008	MOTILITY LAB	0.298592	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	0.211014	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	0.112129	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0056 | Component CCN: 15-T056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 9:14 am

Title XIX | Subprovider - IRF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.17	09015	PHYSICAL MEDICINE	1.622905	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.268422	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.100023	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.432415	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.882430	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.925112	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.091341	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225398	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		697,028	190,032	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)		697,028		202.00

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	536,081	1,104.38	168	185,536	1.00
2.00	INTENSIVE CARE UNIT	43.00	60,906	1,568.76	7	10,981	2.00
3.00	CORONARY CARE UNIT	44.00	2,598	1,744.63	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,381.68	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,956.85	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,835.96	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	47,283	2,020.10	5	10,101	5.04
5.05	TRANSPLANT ICU	46.05	0	2,001.46	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,595.42	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		646,868		180	206,618	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.118649	3,972,415	471,323	8.00
8.01	ENDOSCOPY	50.01	0.126189	40,465	5,106	8.01
9.00	RECOVERY ROOM	51.00	0.121566	233,201	28,349	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.239062	1,511	361	10.00
11.00	ANESTHESIOLOGY	53.00	0.109439	275,677	30,170	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.162104	149,021	24,157	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147780	633,184	93,572	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.086987	1,162,084	101,086	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	0.093594	1,517	142	17.00
18.00	LABORATORY	60.00	0.199356	596,804	118,976	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	4,604,476	1,815,379	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.137706	57,466	7,913	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.241726	63,225	15,283	23.00
24.00	PHYSICAL THERAPY	66.00	0.324794	761	247	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.311150	293	91	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.077931	276,273	21,530	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202934	49,514	10,048	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	570,915	158,628	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.261160	52,263	13,649	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	1,096,897	236,326	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.274389	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.315191	0	0	34.00
34.01	CARDIOLOGY	76.01	0.057839	315,038	18,221	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	34.02
34.03	CARDIAC CATH	76.03	0.085236	719,498	61,327	34.03
34.04	DAY SURGERY	76.04	1.523509	3,735	5,690	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	0.325843	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.383299	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	0.577828	361	209	37.01
37.02	IUSCC HEM/ONC	90.02	0.312767	798	250	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.249433	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.352827	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.165622	90,138	14,929	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.214341	0	0	37.07

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.298592	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211014	3,209	677	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.112129	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	1.622905	3	5	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.268422	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.100023	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.432415	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.882430	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.925112	3,761	3,479	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.088750	27,548	2,445	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.225398	7,486	1,687	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			15,009,537	3,261,255	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	168	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	5	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)			180	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	361	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	798	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	90,138	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	3,209	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	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	3	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
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	3,761	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	27,548	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	7,486	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		133,304		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	3,467,873		15,656,405		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)	14,011,734		13,914,489		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	17,479,607		29,570,894		61.00
62.00	Total Usable Organs (see instructions)		266			62.00
63.00	Medicare Usable Organs (see instructions)		171			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.642857			64.00
65.00	Medicare Cost/Charges (see instructions)	11,236,888		19,009,856		65.00
66.00	Revenue for Organs Sold	306,524		0		66.00
67.00	Subtotal (line 65 minus line 66)	10,930,364		19,009,856		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	10,930,364	0	19,009,856	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	66	58		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	150		73.00
74.00	Total (sum of lines 70 through 73)	66	208		74.00
75.00	Organs Transplanted	63	142	1,083,404	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	3	58	306,524	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	8		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	66	208		84.00

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	3,954	1,104.38	1	1,104	1.00
2.00	INTENSIVE CARE UNIT	43.00	32,889	1,568.76	4	6,275	2.00
3.00	CORONARY CARE UNIT	44.00	1,403	1,744.63	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,381.68	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,956.85	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,835.96	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	25,533	2,020.10	2	4,040	5.04
5.05	TRANSPLANT ICU	46.05	0	2,001.46	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,595.42	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		63,779		7	11,419	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.118649	311,108	36,913	8.00
8.01	ENDOSCOPY	50.01	0.126189	20,133	2,541	8.01
9.00	RECOVERY ROOM	51.00	0.121566	1,224	149	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.239062	9	2	10.00
11.00	ANESTHESIOLOGY	53.00	0.109439	17,279	1,891	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.162104	72,675	11,781	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147780	86,277	12,750	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.086987	9,807	853	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	0.093594	17	2	17.00
18.00	LABORATORY	60.00	0.199356	142,575	28,423	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	617,017	243,268	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.137706	22,561	3,107	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.241726	29,928	7,234	23.00
24.00	PHYSICAL THERAPY	66.00	0.324794	24	8	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.311150	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.077931	39,945	3,113	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202934	357	72	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	30,878	8,579	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.261160	14,988	3,914	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	118,351	25,499	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.274389	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.315191	0	0	34.00
34.01	CARDIOLOGY	76.01	0.057839	33,936	1,963	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	34.02
34.03	CARDIAC CATH	76.03	0.085236	313,969	26,761	34.03
34.04	DAY SURGERY	76.04	1.523509	1,872	2,852	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	0.325843	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.383299	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	0.577828	31	18	37.01
37.02	IUSCC HEM/ONC	90.02	0.312767	210	66	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.249433	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.352827	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.165622	1,353	224	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.214341	0	0	37.07

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.298592	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211014	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.112129	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	1.622905	1	2	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.268422	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.100023	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.432415	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.882430	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.925112	306	283	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.088750	14,873	1,320	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.225398	846	191	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,902,550	423,779	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	2	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	31	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	210	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	1,353	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	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	1	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
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	306	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	14,873	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	846	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		17,620		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	435,198		1,966,329		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)	13,752,733		13,217,200		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	14,187,931		15,183,529		61.00
62.00	Total Usable Organs (see instructions)		188			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)		0.340426			64.00
65.00	Medicare Cost/Charges (see instructions)	4,829,941		5,168,868		65.00
66.00	Revenue for Organs Sold	140,399		0		66.00
67.00	Subtotal (line 65 minus line 66)	4,689,542		5,168,868		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,689,542	0	5,168,868	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	30		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	161		73.00
74.00	Total (sum of lines 70 through 73)	0	191		74.00
75.00	Organs Transplanted	0	158	739,436	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	30	140,399	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	3		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	191		84.00

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	2,490	1,104.38	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	20,708	1,568.76	3	4,706	2.00
3.00	CORONARY CARE UNIT	44.00	883	1,744.63	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,381.68	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,956.85	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,835.96	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	16,076	2,020.10	2	4,040	5.04
5.05	TRANSPLANT ICU	46.05	0	2,001.46	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,595.42	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		40,157		5	8,746	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.118649	195,363	23,180	8.00
8.01	ENDOSCOPY	50.01	0.126189	12,486	1,576	8.01
9.00	RECOVERY ROOM	51.00	0.121566	85	10	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.239062	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109439	10,879	1,191	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.162104	10,304	1,670	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147780	18,174	2,686	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.086987	2,052	178	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	0.093594	0	0	17.00
18.00	LABORATORY	60.00	0.199356	18,525	3,693	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	312,801	123,326	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.137706	14,205	1,956	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.241726	18,841	4,554	23.00
24.00	PHYSICAL THERAPY	66.00	0.324794	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.311150	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.077931	12,887	1,004	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202934	225	46	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	11,717	3,256	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.261160	123	32	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	55,293	11,913	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.274389	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.315191	0	0	34.00
34.01	CARDIOLOGY	76.01	0.057839	1,193	69	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	34.02
34.03	CARDIAC CATH	76.03	0.085236	28,877	2,461	34.03
34.04	DAY SURGERY	76.04	1.523509	130	198	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	0.325843	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.383299	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	0.577828	9	5	37.01
37.02	IUSCC HEM/ONC	90.02	0.312767	3	1	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.249433	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.352827	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.165622	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.214341	0	0	37.07

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.298592	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211014	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.112129	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	1.622905	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.268422	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.100023	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.432415	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.882430	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.925112	101	93	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.088750	9,364	831	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.225398	49	11	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			733,686	183,940	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	9	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	3	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	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
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	101	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	9,364	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	49	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		9,526		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	192,686		773,843		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)	1,473,964		1,475,015		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,666,650		2,248,858		61.00
62.00	Total Usable Organs (see instructions)		31			62.00
63.00	Medicare Usable Organs (see instructions)		19			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.612903			64.00
65.00	Medicare Cost/Charges (see instructions)	1,021,495		1,378,332		65.00
66.00	Revenue for Organs Sold	88,400		0		66.00
67.00	Subtotal (line 65 minus line 66)	933,095		1,378,332		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	933,095	0	1,378,332	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	20		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 through 73)	0	34		74.00
75.00	Organs Transplanted	0	11	48,620	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	20	88,400	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	3		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	34		84.00

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	2,929	1,104.38	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	24,362	1,568.76	4	6,275	2.00
3.00	CORONARY CARE UNIT	44.00	1,039	1,744.63	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,381.68	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,956.85	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,835.96	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	18,913	2,020.10	2	4,040	5.04
5.05	TRANSPLANT ICU	46.05	0	2,001.46	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,595.42	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		47,243		6	10,315	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.118649	233,652	27,723	8.00
8.01	ENDOSCOPY	50.01	0.126189	45,284	5,714	8.01
9.00	RECOVERY ROOM	51.00	0.121566	529	64	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.239062	40	10	10.00
11.00	ANESTHESIOLOGY	53.00	0.109439	12,799	1,401	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.162104	92,257	14,955	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147780	97,639	14,429	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.086987	95,521	8,309	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	0.093594	22	2	17.00
18.00	LABORATORY	60.00	0.199356	104,364	20,806	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	469,384	185,061	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.137706	16,712	2,301	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.241726	22,169	5,359	23.00
24.00	PHYSICAL THERAPY	66.00	0.324794	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.311150	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.077931	21,746	1,695	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202934	265	54	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	17,630	4,898	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.261160	145	38	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	77,643	16,728	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.274389	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.315191	0	0	34.00
34.01	CARDIOLOGY	76.01	0.057839	11,260	651	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	34.02
34.03	CARDIAC CATH	76.03	0.085236	129,315	11,022	34.03
34.04	DAY SURGERY	76.04	1.523509	809	1,233	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	0.325843	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.383299	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	0.577828	108	62	37.01
37.02	IUSCC HEM/ONC	90.02	0.312767	70	22	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.249433	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.352827	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.165622	1,918	318	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.214341	0	0	37.07

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.298592	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211014	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.112129	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	1.622905	1	2	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.268422	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.100023	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.432415	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.882430	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.925112	1,182	1,093	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.088750	11,017	978	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.225398	437	98	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,463,918	325,026	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	108	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	70	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	1,918	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	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	1	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	1,182	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	11,017	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	437	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		14,733		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	335,341		1,511,161		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)	5,790,389		5,757,414		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,125,730		7,268,575		61.00
62.00	Total Usable Organs (see instructions)		73			62.00
63.00	Medicare Usable Organs (see instructions)		34			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.465753			64.00
65.00	Medicare Cost/Charges (see instructions)	2,853,077		3,385,361		65.00
66.00	Revenue for Organs Sold	103,999		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,749,078		3,385,361		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,749,078	0	3,385,361	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	26		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	53		73.00
74.00	Total (sum of lines 70 through 73)	0	79		74.00
75.00	Organs Transplanted	0	47	187,999	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	26	103,999	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	6		83.00
84.00	Total (sum of lines 75 through 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: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,172	1,104.38	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,745	1,568.76	1	1,569	2.00
3.00	CORONARY CARE UNIT	44.00	416	1,744.63	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,381.68	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,956.85	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,835.96	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	7,565	2,020.10	1	2,020	5.04
5.05	TRANSPLANT ICU	46.05	0	2,001.46	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,595.42	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		18,898		2	3,589	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.118649	91,931	10,908	8.00
8.01	ENDOSCOPY	50.01	0.126189	5,876	741	8.01
9.00	RECOVERY ROOM	51.00	0.121566	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.239062	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109439	5,120	560	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.162104	3,097	502	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147780	9,502	1,404	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.086987	979	85	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	0.093594	0	0	17.00
18.00	LABORATORY	60.00	0.199356	8,240	1,643	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	146,921	57,926	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.137706	6,685	921	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.241726	8,867	2,143	23.00
24.00	PHYSICAL THERAPY	66.00	0.324794	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.311150	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.077931	5,735	447	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202934	106	22	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	5,081	1,412	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.261160	59	15	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	25,926	5,586	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.274389	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.315191	0	0	34.00
34.01	CARDIOLOGY	76.01	0.057839	3	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	34.02
34.03	CARDIAC CATH	76.03	0.085236	4,508	384	34.03
34.04	DAY SURGERY	76.04	1.523509	0	0	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325843	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.383299	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	0.577828	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.312767	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.249433	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.352827	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.165622	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.214341	0	0	37.07

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.298592	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211014	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.112129	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	1.622905	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.268422	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.100023	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.432415	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.882430	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.925112	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.088750	4,406	391	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.225398	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			333,042	85,090	41.00

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

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	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	INFUSION CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	4,406	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		4,406		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	88,679		351,940		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)	1,832,939		1,832,086		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,921,618		2,184,026		61.00
62.00	Total Usable Organs (see instructions)		37			62.00
63.00	Medicare Usable Organs (see instructions)		18			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.486486			64.00
65.00	Medicare Cost/Charges (see instructions)	934,840		1,062,498		65.00
66.00	Revenue for Organs Sold	41,600		0		66.00
67.00	Subtotal (line 65 minus line 66)	893,240		1,062,498		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	893,240	0	1,062,498	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	9		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	29		73.00
74.00	Total (sum of lines 70 through 73)	0	38		74.00
75.00	Organs Transplanted	0	28	129,422	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	9	41,600	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	1		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	38		84.00

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

Intestinal | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	732	1,104.38	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,091	1,568.76	1	1,569	2.00
3.00	CORONARY CARE UNIT	44.00	260	1,744.63	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,381.68	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,956.85	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	1,835.96	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	4,728	2,020.10	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,001.46	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,595.42	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		11,811		1	1,569	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.118649	57,457	6,817	8.00
8.01	ENDOSCOPY	50.01	0.126189	3,672	463	8.01
9.00	RECOVERY ROOM	51.00	0.121566	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.239062	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.109439	3,200	350	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.162104	1,934	314	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.147780	5,224	772	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.086987	604	53	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.093594	0	0	17.00
18.00	LABORATORY	60.00	0.199356	4,900	977	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	16,181	6,380	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.137706	4,178	575	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.241726	5,542	1,340	23.00
24.00	PHYSICAL THERAPY	66.00	0.324794	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.311150	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.077931	3,583	279	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202934	66	13	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	3,176	882	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.261160	36	9	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	16,202	3,491	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.274389	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RH NBN ECMO IC	76.00	0.315191	0	0	34.00
34.01	CARDIOLOGY	76.01	0.057839	0	0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	34.02
34.03	CARDIAC CATH	76.03	0.085236	2,810	240	34.03
34.04	DAY SURGERY	76.04	1.523509	0	0	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.325843	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.383299	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	0.577828	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.312767	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.249433	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	1.352827	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.165622	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.214341	0	0	37.07

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.298592	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.211014	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.112129	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	1.622905	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.268422	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.100023	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.432415	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.882430	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	0.925112	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.088750	2,754	244	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.225398	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			131,519	23,199	41.00

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

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

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

Provider CCN: 15-0056 | Component CCN: | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-4 | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	2,754	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,754		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	24,768		143,330		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)	697,021		696,515		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	721,789		839,845		61.00
62.00	Total Usable Organs (see instructions)		13			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.461538			64.00
65.00	Medicare Cost/Charges (see instructions)	333,133		387,620		65.00
66.00	Revenue for Organs Sold	26,000		0		66.00
67.00	Subtotal (line 65 minus line 66)	307,133		387,620		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	307,133	0	387,620	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	7		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	8		73.00
74.00	Total (sum of lines 70 through 73)	0	15		74.00
75.00	Organs Transplanted	0	6	22,286	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	7	26,000	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	15		84.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	116,893,654	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	37,711,640	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	15,255,228	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	55,028,804	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,210.47	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 that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	641.56	10.00
11.00	FTE count for residents in dental and podiatric programs.	25.54	11.00
12.00	Current year allowable FTE (see instructions)	553.29	12.00
13.00	Total allowable FTE count for the prior year.	553.77	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	553.51	14.00
15.00	Sum of lines 12 through 14 divided by 3.	553.52	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	553.52	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.457277	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.462763	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.457277	21.00
22.00	IME payment adjustment (see instructions)	34,387,155	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	12,239,452	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	113.81	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)	0.001652	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000442	27.00
28.00	IME add-on adjustment amount (see instructions)	68,336	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	24,323	28.01
29.00	Total IME payment (sum of lines 22 and 28)	34,455,491	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	12,263,775	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)	39.73	31.00
32.00	Sum of lines 30 and 31	46.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)	27.91	33.00
34.00	Disproportionate share adjustment (see instructions)	10,787,585	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.003862601	0.003109836	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	26,137,046	25,727,277	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	19,549,073	6,484,689	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	26,033,762		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	241,137,360		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	253,401,135	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	17,308,384	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	9,960,080	52.00
53.00	Nursing and Allied Health Managed Care payment	458,138	53.00
54.00	Special add-on payments for new technologies	23,471	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	20,502,452	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	216,039	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	700,027	58.00
59.00	Total (sum of amounts on lines 49 through 58)	302,569,726	59.00
60.00	Primary payer payments	142,603	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	302,427,123	61.00
62.00	Deductibles billed to program beneficiaries	10,603,220	62.00
63.00	Coinsurance billed to program beneficiaries	1,751,561	63.00
64.00	Allowable bad debts (see instructions)	2,290,625	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,488,906	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,064,175	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	291,561,248	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-220,243	70.93
70.94	HRR adjustment amount (see instructions)	-472,539	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		290,868,466	71.00
71.01	Sequestration adjustment (see instructions)		5,817,369	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		283,594,976	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,456,121	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,472,290	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	116,893,654	0	116,893,654		116,893,654	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,711,640	0		37,711,640	37,711,640	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	15,255,228	0	12,062,171	3,193,057	15,255,228	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	55,028,804	0	41,158,519	13,870,285	55,028,804	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.457277	0.457277	0.457277	0.457277		5.00
6.00	IME payment adjustment (see instructions)	22.00	34,387,155	0	25,999,370	8,387,785	34,387,155	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,239,452	0	12,239,452	0	12,239,452	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000442	0.000442	0.000442	0.000442		7.00
8.00	IME adjustment (see instructions)	28.00	68,336	0	51,667	16,669	68,336	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	24,323	0	18,192	6,131	24,323	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	34,455,491	0	26,051,037	8,404,454	34,455,491	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,263,775	0	12,257,644	6,131	12,263,775	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2791	0.2791	0.2791	0.2791		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	10,787,585	0	8,156,255	2,631,330	10,787,585	11.00
11.01	Uncompensated care payments	36.00	26,033,762	0	19,549,073	6,484,689	26,033,762	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	241,137,360	0	182,712,190	58,425,170	241,137,360	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	253,401,135	0	194,969,834	58,431,301	253,401,135	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	17,308,384	0	13,138,794	4,169,590	17,308,384	16.00
17.00	Special add-on payments for new technologies	54.00	23,471	0	1,428	22,043	23,471	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	208,110,056	62,622,934	270,732,990	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	12,590,487	0	9,522,142	3,068,345	12,590,487	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,016,293	0	817,141	199,152	1,016,293	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1943	0.1943	0.1943	0.1943		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,446,332	0	1,850,153	596,179	2,446,332	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0997	0.0997	0.0997	0.0997		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,255,272	0	949,358	305,914	1,255,272	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,308,384	0	13,138,794	4,169,590	17,308,384	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	116,893,654	116,893,654		116,893,654	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,711,640		37,711,640	37,711,640	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	15,255,228	12,062,171	3,193,057	15,255,228	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	55,028,804	40,710,230	0	40,710,230	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.457277	0.457277	0.457277		5.00
6.00	IME payment adjustment (see instructions)	22.00	34,387,155	25,999,370	8,387,785	34,387,155	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,239,452	12,239,452	0	12,239,452	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000442	0.000442	0.000442		7.00
8.00	IME adjustment (see instructions)	28.00	68,336	51,667	16,669	68,336	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	24,323	24,323	0	24,323	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	34,455,491	26,051,037	8,404,454	34,455,491	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,263,775	12,263,775	0	12,263,775	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2791	0.2791	0.2791		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	10,787,585	8,156,255	2,631,330	10,787,585	11.00
11.01	Uncompensated care payments	36.00	26,033,762	19,549,073	6,484,689	26,033,762	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	241,137,360	182,712,190	58,425,170	241,137,360	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	253,401,135	194,975,965	58,425,170	253,401,135	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	17,308,384	13,138,794	4,169,590	17,308,384	16.00
17.00	Special add-on payments for new technologies	54.00	23,471	1,428	22,043	23,471	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			208,116,187	62,616,803	270,732,990	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 9:14 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	12,590,487	9,522,142	3,068,345	12,590,487	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,016,293	817,141	199,152	1,016,293	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1943	0.1943	0.1943		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,446,332	1,850,153	596,179	2,446,332	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0997	0.0997	0.0997		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,255,272	949,358	305,914	1,255,272	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,308,384	13,138,794	4,169,590	17,308,384	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-220,243	-130,092	-90,151	-220,243	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-472,539	-385,752	-86,787	-472,539	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	145,413	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	133,053,067	2.00
3.00	OPPS payments	114,754,299	3.00
4.00	Outlier payment (see instructions)	1,391,697	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	658,154	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	145,413	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	675,159	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	675,159	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)	675,159	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	529,746	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	145,413	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	116,804,150	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	1,389	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	20,091,729	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	96,856,445	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,669,111	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	101,525,556	30.00
31.00	Primary payer payments	6,453	31.00
32.00	Subtotal (line 30 minus line 31)	101,519,103	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	90,849	33.00
34.00	Allowable bad debts (see instructions)	4,242,145	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	2,757,394	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,958,450	36.00
37.00	Subtotal (see instructions)	104,367,346	37.00
38.00	MSP-LCC reconciliation amount from PS&R	2,802	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	8,785	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	104,364,544	40.00
40.01	Sequestration adjustment (see instructions)	2,087,291	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	102,976,173	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-698,920	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	3	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	3	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	13	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	13	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)	13	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	10	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	3	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	3	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	3	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	3	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	3	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	3	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	3	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		282,838,576		102,084,873	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	08/13/2018	756,400	08/13/2018	891,300	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)		756,400		891,300	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		283,594,976		102,976,173	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		1,456,121		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		698,920	6.02
7.00	Total Medicare program liability (see instructions)		285,051,097		102,277,253	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056 | Component CCN: 15-S056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,242,155		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,242,155		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		61,094		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,303,249		0	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056
Component CCN: 15-T056

Period:
From 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 9:14 am

Title XVIII

Subprovider - IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3	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)		0		3	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,226,807	1.00
2.00	Net IPF PPS Outlier Payments	181,679	2.00
3.00	Net IPF PPS ECT Payments	45,670	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	16.20	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.80	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.80	8.00
9.00	Average Daily Census (see instructions)	17.216438	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.023667	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	29,035	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,483,191	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,483,191	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,483,191	18.00
19.00	Deductibles	96,432	19.00
20.00	Subtotal (line 18 minus line 19)	1,386,759	20.00
21.00	Coinsurance	102,461	21.00
22.00	Subtotal (line 20 minus line 21)	1,284,298	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	61,619	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	40,052	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	23,697	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,324,350	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	5,496	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,329,846	31.00
31.01	Sequestration adjustment (see instructions)	26,597	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,242,155	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	61,094	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	181,679	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0056 Component CCN: 15-T056	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	0	3.00
4.00	Outlier Payments	0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.08	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	5.616438	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	0	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	0	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	0	19.00
20.00	Deductibles	0	20.00
21.00	Subtotal (line 19 minus line 20)	0	21.00
22.00	Coinsurance	0	22.00
23.00	Subtotal (line 21 minus line 22)	0	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	0	32.00
32.01	Sequestration adjustment (see instructions)	0	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	0	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	0	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-4 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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)			650.67	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.	194.70	373.26	567.96	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	165.63	317.52	483.15	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.32		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		24.32		10.01
11.00	Total weighted FTE count	165.63	341.84		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	162.30	343.61		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	161.55	354.06		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	163.16	346.50		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	163.16	346.50		17.00
18.00	Per resident amount	90,977.73	86,160.83		18.00
19.00	Approved amount for resident costs	14,843,926	29,854,728	44,698,654	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)			97.16	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.75	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			100,593.35	23.00
24.00	Multiply line 22 time line 23			176,038	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			44,874,692	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	81,088	31,072		26.00
27.00	Total Inpatient Days (see instructions)	330,580	330,580		27.00
28.00	Ratio of inpatient days to total inpatient days	0.245290	0.093992		28.00
29.00	Program direct GME amount	11,007,313	4,217,862		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		595,984		30.00
31.00	Net Program direct GME amount			14,629,191	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-4 | Date/Time Prepared: 5/30/2019 9:14 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	292	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	33,041,433	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000009	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)	265,167,360	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	20,502,452	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	142,603	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	285,527,209	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	133,856,637	42.00
43.00	Primary payer payments (see instructions)	6,453	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	133,850,184	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	419,377,393	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.680836	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.319164	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,629,191	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	9,960,080	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,669,111	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G | Date/Time Prepared: 5/30/2019 9:14 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	610,420,952	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	14,000,000	0	0	0	3.00
4.00	Accounts receivable	447,547,153	0	0	0	4.00
5.00	Other receivable	78,096,526	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,373,166	0	0	0	6.00
7.00	Inventory	68,739,797	0	0	0	7.00
8.00	Prepaid expenses	56,204,564	0	0	0	8.00
9.00	Other current assets	17	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,263,635,843	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	151,130,560	0	0	0	12.00
13.00	Land improvements	26,821,022	0	0	0	13.00
14.00	Accumulated depreciation	-9,828,508	0	0	0	14.00
15.00	Buildings	1,958,776,614	0	0	0	15.00
16.00	Accumulated depreciation	-1,002,900,739	0	0	0	16.00
17.00	Leasehold improvements	23,752,058	0	0	0	17.00
18.00	Accumulated depreciation	-7,608,180	0	0	0	18.00
19.00	Fixed equipment	-1,753,697	0	0	0	19.00
20.00	Accumulated depreciation	1,753,697	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,427,180,664	0	0	0	23.00
24.00	Accumulated depreciation	-1,139,776,931	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)	1,427,546,560	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	895,021,763	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	5,158,027,262	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,053,049,025	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	8,744,231,428	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,057,275,120	0	0	0	37.00
38.00	Salaries, wages, and fees payable	214,960,827	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	15,288,821	0	0	0	40.00
41.00	Deferred income	19,899,873	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	67,363,148	0	0	0	43.00
44.00	Other current liabilities	43,607,814	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,418,395,603	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,756,053,752	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,248,242	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,771,301,994	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	4,189,697,597	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	4,554,533,831				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,554,533,831	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,744,231,428	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-1 | Date/Time Prepared: 5/30/2019 9:14 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		4,603,425,036		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		367,212,397				2.00
3.00	Total (sum of line 1 and line 2)		4,970,637,433		0		3.00
4.00	DONATED PROPERTY	1,460,995		0		0	4.00
5.00	ROUNDING	257		0		0	5.00
6.00	RETAINED EARNINGS	14,734		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)		1,475,986		0		10.00
11.00	Subtotal (line 3 plus line 10)		4,972,113,419		0		11.00
12.00	RESTRICTED INVESTMENT MHF	3,032,417		0		0	12.00
13.00	PENSION OBLIGATION	111,087,386		0		0	13.00
14.00	UNRESTRICTED FUND BALANCE	300,861,886		0		0	14.00
15.00	MHF DONATIONS	683,554		0		0	15.00
16.00	MARK TO MARKET SWAP	1,914,345		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		417,579,588		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,554,533,831		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	DONATED PROPERTY		0		4.00
5.00	ROUNDING		0		5.00
6.00	RETAINED EARNINGS		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	RESTRICTED INVESTMENT MHF		0		12.00
13.00	PENSION OBLIGATION		0		13.00
14.00	UNRESTRICTED FUND BALANCE		0		14.00
15.00	MHF DONATIONS		0		15.00
16.00	MARK TO MARKET SWAP		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: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2019 9:14 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	806,603,782		806,603,782	1.00
2.00	SUBPROVIDER - IPF	16,191,402		16,191,402	2.00
3.00	SUBPROVIDER - IRF	5,813,294		5,813,294	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	828,608,478		828,608,478	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	111,872,082		111,872,082	11.00
12.00	CORONARY CARE UNIT	105,254,988		105,254,988	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	173,525,618		173,525,618	12.01
13.00	BURN INTENSIVE CARE UNIT	10,407,704		10,407,704	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	24,215,877		24,215,877	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	63,302,828		63,302,828	14.04
14.05	TRANSPLANT ICU	12,886,836		12,886,836	14.05
14.06	PEDS CANCER CARE	12,355,649		12,355,649	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	513,821,582		513,821,582	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,342,430,060		1,342,430,060	17.00
18.00	Ancillary services	3,197,263,399	2,866,723,859	6,063,987,258	18.00
19.00	Outpatient services	186,894,333	756,687,724	943,582,057	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		178,650,004	178,650,004	22.00
23.00	AMBULANCE SERVICES	823,721	161,111,171	161,934,892	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	40,232,189	40,232,189	26.00
27.00	SPECIAL PURPOSE COST CENTERS	55,771,777	0	55,771,777	27.00
27.01	PHYSICIAN REVENUE	0	56,994,506	56,994,506	27.01
27.02	HOME OFFICE AND NRCC REVENUE	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,783,183,290	4,060,399,453	8,843,582,743	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,386,596,387		29.00
30.00	HOME OFFICE EXPENSE	1,100,035,578			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,100,035,578		36.00
37.00	ACADEMIC SUPPORT	17,500,000			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		17,500,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		3,469,131,965		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-3 | Date/Time Prepared: 5/30/2019 9:14 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	8,843,582,743	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,991,849,764	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,851,732,979	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	3,469,131,965	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-617,398,986	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-172,696,478	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER OPERATING REVENUE	1,000,108,838	24.00
24.01	MEMBER PREMIUM REVENUE	160,204,933	24.01
24.02	SWAP GAIN	10,822,837	24.02
24.03	RELATED PARTY INCOME	4,061,142	24.03
24.04	EDUCATION & RESEARCH SUPPORT	-17,500,000	24.04
24.05	OTHER INCOME	-389,889	24.05
25.00	Total other income (sum of lines 6-24)	984,611,383	25.00
26.00	Total (line 5 plus line 25)	367,212,397	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	367,212,397	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H | Date/Time Prepared: 5/30/2019 9:14 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	9,405,574	2,584,355	0	843,768	8,990,892	21,824,589	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,985,117	1,369,753	0	0	0	6,354,870	6.00
7.00	Physical Therapy	4,344,507	1,193,734	0	0	0	5,538,241	7.00
8.00	Occupational Therapy	1,777,541	488,412	0	0	0	2,265,953	8.00
9.00	Speech Pathology	154,226	42,377	0	0	0	196,603	9.00
10.00	Medical Social Services	301,445	82,828	0	0	0	384,273	10.00
11.00	Home Health Aide	158,454	43,538	0	0	0	201,992	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	1,784,818	490,412	0	267,983	5,106,151	7,649,364	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)	2,926,025	803,980	0	156,137	29,115,444	33,001,586	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	25,837,707	7,099,389	0	1,267,888	43,212,487	77,417,471	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	21,824,589	-11,766,278	10,058,311			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	6,354,870	-528	6,354,342			6.00
7.00	Physical Therapy	0	5,538,241	-1,432	5,536,809			7.00
8.00	Occupational Therapy	0	2,265,953	0	2,265,953			8.00
9.00	Speech Pathology	0	196,603	0	196,603			9.00
10.00	Medical Social Services	0	384,273	-251	384,022			10.00
11.00	Home Health Aide	0	201,992	0	201,992			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	7,649,364	-359,844	7,289,520			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	33,001,586	-211,293	32,790,293			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	77,417,471	-12,339,626	65,077,845			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-1 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	10,058,311	0	0	0	0	10,058,311	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	6,354,342	0	0	0	0	6,354,342	6.00
7.00	Physical Therapy	5,536,809	0	0	0	0	5,536,809	7.00
8.00	Occupational Therapy	2,265,953	0	0	0	0	2,265,953	8.00
9.00	Speech Pathology	196,603	0	0	0	0	196,603	9.00
10.00	Medical Social Services	384,022	0	0	0	0	384,022	10.00
11.00	Home Health Aide	201,992	0	0	0	0	201,992	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	7,289,520	0	0	0	0	7,289,520	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)	32,790,293	0	0	0	0	32,790,293	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	65,077,845	0	0	0	0	65,077,845	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	10,058,311		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,161,656	7,515,998	6.00
7.00	Physical Therapy	1,012,201	6,549,010	7.00
8.00	Occupational Therapy	414,246	2,680,199	8.00
9.00	Speech Pathology	35,942	232,545	9.00
10.00	Medical Social Services	70,204	454,226	10.00
11.00	Home Health Aide	36,927	238,919	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	1,332,619	8,622,139	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)	5,994,516	38,784,809	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		65,077,845	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-1 Part II Date/Time Prepared: 5/30/2019 9:14 am

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-10,058,311	55,019,534	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6,354,342	6.00
7.00	Physical Therapy	0	0	0	0	0	5,536,809	7.00
8.00	Occupational Therapy	0	0	0	0	0	2,265,953	8.00
9.00	Speech Pathology	0	0	0	0	0	196,603	9.00
10.00	Medical Social Services	0	0	0	0	0	384,022	10.00
11.00	Home Health Aide	0	0	0	0	0	201,992	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	7,289,520	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	32,790,293	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-10,058,311	55,019,534	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		10,058,311	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.182813	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	243,191	173,800	5,301,869	1,363	2,592,286	1.00
2.00	Skilled Nursing Care	7,515,998	0	0	0	0	0	2.00
3.00	Physical Therapy	6,549,010	0	0	0	0	0	3.00
4.00	Occupational Therapy	2,680,199	0	0	0	0	0	4.00
5.00	Speech Pathology	232,545	0	0	0	0	0	5.00
6.00	Medical Social Services	454,226	0	0	0	0	0	6.00
7.00	Home Health Aide	238,919	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	8,622,139	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)	38,784,809	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	65,077,845	243,191	173,800	5,301,869	1,363	2,592,286	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	0	1,020,092	9,332,601	776,519	190,358	1.00
2.00	Skilled Nursing Care	0	0	0	7,515,998	625,369	0	2.00
3.00	Physical Therapy	0	0	0	6,549,010	544,910	0	3.00
4.00	Occupational Therapy	0	0	0	2,680,199	223,006	0	4.00
5.00	Speech Pathology	0	0	0	232,545	19,349	0	5.00
6.00	Medical Social Services	0	0	0	454,226	37,794	0	6.00
7.00	Home Health Aide	0	0	0	238,919	19,879	0	7.00
8.00	Supplies (see instructions)	13,430	0	0	13,430	1,117	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	8,622,139	717,405	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	38,784,809	3,227,091	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	13,430	0	1,020,092	74,423,876	6,192,439	190,358	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	402,782	0	0	940	0	2,932	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	402,782	0	0	940	0	2,932	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	
		9.04	9.05	10.00	11.00	13.00	13.01	
1.00	Administrative and General	0	0	0	120,759	816,861	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	120,759	816,861	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		14.00	15.00	16.00	17.00	18.00	21.00	
1.00	Administrative and General	0	0	359,801	0	86,467	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)	267,403	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	267,403	0	359,801	0	86,467	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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

	Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.11	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	12,090,020	0	12,090,020			1.00
2.00	Skilled Nursing Care	0	8,141,367	0	8,141,367	1,390,741	9,532,108	2.00
3.00	Physical Therapy	0	7,093,920	0	7,093,920	1,211,812	8,305,732	3.00
4.00	Occupational Therapy	0	2,903,205	0	2,903,205	495,937	3,399,142	4.00
5.00	Speech Pathology	0	251,894	0	251,894	43,030	294,924	5.00
6.00	Medical Social Services	0	492,020	0	492,020	84,049	576,069	6.00
7.00	Home Health Aide	0	258,798	0	258,798	44,209	303,007	7.00
8.00	Supplies (see instructions)	0	281,950	0	281,950	48,164	330,114	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	9,339,544	0	9,339,544	1,595,418	10,934,962	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	42,011,900	0	42,011,900	7,176,660	49,188,560	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	82,864,618	0	82,864,618	12,090,020	82,864,618	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.					0.170824		21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part II | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	23,498	119,679	25,566,702	372	372	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	468,185	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	23,498	119,679	25,566,702	372	372	468,185	20.00
21.00	Total cost to be allocated	243,191	173,800	5,301,869	1,363	2,592,286	13,430	21.00
22.00	Unit cost multiplier	10.349434	1.452218	0.207374	3.663978	6,968.510753	0.028685	22.00

	Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	178,650,004	0	9,332,601	23,498	23,498	1.00
2.00	Skilled Nursing Care	0	0	0	7,515,998	0	0	2.00
3.00	Physical Therapy	0	0	0	6,549,010	0	0	3.00
4.00	Occupational Therapy	0	0	0	2,680,199	0	0	4.00
5.00	Speech Pathology	0	0	0	232,545	0	0	5.00
6.00	Medical Social Services	0	0	0	454,226	0	0	6.00
7.00	Home Health Aide	0	0	0	238,919	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	13,430	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	8,622,139	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	38,784,809	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	178,650,004		74,423,876	23,498	23,498	20.00
21.00	Total cost to be allocated	0	1,020,092		6,192,439	190,358	402,782	21.00
22.00	Unit cost multiplier	0.000000	0.005710		0.083205	8.101030	17.141118	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part II | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	23,498	271	0	799	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	23,498	271	0	799	0	20.00
21.00	Total cost to be allocated	0	0	940	0	2,932	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	3.468635	0.000000	3.669587	0.000000	22.00

	Cost Center Description	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		9.05	10.00	11.00	13.00	13.01	14.00	
1.00	Administrative and General	0	0	372	84	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	468,185	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	372	84	0	468,185	20.00
21.00	Total cost to be allocated	0	0	120,759	816,861	0	267,403	21.00
22.00	Unit cost multiplier	0.000000	0.000000	324.620968	9,724.535714	0.000000	0.571148	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period: From 01/01/2018 To 12/31/2018

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	21.00	22.00	
1.00	Administrative and General	0	178,650,004	0	178,650,004	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	178,650,004	0	178,650,004	0	0	20.00
21.00	Total cost to be allocated	0	359,801	0	86,467	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.002014	0.000000	0.000484	0.000000	0.000000	22.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period:
From 01/01/2018
To 12/31/2018

Worksheet H-2
Part II
Date/Time Prepared:
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	Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.06	23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-3 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	9,532,108		9,532,108	44,319	215.08	1.00
2.00	Physical Therapy	3.00	8,305,732	0	8,305,732	26,342	315.30	2.00
3.00	Occupational Therapy	4.00	3,399,142	0	3,399,142	8,634	393.69	3.00
4.00	Speech Pathology	5.00	294,924	0	294,924	1,113	264.98	4.00
5.00	Medical Social Services	6.00	576,069		576,069	1,677	343.51	5.00
6.00	Home Health Aide	7.00	303,007		303,007	5,623	53.89	6.00
7.00	Total (sum of lines 1-6)		22,410,982	0	22,410,982	87,708		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		14020	0	4,192			8.00
8.01	Skilled Nursing Care		26900	0	4,363			8.01
8.02	Skilled Nursing Care		29020	0	5			8.02
8.03	Skilled Nursing Care		29200	0	1,823			8.03
8.04	Skilled Nursing Care		31140	0	3			8.04
8.05	Skilled Nursing Care		34620	0	2,771			8.05
8.06	Skilled Nursing Care		99915	0	3,784			8.06
9.00	Physical Therapy		14020	0	2,422			9.00
9.01	Physical Therapy		26900	0	6,011			9.01
9.02	Physical Therapy		29020	0	10			9.02
9.03	Physical Therapy		29200	0	2,204			9.03
9.04	Physical Therapy		31140	0	0			9.04
9.05	Physical Therapy		34620	0	1,746			9.05
9.06	Physical Therapy		99915	0	2,931			9.06
10.00	Occupational Therapy		14020	0	807			10.00
10.01	Occupational Therapy		26900	0	2,144			10.01
10.02	Occupational Therapy		29020	0	0			10.02
10.03	Occupational Therapy		29200	0	717			10.03
10.04	Occupational Therapy		31140	0	0			10.04
10.05	Occupational Therapy		34620	0	623			10.05
10.06	Occupational Therapy		99915	0	1,120			10.06
11.00	Speech Pathology		14020	0	48			11.00
11.01	Speech Pathology		26900	0	253			11.01
11.02	Speech Pathology		29020	0	1			11.02
11.03	Speech Pathology		29200	0	68			11.03
11.04	Speech Pathology		31140	0	0			11.04
11.05	Speech Pathology		34620	0	45			11.05
11.06	Speech Pathology		99915	0	95			11.06
12.00	Medical Social Services		14020	0	70			12.00
12.01	Medical Social Services		26900	0	409			12.01
12.02	Medical Social Services		29020	0	0			12.02
12.03	Medical Social Services		29200	0	79			12.03
12.04	Medical Social Services		31140	0	0			12.04
12.05	Medical Social Services		34620	0	96			12.05
12.06	Medical Social Services		99915	0	83			12.06
13.00	Home Health Aide		14020	0	398			13.00
13.01	Home Health Aide		26900	0	601			13.01
13.02	Home Health Aide		29020	0	0			13.02
13.03	Home Health Aide		29200	0	324			13.03
13.04	Home Health Aide		31140	0	0			13.04
13.05	Home Health Aide		34620	0	503			13.05
13.06	Home Health Aide		99915	0	855			13.06
14.00	Total (sum of lines 8-13)			0	41,604			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-3 Part I | Date/Time Prepared: 5/30/2019 9:14 am

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	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	330,114	0	330,114	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	16,941		0	3,643,670		1.00
2.00	Physical Therapy	0	15,324		0	4,831,657		2.00
3.00	Occupational Therapy	0	5,411		0	2,130,257		3.00
4.00	Speech Pathology	0	510		0	135,140		4.00
5.00	Medical Social Services	0	737		0	253,167		5.00
6.00	Home Health Aide	0	2,681		0	144,479		6.00
7.00	Total (sum of lines 1-6)	0	41,604		0	11,138,370		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 9:14 am

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	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	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	3,643,670	1.00
2.00	Physical Therapy	4,831,657	2.00
3.00	Occupational Therapy	2,130,257	3.00
4.00	Speech Pathology	135,140	4.00
5.00	Medical Social Services	253,167	5.00
6.00	Home Health Aide	144,479	6.00
7.00	Total (sum of lines 1-6)	11,138,370	7.00

	Cost Center Description		
		12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
8.04	Skilled Nursing Care		8.04
8.05	Skilled Nursing Care		8.05
8.06	Skilled Nursing Care		8.06
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
9.04	Physical Therapy		9.04
9.05	Physical Therapy		9.05
9.06	Physical Therapy		9.06
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
10.04	Occupational Therapy		10.04
10.05	Occupational Therapy		10.05
10.06	Occupational Therapy		10.06
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
11.04	Speech Pathology		11.04
11.05	Speech Pathology		11.05
11.06	Speech Pathology		11.06
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
12.04	Medical Social Services		12.04
12.05	Medical Social Services		12.05
12.06	Medical Social Services		12.06
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
13.04	Home Health Aide		13.04
13.05	Home Health Aide		13.05
13.06	Home Health Aide		13.06
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

Period:
From 01/01/2018
To 12/31/2018

Worksheet H-3
Part II
Date/Time Prepared:
5/30/2019 9:14 am

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	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	0.324794	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.247386	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.311150	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.277849	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.215450	0	0	col. 2, line 16.00		5.00
5.03	Cost of Drugs 3	73.03	0.891753	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/30/2019 9:14 am

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	6,820,547	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	939,096	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	225,039	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	85,483	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	263,011	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	13,526	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	8,346,702	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	8,346,702	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	8,346,702	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	8,346,702	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	8,346,702	31.00
31.01	Sequestration adjustment (see instructions)	0	166,938	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	8,179,995	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	-231	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 15-0056 | HHA CCN: 15-7158 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-5 | Date/Time Prepared: 5/30/2019 9:14 am

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		8,179,995	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		8,179,995	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		231	6.02
7.00	Total Medicare program liability (see instructions)		0		8,179,764	7.00

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 15-0056
Component CCN: 15-3522

Period:
From 01/01/2018
To 12/31/2018

Worksheet I-1
Date/Time Prepared:
5/30/2019 9:14 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	2,676,117	HOURS OF SERVICE	65,565.00	31.52	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	33,918	HOURS OF SERVICE	2,077.00	1.00	3.00
4.00	TECHNICIANS	157,832	HOURS OF SERVICE	7,636.00	3.67	4.00
5.00	SOCIAL WORKERS	72,875	HOURS OF SERVICE	2,097.00	1.01	5.00
6.00	DIETICIANS	63,382	HOURS OF SERVICE	1,560.00	0.75	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	453,272	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,457,396				9.00
10.00	EMPLOYEE BENEFITS	248,785	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	111	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	24,392	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	120,094	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	0	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	90,851	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,941,629				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	449,320	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	409,427	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	716,974	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,132,384	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,249,379	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	292				23.00
24.00	CENTRAL SERVICE & SUPPLIES	777,145	REQUISITIONS			24.00
25.00	PHARMACY	6,432	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	383,218	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	9,066,200				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	RH NBN ECMO IC	0	CHARGES	0		30.00
30.01	CARDIOLOGY	0	CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	CHARGES	0		30.02
30.03	CARDIAC CATH	0	CHARGES	0		30.03
30.04	DAY SURGERY	0	CHARGES	0		30.04
30.05	ONCOLOGY	0	CHARGES	0		30.05
30.06	DAY SURGERY-RILEY	0	CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY	0	CHARGES	0		30.07
30.08	ECMO-ADULT	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	9,066,200				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056
Component CCN: 15-3522

Period: From 01/01/2018 To 12/31/2018

Worksheet I-2

Date/Time Prepared: 5/30/2019 9:14 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,698,810	553,913	2,676,117	328,007	965,759	6,432	1.00
	MAINTENANCE							
2.00	Hemodialysis	429,788	140,136	677,040	82,984	244,331	1,627	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	12,248	3,994	19,295	2,365	6,963	46	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	176,946	57,695	278,741	34,165	100,592	670	10.00
11.00	CCPD	1,079,828	352,088	1,701,041	208,493	613,873	4,089	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,698,810	553,913	2,676,117	328,007	965,759	6,432	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	777,145	0	7,006,183	2,059,725	9,065,908		1.00
	MAINTENANCE							
2.00	Hemodialysis	196,613	0	1,772,519	521,098	2,293,617		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	5,603	0	50,514	14,850	65,364		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	80,946	0	729,755	214,538	944,293		10.00
11.00	CCPD	493,983	0	4,453,395	1,309,239	5,762,634		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	777,145	0	7,006,183	2,059,725	9,065,908		17.00
18.00	Medical Educational Program Costs					292		18.00
19.00	Total Renal Costs (line 17 + line 18)					9,066,200		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056 | Component CCN: 15-3522 | Period: From 01/01/2018 To 12/31/2018 | Worksheet I-3 | Date/Time Prepared: 5/30/2019 9:14 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,698,810	553,913	2,676,117	328,007	965,759	1.00
	MAINTENANCE							
2.00	Hemodialysis		1,965	1,965.00	1,965.00	1,965.00	1,965	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		56	56.00	56.00	56.00	56	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		809	809.00	809.00	809.00	809	10.00
11.00	CCPD		4,937	4,937.00	4,937.00	4,937.00	4,937	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		7,767	7,767.00	7,767.00	7,767.00	7,767	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		218.721514	71.316210	344.549633	42.230848	124.341316	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	6,432	777,145	0	7,006,183	2,059,725		1.00
	MAINTENANCE							
2.00	Hemodialysis	1,965	1,965	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	56	56	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	809	809	0				10.00
11.00	CCPD	4,937	4,937	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	7,767	7,767	0		7,006,183		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.828119	100.057294	0.000000		0.293987		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 15-0056 | Component CCN: 15-3522 | Period: From 01/01/2018 To 12/31/2018 | Worksheet I-4 | Date/Time Prepared: 5/30/2019 9:14 am

Rate 0 | Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,965	2,293,617	1,167.24	841	981,649	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	56	65,364	1,167.21	24	28,013	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	115	944,293	8,211.24	49	402,351	9.00
10.00	Home Program - CCPD	705	5,762,634	8,173.95	302	2,468,533	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,021	9,065,908		865	3,880,546	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	4,481					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	253,932	301.94				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	7,403	308.46				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	36,908	753.22				9.00
10.00	Home Program - CCPD	229,384	759.55				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	527,627					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 15-0056 | Period: From 01/01/2018 To 12/31/2018 | Worksheet I-5 | Date/Time Prepared: 5/30/2019 9:14 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,880,546		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	527,627	527,627	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	527,627	527,627	2.03
2.04	Outlier payments	99		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	549	549	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	549	549	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	105,415	105,415	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	105,415	105,415	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	139,768	139,768	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	139,768	139,768	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	90,849		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	22,721		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-33,804	8.00
9.00	Program payment (see instructions)	0	421,662	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)	90,849		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	9,065,908		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	9,065,908		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		656,791	656,791	-656,791	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		615,850	615,850	-34,241	581,609	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	2,167,508	2,167,508	-1,415,498	752,010	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,350,885	215,108	1,565,993	-2,854	1,563,139	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	72,791	72,791	0	72,791	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	17,205	17,205	0	17,205	6.00
7.00	HOUSEKEEPING*	0	96	96	0	96	7.00
8.00	DIETARY*	0	7,213	7,213	0	7,213	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	226,026	226,026	-226,026	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	93,827	93,827	0	93,827	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	32,955	0	32,955	0	32,955	13.00
14.00	PHARMACY*	0	1,038,563	1,038,563	-1,038,563	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		121,194	121,194	0	121,194	25.00
26.00	PHYSICIAN SERVICES**	14,326	317,694	332,020	0	332,020	26.00
27.00	NURSE PRACTITIONER**	1,016	0	1,016	0	1,016	27.00
28.00	REGISTERED NURSE**	3,396,040	10,785	3,406,825	-17,030	3,389,795	28.00
29.00	LPN/LVN**	591,481	0	591,481	-4,808	586,673	29.00
30.00	PHYSICAL THERAPY**	50,976	0	50,976	-1,022	49,954	30.00
31.00	OCCUPATIONAL THERAPY**	33,685	0	33,685	0	33,685	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	583,106	0	583,106	-1,121	581,985	33.00
34.00	SPIRITUAL COUNSELING**	373,944	0	373,944	-634	373,310	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	133,115	0	133,115	-5,059	128,056	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	580,433	0	580,433	-3,881	576,552	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	12,020	12,020	0	12,020	40.00
41.00	LABS & DIAGNOSTICS**	0	-2,163	-2,163	0	-2,163	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-470	-470	470	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	1,182	984,384	985,566	0	985,566	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	204,786	0	204,786	-5,369	199,417	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	7,347,930	6,554,422	13,902,352	-3,412,427	10,489,925	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	581,609		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	752,010		3.00
4.00	ADMINISTRATIVE & GENERAL*	-161,426	1,401,713		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	72,791		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	17,205		6.00
7.00	HOUSEKEEPING*	0	96		7.00
8.00	DIETARY*	0	7,213		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	93,827		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	32,955		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	121,194		25.00
26.00	PHYSICIAN SERVICES**	-13,742	318,278		26.00
27.00	NURSE PRACTITIONER**	0	1,016		27.00
28.00	REGISTERED NURSE**	0	3,389,795		28.00
29.00	LPN/LVN**	0	586,673		29.00
30.00	PHYSICAL THERAPY**	0	49,954		30.00
31.00	OCCUPATIONAL THERAPY**	0	33,685		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	581,985		33.00
34.00	SPIRITUAL COUNSELING**	0	373,310		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	128,056		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	576,552		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	12,020		40.00
41.00	LABS & DIAGNOSTICS**	0	-2,163		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	985,566		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	199,417		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-175,168	10,314,757		100.00

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

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

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-1 | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	4	4	0	4	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	32	0	32	0	32	28.00
29.00	LPN/LVN	7	0	7	0	7	29.00
30.00	PHYSICAL THERAPY	1	0	1	0	1	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	2	0	2	0	2	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	7	0	7	0	7	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	12	12	0	12	46.00
100.00	TOTAL *	49	16	65	0	65	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	4		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	32		28.00
29.00	LPN/LVN	0	7		29.00
30.00	PHYSICAL THERAPY	0	1		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	2		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	7		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	12		46.00
100.00	TOTAL *	0	65		100.00

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

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

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-2 | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	14,326	299,444	313,770	0	313,770	26.00
27.00	NURSE PRACTITIONER	1,007	0	1,007	0	1,007	27.00
28.00	REGISTERED NURSE	3,242,786	10,165	3,252,951	-16,052	3,236,899	28.00
29.00	LPN/LVN	557,505	0	557,505	-4,532	552,973	29.00
30.00	PHYSICAL THERAPY	48,047	0	48,047	-963	47,084	30.00
31.00	OCCUPATIONAL THERAPY	33,685	0	33,685	0	33,685	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	583,106	0	583,106	-1,057	582,049	33.00
34.00	SPIRITUAL COUNSELING	362,541	0	362,541	-598	361,943	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	132,971	0	132,971	-4,768	128,203	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	547,091	0	547,091	-3,658	543,433	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	11,330	11,330	0	11,330	40.00
41.00	LABS & DIAGNOSTICS	0	-2,039	-2,039	0	-2,039	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-443	-443	443	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	1,114	927,838	928,952	0	928,952	46.00
100.00	TOTAL *	5,524,179	1,246,295	6,770,474	-31,185	6,739,289	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	-13,742	300,028		26.00
27.00	NURSE PRACTITIONER	0	1,007		27.00
28.00	REGISTERED NURSE	0	3,236,899		28.00
29.00	LPN/LVN	0	552,973		29.00
30.00	PHYSICAL THERAPY	0	47,084		30.00
31.00	OCCUPATIONAL THERAPY	0	33,685		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	582,049		33.00
34.00	SPIRITUAL COUNSELING	0	361,943		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	128,203		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	543,433		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	11,330		40.00
41.00	LABS & DIAGNOSTICS	0	-2,039		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	928,952		46.00
100.00	TOTAL *	-13,742	6,725,547		100.00

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

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

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

Period: From 01/01/2018 To 12/31/2018

Worksheet O-3
Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		36,937	36,937	0	36,937	25.00
26.00	PHYSICIAN SERVICES	0	3,700	3,700	0	3,700	26.00
27.00	NURSE PRACTITIONER	2	0	2	0	2	27.00
28.00	REGISTERED NURSE	31,069	126	31,195	-198	30,997	28.00
29.00	LPN/LVN	6,888	0	6,888	-56	6,832	29.00
30.00	PHYSICAL THERAPY	594	0	594	-12	582	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	-13	-13	33.00
34.00	SPIRITUAL COUNSELING	2,312	0	2,312	-7	2,305	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	29	0	29	-59	-30	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	6,759	0	6,759	-45	6,714	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	140	140	0	140	40.00
41.00	LABS & DIAGNOSTICS	0	-25	-25	0	-25	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-5	-5	5	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	14	11,463	11,477	0	11,477	46.00
100.00	TOTAL *	47,667	52,336	100,003	-385	99,618	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	36,937		25.00
26.00	PHYSICIAN SERVICES	0	3,700		26.00
27.00	NURSE PRACTITIONER	0	2		27.00
28.00	REGISTERED NURSE	0	30,997		28.00
29.00	LPN/LVN	0	6,832		29.00
30.00	PHYSICAL THERAPY	0	582		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	-13		33.00
34.00	SPIRITUAL COUNSELING	0	2,305		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	-30		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	6,714		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	140		40.00
41.00	LABS & DIAGNOSTICS	0	-25		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	11,477		46.00
100.00	TOTAL *	0	99,618		100.00

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

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

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-4 | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		84,257	84,257	0	84,257	25.00
26.00	PHYSICIAN SERVICES	0	14,546	14,546	0	14,546	26.00
27.00	NURSE PRACTITIONER	7	0	7	0	7	27.00
28.00	REGISTERED NURSE	122,153	494	122,647	-780	121,867	28.00
29.00	LPN/LVN	27,081	0	27,081	-220	26,861	29.00
30.00	PHYSICAL THERAPY	2,334	0	2,334	-47	2,287	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	-51	-51	33.00
34.00	SPIRITUAL COUNSELING	9,089	0	9,089	-29	9,060	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	115	0	115	-232	-117	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	26,576	0	26,576	-178	26,398	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	550	550	0	550	40.00
41.00	LABS & DIAGNOSTICS	0	-99	-99	0	-99	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-22	-22	22	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	54	45,071	45,125	0	45,125	46.00
100.00	TOTAL *	187,409	144,797	332,206	-1,515	330,691	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	84,257		25.00
26.00	PHYSICIAN SERVICES	0	14,546		26.00
27.00	NURSE PRACTITIONER	0	7		27.00
28.00	REGISTERED NURSE	0	121,867		28.00
29.00	LPN/LVN	0	26,861		29.00
30.00	PHYSICAL THERAPY	0	2,287		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	-51		33.00
34.00	SPIRITUAL COUNSELING	0	9,060		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	-117		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	26,398		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	550		40.00
41.00	LABS & DIAGNOSTICS	0	-99		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	45,125		46.00
100.00	TOTAL *	0	330,691		100.00

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

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

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-5 | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	56,725	56,725	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	581,609	49,725	631,334	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	752,010	1,515,106	2,267,116	3.00
4.00	ADMINISTRATIVE & GENERAL	1,401,713	2,139,116	3,540,829	4.00
5.00	PLANT OPERATION & MAINTENANCE	72,791	138,353	211,144	5.00
6.00	LAUNDRY & LINEN SERVICE	17,205	0	17,205	6.00
7.00	HOUSEKEEPING	96	17,757	17,853	7.00
8.00	DIETARY	7,213	0	7,213	8.00
9.00	NURSING ADMINISTRATION	0	525,125	525,125	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	129,095	129,095	10.00
11.00	MEDICAL RECORDS	0	81,028	81,028	11.00
12.00	STAFF TRANSPORTATION	93,827		93,827	12.00
13.00	VOLUNTEER SERVICE COORDINATION	32,955		32,955	13.00
14.00	PHARMACY	0	249,300	249,300	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	30,800	30,800	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	65		65	50.00
51.00	HOSPICE ROUTINE HOME CARE	6,725,547		6,725,547	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	99,618		99,618	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	330,691		330,691	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	199,417		199,417	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	10,314,757	4,932,130	15,246,887	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

Period: From 01/01/2018 To 12/31/2018

Worksheet O-6 Part I
Date/Time Prepared: 5/30/2019 9:14 am

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	56,725	56,725				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	631,334		631,334			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,267,116	0	0	2,267,116		3.00
4.00	ADMINISTRATIVE & GENERAL	3,540,829	56,725	631,334	418,297	4,647,185	4.00
5.00	PLANT OPERATION & MAINTENANCE	211,144	0	0	0	211,144	5.00
6.00	LAUNDRY & LINEN SERVICE	17,205	0	0	0	17,205	6.00
7.00	HOUSEKEEPING	17,853	0	0	0	17,853	7.00
8.00	DIETARY	7,213	0	0	0	7,213	8.00
9.00	NURSING ADMINISTRATION	525,125	0	0	0	525,125	9.00
10.00	ROUTINE MEDICAL SUPPLIES	129,095	0	0	0	129,095	10.00
11.00	MEDICAL RECORDS	81,028	0	0	0	81,028	11.00
12.00	STAFF TRANSPORTATION	93,827	0	0	0	93,827	12.00
13.00	VOLUNTEER SERVICE COORDINATION	32,955	0	0	10,226	43,181	13.00
14.00	PHARMACY	249,300	0	0	0	249,300	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	30,800	0	0	0	30,800	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	65			21	86	50.00
51.00	HOSPICE ROUTINE HOME CARE	6,725,547			1,674,655	8,400,202	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	99,618	0	0	20,690	120,308	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	330,691	0	0	81,348	412,039	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	199,417	0	0	61,879	261,296	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	15,246,887	56,725	631,334	2,267,116	15,246,887	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

Period: From 01/01/2018 To 12/31/2018

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	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	4,647,185					4.00
5.00	PLANT OPERATION & MAINTENANCE	92,571	303,715				5.00
6.00	LAUNDRY & LINEN SERVICE	7,543	0	24,748			6.00
7.00	HOUSEKEEPING	7,827	0		25,680		7.00
8.00	DIETARY	3,162	0		0	10,375	8.00
9.00	NURSING ADMINISTRATION	230,228	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	56,599	0		0		10.00
11.00	MEDICAL RECORDS	35,525	0		0		11.00
12.00	STAFF TRANSPORTATION	41,136	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	18,932	0		0		13.00
14.00	PHARMACY	109,300	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	13,504	303,715		25,680		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	38					50.00
51.00	HOSPICE ROUTINE HOME CARE	3,682,866					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	52,746	0	3,348	0	1,404	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	180,649	0	21,400	0	8,971	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	114,559	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	4,647,185	303,715	24,748	25,680	10,375	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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

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	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	755,353					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	185,694				10.00
11.00	MEDICAL RECORDS	0		116,553			11.00
12.00	STAFF TRANSPORTATION	0			134,963		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	62,113	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	755,353			0	62,113	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	2	1	2	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	175,028	109,859	127,210	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	2,162	1,357	1,572	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	8,502	5,336	6,179	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	755,353	185,694	116,553	134,963	62,113	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056
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Period: From 01/01/2018 To 12/31/2018

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	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	358,600					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		1,191,165			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	4	0	14		147	50.00
51.00	HOSPICE ROUTINE HOME CARE	338,001	0	1,122,741		13,955,907	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,176	0	13,871	0	200,944	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	16,419	0	54,539	0	714,034	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		375,855	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	358,600	0	1,191,165	0	15,246,887	100.00

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

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

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	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,877					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		34,241				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,306,152			3.00
4.00	ADMINISTRATIVE & GENERAL	4,877	34,241	1,348,031	-4,647,185	10,599,702	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	211,144	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	17,205	6.00
7.00	HOUSEKEEPING	0	0	0	0	17,853	7.00
8.00	DIETARY	0	0	0	0	7,213	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	525,125	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	129,095	10.00
11.00	MEDICAL RECORDS	0	0	0	0	81,028	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	93,827	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	32,955	0	43,181	13.00
14.00	PHARMACY	0	0	0	0	249,300	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	30,800	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			68	0	86	50.00
51.00	HOSPICE ROUTINE HOME CARE			5,396,845	0	8,400,202	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	66,678	0	120,308	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	262,158	0	412,039	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	199,417	0	261,296	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	56,725	631,334	2,267,116		4,647,185	100.00
101.00	UNIT COST MULTIPLIER	11.631126	18.437954	0.310302		0.438426	101.00

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

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

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	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	4,877					5.00
6.00	LAUNDRY & LINEN SERVICE	0	2,912				6.00
7.00	HOUSEKEEPING	0		549			7.00
8.00	DIETARY	0		0	2,912		8.00
9.00	NURSING ADMINISTRATION	0		0		54	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	4,877		549		54	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	394	0	394	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,518	0	2,518	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	303,715	24,748	25,680	10,375	755,353	100.00
101.00	UNIT COST MULTIPLIER	62.274964	8.498626	46.775956	3.562843	13,988.018519	101.00

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

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

Period:
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	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	84,240					10.00
11.00	MEDICAL RECORDS		84,240				11.00
12.00	STAFF TRANSPORTATION			84,240			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,297		13.00
14.00	PHARMACY			0	0	84,240	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	1,297	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	1	1	0	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	79,401	79,401	79,401	0	79,401	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	981	981	981	0	981	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,857	3,857	3,857	0	3,857	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	185,694	116,553	134,963	62,113	358,600	100.00
101.00	UNIT COST MULTIPLIER	2.204345	1.383583	1.602125	47.889746	4.256885	101.00

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

Provider CCN: 15-0056
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	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		84,240			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	1			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	79,401			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	981	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	3,857	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	1,191,165	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	14.140135	0.000000		101.00

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

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

Period: From 01/01/2018 To 12/31/2018

Worksheet O-7

Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.324794	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.247386	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.311150	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.215450	0	0	0	4.00
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.891753	0	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.199356	0	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.394264	0	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.277849	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.086256	0	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.315191	0	0	0	10.00
10.01	CARDIOLOGY	76.01	0.057839	0	0	0	10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.259354	0	0	0	10.02
10.03	CARDIAC CATH	76.03	0.085236	0	0	0	10.03
10.04	DAY SURGERY	76.04	1.523509	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.000000	0	0	0	10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07
10.08	ECMO-ADULT	76.08	0.325843	0	0	0	10.08
10.97	CARDIAC REHABILITATION	76.97	0.383299	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

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

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0056 | Hospice CCN: 15-1511 | Period: From 01/01/2018 To 12/31/2018 | Worksheet O-8 | Date/Time Prepared: 5/30/2019 9:14 am

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			147	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			147.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			13,955,907	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			79,401	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			175.76	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	66,143	4,723		9.00
10.00	Program cost (line 8 times line 9)	11,625,294	830,114		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			200,944	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			981	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			204.84	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	875	28		14.00
15.00	Program cost (line 13 times line 14)	179,235	5,736		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			714,034	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,857	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			185.13	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,963	345		19.00
20.00	Program cost (line 18 times line 19)	548,540	63,870		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			14,871,032	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			84,240	22.00
23.00	Average cost per diem (line 21 divided by line 22)			176.53	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0056	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 9:14 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	12,590,487	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,016,293	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)	882.87	3.00
4.00	Number of interns & residents (see instructions)	555.52	4.00
5.00	Indirect medical education percentage (see instructions)	19.43	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,446,332	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	39.73	8.00
9.00	Sum of lines 7 and 8	46.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.97	10.00
11.00	Disproportionate share adjustment (see instructions)	1,255,272	11.00
12.00	Total prospective capital payments (see instructions)	17,308,384	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